



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2015 Home Health Survey

Part A : General Information

1. Identification

UID:HHA024

Facility Name: Caresouth Homecare Professionals - Washington

County: Elbert

Street Address: 333 B Heard Street

City: Elberton

Zip: 30635

Mailing Address: 6688 North Central Expressway, Suite 1300

Mailing City: Dallas

Mailing Zip: 75206

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.

00814811

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.

117069

2. Report Period

Report Data for the full twelve month period, January 1, 2015 - December 31, 2015 (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: Brenda Riordan

Contact Title: Regional President

Phone: 978-834-7135

Fax: 413-732-5560

E-mail: briordan@ehhi.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 Washington, LLC	For Profit	03/01/1998

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
CareSouth Health System, Inc	For Profit	03/01/1998

C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
CareSouth HHA Holdings of Washington, LLC	For Profit	03/01/1998

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
CareSouth Health System, Inc	For Profit	03/01/1998

E. Management Contractor

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

F. Management's Parent Organization

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

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.
Statesboro	1601 Fair Rd, Suite 100	Statesboro	Bulloch	10/15/2012

Athens	624 S Milledge Ave, Suite 101	Athens	Clarke	03/01/1998
Augusta	231 Fury's Ferry Rd, Suite 212	Augusta	Richmond	03/01/1998
Eatonton	117 Harmony Crossing, Suite 7	Eatonton	Putnam	03/01/1998
Hartwell	1087 E Franklin St, Suite D	Hartwell	Hart	03/01/1998
Sandersville	318 S Harris St, Suite A	Sandersville	Washington	05/01/2010
Commerce	201 Mercer Place, Bldg 2	Commerce	Jackson	10/23/2007

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	42,521	170
Physical Therapy	44,227	180
Home Health Aide	3,567	100
Occupational Therapy	9,482	180
Medical Social Services	499	195
Speech Pathology	934	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, 2015.

801

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).

5858

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	8
Asian	33
Black/African American	1,016
Hispanic/Latino	41
Pacific Islander/Hawaiian	4
White	3,199
Multi-Racial	1,081

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	2,093
Female	3,289

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	4,300	84,783	6,632,167	6,632,167
Medicaid	196	2,755	137,620	43,319
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	0	0	0	0
Other Third Party Insurers	826	13,469	3,213,473	2,733,081
Self Pay	0	0	0	0
Other Non Government	60	383	25,138	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 2015. ☒

If you indicated yes above, please indicate the effective date of the policy or policies.

11/01/1995

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.

Brenda Riordan, Regional President

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 2015 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	10,008,398
Medicare Contractual Adjustments	0
Medicaid & Peachcare Contractual Adjustments	94,301
Other Contractual Adjustments	443,599
Total Contractual Adjustments	537,900
Bad Debt	36,793
Indigent Care Gross Charges	25,138
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	25,138
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	9,408,567
Adjusted Gross Patient Revenue	9,877,304
Other Revenue	2,176
Total Net Revenue	9,410,743
Total Expenses	6,555,904
Adjusted Gross Revenue	9,879,480
Total Uncompensated I/C Care	25,138
Percent Uncompensated Indigent/Charity Care	0.25%

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)	2,533
Physicians	1,630
Other Home Health Agencies	63
All Other Healthcare Providers	1,156

7. Referral Hospitals

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

Hospital Name	Patients Referred
Clearview Regional Medical Center	1
Grand Strand	1
Greenville Memorial Hospital	3
Greenwood Regional Rehab Hospital	2
Habersham Medical Center	2
HealthSouth	82
Houston Healthcare	1
Northside Hospital	2
Optim Medical Center Jenkins	3
St Mary's Hospital	308
Seaton Medical Center	1
Shands Hospital Gainesville	1
Sisters of Charity Providence Hospital	1
Southeast Alabama Medical Center	1
Spalding Regional	2
Summit Ridge	1
Sylvan Grove Hospital	1
The Medical Center of Elberton	13
VAMC Decatur	1
Anderson Area Medical Center	4
Anmed Health Rehab Hospital	64
Athens Regional Medical Center	446
Atlanta Medical Center	0
Barrow Medical Center	2
Burke Medical Center	8
Charlie Norwood VAMC	47

Candler County Hospital	11
Carl Vinson VAMC	5
Coliseum Medical Center	14
CRH - Northside Medical Center	1
Crisp Regional Hospital	0
Dekalb Medical Center	0
Doctors Hospital Augusta	126
Effingham Hospital	1
East Georgia Regional Medical Center	134
Eastside Medical Center	3
Eisenhower Medical Center	48
Elbert Memorial Hospital	85
Emory Hospital	40
Fairview Park Hospital	15
Good Samaritan Hospital	2
Gwinnett Medical Center	14
Jack Hughston Memorial Hospital	0
Jasper Memorial Hospital	18
Jefferson Hospital	45
Kindred Hospital - Atlanta	0
Landmark Hospital	11
Medical Center of Central Georgia	82
Georgia Regents Medical Center	159
Medical University of South Carolina	0
Memorial Health University Medical Center	11
Morgan Memorial Hospital	16
Newton Medical Center	1
Northeast Georgia Health Systems, Inc	47
Northridge Medical Center	64
Oconee Medical Center of Seneca, SC	0
Oconee Regional Medical Center	95
Optim Medical Center Screven	5
Optim Medical Center Tattnall	3
Piedmont Hospital	23
Putnam General Hospital	55
Rockdale Hospital	1
Roosevelt Warm Springs Institute for Rehab	1
St Joseph Hospital - Savannah	3
Scottish Rite	0
Select Specialty	4
Self Regional	1
Southeast Georgia Health System	0
St Francis	2
St Joseph Hospital - Atlanta	2

St Mary's Hospital - Athens	214
Stephens County Hospital	0
Trinity Hospital - Augusta	13
Wellstar Cobb Hospital	1
University Hospital	86
University Hospital - McDuffie	12
Wills Memorial Hospital	29
VAMC - Atlanta	0
VAMC - Augusta	8
Washington County Regional Medical	35
Total	2,544

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 12-31-2015.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	10	1	0
Licensed Practical Nurses (LPNs)	8	1	0
Aides/Assistants	8	1	0
Allied Health/Therapists	20	1	7

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	50 Days
Licensed Practical Nurse	50 Days
Aide/Assistant	50 Days
Allied Health/Therapists	50 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	521	89
February	439	89
March	483	92
April	480	95
May	447	94
June	466	94
July	489	88
August	451	89
September	471	97
October	504	105
November	460	102
December	463	121

2A. Patient Origin Part A.

Patient Origin - Report the admissions, visits, and caseload by county for the report period. Caseload totals are for 1/1/2015. 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
Bulloch	40	253	4,361	133	0	0	89	102	68	259
Burke	13	60	1,023	35	0	0	23	25	17	65
Clarke	77	685	13,215	296	0	0	111	256	262	629
Columbia	19	285	3,827	117	0	0	56	102	114	272
Elbert	71	491	9,842	216	0	0	122	179	163	464
Glascok	5	38	542	17	0	0	5	15	10	30
Greene	21	164	2,442	108	0	0	35	93	44	172
Hancock	24	172	3,315	83	0	0	43	73	53	169
Hart	69	518	9,631	212	0	0	104	178	184	466

Jackson	87	635	13,751	296	0	0	103	258	215	576
Jasper	19	118	2,264	66	0	0	31	53	32	116
Jefferson	20	198	2,822	101	0	0	35	89	60	184
Jenkins	4	38	767	21	0	0	16	16	6	38
Lincoln	4	47	702	29	0	0	8	24	13	45
Madison	32	196	3,517	119	0	0	40	101	53	194
Morgan	23	120	2,061	72	0	0	33	56	37	126
Oconee	10	108	1,816	53	0	0	15	47	47	109
Oglethorpe	17	167	2,726	87	0	0	31	72	51	154
Putnam	30	350	5,938	187	0	0	70	158	105	333
Richmond	59	537	9,075	283	0	0	141	218	166	525
Screven	6	45	581	30	0	0	16	23	8	47
Taliaferro	1	27	369	12	0	0	9	8	7	24
Warren	4	34	435	17	0	0	7	16	8	31
Washington	35	245	3,849	116	0	0	64	94	68	226
Wilkes	9	103	1,658	46	0	0	28	38	27	93
Baldwin	1	14	232	7	0	0	0	7	5	12
Banks	0	11	180	6	0	0	2	4	2	8
Bryan	2	4	60	2	0	0	5	1	0	6
Emanuel	1	3	107	1	0	0	1	1	0	2
Franklin	2	7	108	4	0	0	1	3	2	6
Hall	1	1	14	1	0	0	0	1	0	1
Total by Age	0	0	0	0	0	0	1,244	2,311	1,827	5,382

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
Bulloch	0	0	0
Burke	0	0	0
Clarke	0	0	0
Columbia	634,113	625,589	2,181
Elbert	1,280,908	1,263,691	1,091
Glascock	95,117	93,838	0
Greene	488,267	481,704	1,091
Hancock	428,026	422,273	2,181
Hart	1,382,366	1,363,785	2,181
Jackson	1,978,432	1,951,839	4,363
Jasper	304,374	300,283	1,091
Jefferson	551,678	544,263	2,181
Jenkins	95,117	93,838	0
Lincoln	136,334	134,502	2,181

Madison	634,113	625,589	4,363
Morgan	355,103	350,330	0
Oconee	298,033	294,027	0
Oglethorpe	475,585	469,192	1,091
Putnam	916,293	903,977	3,272
Richmond	1,553,577	1,532,694	3,272
Screven	149,017	147,014	1,091
Taliaferro	88,776	87,583	0
Warren	117,311	115,734	1,091
Washington	697,524	688,148	0
Wilkes	250,475	247,108	2,179
Baldwin	0	0	0
Banks	0	0	0
Bryan	0	0	0
Emanuel	0	0	0
Franklin	0	0	0
Hall	0	0	0
Total	12,910,539	12,737,001	34,900

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: Tracey Kruse

Date: 03/04/2016

Title: Chief Operating Officer

Comments: