



2015 Home Health Survey

Part A : General Information

1. Identification

UID:HHA032

Facility Name: Hamilton Home Health

County: Whitfield

Street Address: 1275 Elkwood Drive

City: Dalton

Zip: 30722-1168

Mailing Address: 1275 Elkwood Drive

Mailing City: Dalton

Mailing Zip: 30722-1168

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.

00199812A

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.

117062

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: Bo Callaway

Contact Title: Director

Phone: 706-217-3059

Fax: 706-272-6661

E-mail: bcallaway@hhcs.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
Hamilton Medical Center Home Health	Not for Profit	08/23/1983

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Hamilton Medical Center, Inc	Not for Profit	08/23/1983

C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Hamilton Medical Center, Inc	Not for Profit	08/23/1983

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Hamilton Health Care System, Inc	Not for Profit	08/23/1983

E. Management Contractor

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

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
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	19,067	150
Physical Therapy	6,953	190
Home Health Aide	2,278	85
Occupational Therapy	2,646	190
Medical Social Services	270	210
Speech Pathology	517	190
	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.

312

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).

1811

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	7
Black/African American	45
Hispanic/Latino	66
Pacific Islander/Hawaiian	0
White	1,508
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	669
Female	957

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	1,073	23,891	3,476,447	3,395,230
Medicaid	98	1,627	272,017	63,825
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	0	0	0	0
Other Third Party Insurers	414	5,042	892,176	492,385
Self Pay	41	1,171	231,497	75
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 2015. ☒

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

10/01/2004

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.

Bo Callaway - Director

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	4,872,137
Medicare Contractual Adjustments	5,483
Medicaid & Peachcare Contractual Adjustments	158,954
Other Contractual Adjustments	374,666
Total Contractual Adjustments	539,103
Bad Debt	141,954
Indigent Care Gross Charges	239,565
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	239,565
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	3,951,515
Adjusted Gross Patient Revenue	4,565,746
Other Revenue	0
Total Net Revenue	3,951,515
Total Expenses	4,353,704
Adjusted Gross Revenue	4,565,746
Total Uncompensated I/C Care	239,565
Percent Uncompensated Indigent/Charity Care	5.25%

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.

48

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)	914
Physicians	582
Other Home Health Agencies	2
All Other Healthcare Providers	12

7. Referral Hospitals

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

Hospital Name	Patients Referred
Atlanta Medical Center	1
Cartersville Medical Center	1
Emory University Hospital	8
Erlanger Hospital	21
Floyd Medical Center	2
Gordon Hospital	47
Hamilton Medical Center	665
Hutcheson Medical Center	9
Kindred Hospital	3
Memorial Hospital	42
Murray Medical Center	1
North Fulton Hospital	1
Northeast Georgia Health System	1
Parkridge Hospital	9
Redmond Regional Medical Center	2
Siskin Rehabilitation Hospital	25
Southeast Regional Medical Center	2
T C Thompson Childrens Hospital	1
VA - Murfreesboro	50
VA - Atlanta	4
VA - Nashville	17
Wellstar Kennestone Hospital	2
Total	914

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)	19	1	0
Licensed Practical Nurses (LPNs)	5	0	0
Aides/Assistants	2	0	0
Allied Health/Therapists	8	1	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	45 Days
Licensed Practical Nurse	30 Days
Aide/Assistant	15 days
Allied Health/Therapists	45 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	124	0
February	78	0
March	127	3
April	98	6
May	96	7
June	94	9
July	103	8
August	117	10
September	102	10
October	88	14
November	94	11
December	99	25

2A. Patient Origin Part A.

Patient Origin - Report the admissions, visits, and caseload by county for the report period. Caseload totals are for 1/1/2015. 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
Catoosa	16	71	1,189	35	0	1	43	23	20	87
Dade	2	8	66	3	0	0	5	2	3	10
Gordon	4	57	908	38	3	1	31	18	11	61
Murray	51	266	6,433	147	12	6	124	90	97	317
Walker	25	838	1,919	58	1	0	62	21	28	111
Whitfield	202	1,326	21,216	417	32	13	318	228	481	1,040
Total by Age	0	0	0	0	0	21	583	382	640	1,626

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
Catoosa	182,547	171,067	8,975
Dade	10,158	9,519	499
Gordon	139,604	130,826	6,868
Murray	987,849	925,727	48,572
Walker	294,600	276,073	14,485
Whitfield	3,257,379	3,052,534	160,166
Total	4,872,137	4,565,746	239,565

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: Bo Callaway

Date: 02/29/2016

Title: Director Hamilton Home Health

Comments: