GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2015 Home Health Survey

Part A : General Information

1. Identification

UID:HHA044

Facility Name: Caresouth Homecare Professionals

County: Hall

Street Address: 601 Broad Street Suite F

City: Gainesville

Zip: 30501-3729

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.
00310362

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.
117021

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 Holdlings of Gainesville, LLC	For Profit	08/01/2004

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
CareSouth Health System, Inc.	For Profit	08/01/2004

C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
CareSouth HHA Holdlings of Gainesville, LLC	For Profit	08/01/2004

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
CareSouth Health System, Inc.	For Profit	08/01/2004

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.
Hiawassee	584 Bell Creek Rd.	Hiawassee	Towns	08/01/2004

| Toccoa | 360 Walmart Way | Eastanollee | Stephens | 08/01/2004 |
| Lawrenceville | 5425 Sugarloaf Pkwy, Suite 1101 | Lawrenceville | Gwinnett | 08/01/2004 |

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	19,382	170
Physical Therapy	20,631	180
Home Health Aide	1,565	100
Occupational Therapy	5,639	180
Medical Social Services	247	195
Speech Pathology	555	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.

355

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).

2737

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	35
Black/African American	149
Hispanic/Latino	31
Pacific Islander/Hawaiian	0
White	2,122
Multi-Racial	432

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	1,100
Female	1,677

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	2,024	38,235	5,409,524	5,409,524
Medicaid	64	946	109,939	42,898
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	0	0	0	0
Other Third Party Insurers	650	8,762	3,313,876	2,794,905
Self Pay	0	0	0	0
Other Non Government	39	163	33,906	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.

01/01/2006

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	8,867,245
Medicare Contractual Adjustments	0
Medicaid & Peachcare Contractual Adjustments	67,041
Other Contractual Adjustments	474,061
Total Contractual Adjustments	**541,102**
Bad Debt	44,910
Indigent Care Gross Charges	33,906
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**33,906**
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**0**
Other Free Care	0
Total Net Patient Revenue	**8,247,327**
Adjusted Gross Patient Revenue	**8,755,294**
Other Revenue	521
Total Net Revenue	**8,247,848**
Total Expenses	6,411,176
Adjusted Gross Revenue	**8,755,815**
Total Uncompensated I/C Care	**33,906**
Percent Uncompensated Indigent/Charity Care	**0.39%**

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 reproted 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)	1,256
Physicians	949
Other Home Health Agencies	176
All Other Healthcare Providers	396

7. Referral Hospitals

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

Hospital Name	Patients Referred
VAMC Asheville	2
University Hospital	1
Upson Regional Medical Center	1
Kennestone Hospital	2
CMC-North East Hospital	1
Columbus Regional Health	3
Dekalb Medical Center	3
Fannin Regional Hospital	1
Hamilton Medical Center	1
HealthSouth Chattanooga	1
North Georgia Medical Center	1
Northeast Georgia Medical Center	230
Patewood Memorial Hospital	1
Regional Rehabilitation Hospital	1
Spalding Regional	1
Summit Ridge Hospital	1
Angel Medical Center	3
Anmed Health	9
Athens Regional Medical Center	87
Atlanta Medical Center	1
VAMC - Augusta	7
Chatuge Regional Hospital	42
Chestatee Regional Hospital	3
Eastside Medical Center	11
Emory	49
Erlanger Medical Center	1

Georgia Regents University	1
Gwinnett Medical Center	209
Habersham County Medical Center	30
Kindred Hospital - Atlanta	1
Landmark Hospital	5
Mission Hospital - Asheville	1
Mountain Lakes Medical Center	11
Mountain Valley Medical Center	1
Murphy Medical Center	5
North Fulton Regional Hospital	1
Northeast Georgia Health Systems, Inc	220
Northridge Medical Center	38
Northside Hospital - Forsyth	12
Northside Hospital - Cherokee	14
Northside Hospital - Atlanta	8
Piedmont Hospital	3
Piedmont Medical Center	2
Piedmont - Atlanta	7
St Joseph - Atlanta	3
Shepherd Center	2
Union General Hospital	24
Wellstar Hospital	2
VAMC - Atlanta	20
St Mary's Hospital	112
Stephens County Hospital	51
VAMC Decatur	9
Total	**1,256**

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)	7	1	2
Licensed Practical Nurses (LPNs)	1	1	0
Aides/Assistants	3	1	0
Allied Health/Therapists	10	1	3

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	231	60
February	195	51
March	251	43
April	228	45
May	243	49
June	263	42
July	248	54
August	269	46
September	222	37
October	267	55
November	214	40
December	232	41

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
Banks	21	193	3,214	110	0	0	41	95	38	174
Cherokee	30	184	3,623	106	0	0	30	96	57	183
Dawson	2	53	825	21	0	0	18	16	12	46
Forsyth	10	71	1,141	37	0	0	19	28	27	74
Franklin	34	246	4,631	118	0	0	56	102	82	240
Gwinnett	58	699	11,175	345	0	0	141	296	250	687
Habersham	14	123	1,799	69	0	0	23	62	35	120
Hall	58	452	6,271	207	0	0	132	166	166	464
Hart	4	0	70	3	0	0	2	2	0	4

Lumpkin	5	48	840	22	0	0	11	21	16	48
Rabun	10	97	1,610	56	0	0	25	45	26	96
Stephens	22	271	4,346	143	0	0	74	110	72	256
Towns	34	256	5,373	69	0	0	14	64	140	218
Union	13	77	1,705	45	0	0	20	39	16	75
White	8	84	1,253	50	0	0	19	43	19	81
Jackson	2	6	100	4	0	0	4	3	1	8
Fulton	0	1	18	0	0	0	0	0	1	1
Gilmer	0	1	8	1	0	0	0	1	0	1
Madison	0	1	17	0	0	0	0	0	1	1
Total by Age	**0**	**0**	**0**	**0**	**0**	**0**	**629**	**1,189**	**959**	**2,777**

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
Banks	593,501	586,008	2,269
Cherokee	669,027	660,581	2,558
Dawson	152,345	150,422	583
Forsyth	210,698	208,038	806
Franklin	855,167	844,369	3,270
Gwinnett	2,063,590	2,037,536	7,890
Habersham	332,205	328,011	1,270
Hall	1,158,011	1,143,390	4,427
Hart	12,926	12,763	49
Lumpkin	155,115	153,157	593
Rabun	297,304	293,551	1,137
Stephens	802,537	792,405	3,069
Towns	992,186	979,658	3,794
Union	314,847	310,872	1,204
White	231,380	228,459	885
Jackson	18,466	18,233	71
Fulton	3,324	3,282	13
Gilmer	1,477	1,459	6
Madison	3,139	3,100	12
Total	**8,867,245**	**8,755,294**	**33,906**

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 incaccurate 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: 03/03/2016

Title: Chief Operating Officer

Comments: