



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2015 Home Health Survey

Part A : General Information

1. Identification

UID:HHA050

Facility Name: Public Health Home Health- Inc.

County: Lowndes

Street Address: 3169 Inner Perimeter Road

City: Valdosta

Zip: 31602-1062

Mailing Address: 3169 Inner Perimeter Road

Mailing City: Valdosta

Mailing Zip: 31602-1062

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.

000056845A

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.

117009

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: CINDY FELTON

Contact Title: EXECUTIVE DIRECTOR

Phone: 229-253-1242

Fax: 229-253-1151

E-mail: servicesp@bellsouth.net

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 for Profit	

B. Owner's Parent Organization

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

C. Agency Operator

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

D. Operator's Parent Organization

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

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.
TIFTON	104 WEST 8TH STREET	TIFTON	Tift	07/01/1984

FITZGERALD	221 PERRY HOUSE ROAD	FITZGERALD	Ben Hill	07/01/1984
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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	15,721	120
Physical Therapy	2,932	120
Home Health Aide	540	75
Occupational Therapy	1,245	120
Medical Social Services	42	120
Speech Pathology	134	120
	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.

153

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).

460

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	2
Black/African American	204
Hispanic/Latino	6
Pacific Islander/Hawaiian	0
White	274
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	170
Female	316

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	227	9,323	1,013,649	880,472
Medicaid	138	6,797	472,238	215,048
Other Government Payers	17	514	2,669	214
Managed Care (HMO/PPO)	86	2,939	347,904	286,089
Other Third Party Insurers	45	866	174,354	151,621
Self Pay	15	156	16,408	2,889
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.

09/01/1994

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.

DENISE RETTERBUSH, RN

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	2,027,222
Medicare Contractual Adjustments	167,784
Medicaid & Peachcare Contractual Adjustments	249,826
Other Contractual Adjustments	3,540
Total Contractual Adjustments	421,150
Bad Debt	49,624
Indigent Care Gross Charges	13,258
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	13,258
Charity Care Gross Charges	6,857
Charity Care Compensation	0
Uncompensated Charity Care (Net)	6,857
Other Free Care	0
Total Net Patient Revenue	1,536,333
Adjusted Gross Patient Revenue	1,559,988
Other Revenue	0
Total Net Revenue	1,536,333
Total Expenses	1,387,904
Adjusted Gross Revenue	1,559,988
Total Uncompensated I/C Care	20,115
Percent Uncompensated Indigent/Charity Care	1.29%

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.

13

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)	197
Physicians	214
Other Home Health Agencies	5
All Other Healthcare Providers	70

7. Referral Hospitals

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

Hospital Name	Patients Referred
KINDRED	1
IRWIN COUNTY HOSPITAL	1
SOUTH GEORGIA MEDICAL CENTER	124
SHANDS	1
NAVICENT OF MACON	6
SMITH NORTHVIEW	4
ARCHBOLD	1
PIEDMONT HOSPITAL	1
MACON HOSPITAL	1
EMORY	2
DORMINY MEDICAL CENTER	25
TRINITY AUGUSTA	1
ST VINCENT	1
AUGUSTA BURN CENTER	1
COLQUITT MEDICAL CENTER	3
TIFT REGIONAL MEDICAL CENTER	13
PHOEBE ALBANY	11
	0
Total	197

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	0	0
Licensed Practical Nurses (LPNs)	3	0	0
Aides/Assistants	1	0	0
Allied Health/Therapists	0	0	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	2 WEEKS
Licensed Practical Nurse	2 WEEKS
Aide/Assistant	2 WEEKS
Allied Health/Therapists	6 MONTHS

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	22	13
February	14	12
March	16	9
April	29	18
May	20	9
June	24	10
July	23	12
August	24	15
September	17	13
October	26	13
November	20	12
December	20	11

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
Ben Hill	15	70	1,652	37	8	0	20	28	28	76
Berrien	17	24	1,724	17	13	0	17	10	9	36
Brooks	14	29	1,445	15	9	0	13	12	15	40
Cook	7	15	805	15	5	0	8	10	2	20
Echols	1	6	382	4	0	0	2	3	2	7
Irwin	1	13	266	8	0	0	2	6	3	11
Lanier	20	23	1,941	18	16	0	6	16	9	31
Lowndes	70	203	11,355	104	48	0	92	82	73	247
Tift	5	15	708	7	5	0	5	6	2	13

Turner	3	5	277	2	3	0	3	2	0	5
Total by Age	0	0	0	0	0	0	168	175	143	486

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
Ben Hill	320,687	246,397	721
Berrien	151,873	116,690	987
Brooks	168,815	129,707	654
Cook	84,307	64,776	543
Echols	29,447	22,625	0
Irwin	46,389	35,642	0
Lanier	127,621	98,279	2,308
Lowndes	1,022,046	787,449	14,425
Tift	54,860	42,151	240
Turner	21,177	16,272	237
Total	2,027,222	1,559,988	20,115

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: DENISE RETTERBUSH, RN

Date: 03/04/2016

Title: CEO

Comments: