



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2015 Home Health Survey

Part A : General Information

1. Identification

UID:HHA062

Facility Name: Pruitthealth Home Health- Cumming

County: Forsyth

Street Address: 102 Pilgrim Village Drive Suite 100

City: Cumming

Zip: 30040-2588

Mailing Address: 102 Pilgrim Village Drive Suite 100

Mailing City: Cumming

Mailing Zip: 30040-2588

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.

000586341A

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.

117080

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: Preston Rylee

Contact Title: Executive Director of Finance - Health Services

Phone: 770-806-6879

Fax: 770-806-6869

E-mail: prrylee@pruitthealth.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
PruittHealth Home Health- North Atlanta Inc.	For Profit	09/23/2004

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
United Health Services of Georgia, Inc.	For Profit	09/23/2004

C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
PruittHealth Home Health- North Atlanta, Inc.	For Profit	09/23/2004

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
United Health Services of Georgia, Inc.	For Profit	09/23/2004

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
PruittHealth, Inc.	For Profit	09/23/2004

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
United Health Services, Inc.	For Profit	09/23/2004

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.
Pruitthealth Home Health- Cobb	1676 Mulkey Rd. Suite 103	Austell	Cobb	02/01/2006

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	9,843	165
Physical Therapy	8,938	175
Home Health Aide	682	65
Occupational Therapy	4,697	175
Medical Social Services	304	165
Speech Pathology	489	175
	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.

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).

837

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	2
Asian	10
Black/African American	261
Hispanic/Latino	40
Pacific Islander/Hawaiian	0
White	1,204
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	635
Female	882

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	583	12,131	2,386,430	2,241,384
Medicaid	28	372	53,562	20,256
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	151	2,543	514,180	461,649
Other Third Party Insurers	736	9,747	1,496,878	1,244,321
Self Pay	1	16	2,255	2,255
Other Non Government	18	144	21,770	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.

09/23/2004

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.

Mickey Thomas - Senior Vice President of Operations for Home Health

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	4,475,075
Medicare Contractual Adjustments	69,848
Medicaid & Peachcare Contractual Adjustments	33,306
Other Contractual Adjustments	305,086
Total Contractual Adjustments	408,240
Bad Debt	75,200
Indigent Care Gross Charges	21,770
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	21,770
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	3,969,865
Adjusted Gross Patient Revenue	4,296,721
Other Revenue	0
Total Net Revenue	3,969,865
Total Expenses	0
Adjusted Gross Revenue	4,296,721
Total Uncompensated I/C Care	21,770
Percent Uncompensated Indigent/Charity Care	0.51%

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)	809
Physicians	216
Other Home Health Agencies	1
All Other Healthcare Providers	491

7. Referral Hospitals

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

Hospital Name	Patients Referred
Kennestone Hospital	6
Wellstar Health Systems	73
VA Hospital	37
Atlanta Medical Center	3
Barrow Regional Medical Center	1
Cartersville Medical Center	5
Cobb Hospital	2
Dekalb Medical Center	1
Douglas General Hospital	1
Emory Hospital	51
St Josephs Hospital	8
Floyd Medical Center	1
Wesley Wood Hospital	27
Gwinnett Medical Center	3
Piedmont Hospital	12
Marietta Medical Center	1
Northeast Georgia Medical Center	15
Southern Regional Hospital	2
North Fulton Regional Hospital	13
Northside Hospital	204
Total	466

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	4	0
Licensed Practical Nurses (LPNs)	3	0	0
Aides/Assistants	1	0	0
Allied Health/Therapists	10	0	5

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	5 months
Licensed Practical Nurse	1 month
Aide/Assistant	2 weeks
Allied Health/Therapists	3 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	148	0
February	114	0
March	162	0
April	123	0
May	143	0
June	140	0
July	171	0
August	159	0
September	126	0
October	139	0
November	146	0
December	114	0

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
Cherokee	26	310	5,363	163	7	0	110	124	76	310
Cobb	56	558	8,987	280	6	0	153	224	181	558
Forsyth	17	157	2,406	76	2	0	44	67	46	157
Gwinnett	34	302	5,136	130	3	0	70	112	120	302
Paulding	5	75	1,123	38	0	0	18	37	20	75
Douglas	13	115	1,938	52	0	0	45	40	30	115
Total by Age	0	0	0	0	0	0	440	604	473	1,517

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
Cherokee	737,939	708,528	6,495
Cobb	1,693,456	1,625,964	9,680
Forsyth	467,333	448,707	2,410
Gwinnett	1,032,632	991,476	3,185
Paulding	205,706	197,508	0
Douglas	338,009	324,538	0
Total	4,475,075	4,296,721	21,770

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: Preston Rylee

Date: 02/18/2016

Title: Executive Director of Finance Health Services

Comments: