



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2015 Home Health Survey

Part A : General Information

1. Identification

UID:HHA073

Facility Name: West Georgia Home Care

County: Troup

Street Address: 120 Glenn Bass Rd

City: LaGrange

Zip: 30240-5809

Mailing Address: 120 Glenn Bass Rd

Mailing City: LaGrange

Mailing Zip: 30240-5809

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.

00145681A

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.

117032

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: Belinda Murr

Contact Title: Systems Coordinator

Phone: 706-845-3542

Fax: 706-845-1041

E-mail: murrb@wghealth.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
West Georgia Medical Center, Inc	Not for Profit	10/01/2009

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
West Georgia Health Services, Inc	Not for Profit	10/01/2009

C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
West Georgia Medical Center, Inc d/b/a West Georgia Home	Not for Profit	10/01/2009

Care

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
West Georgia Health Services, Inc	Not for Profit	10/01/2009

E. Management Contractor

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

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	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	12,506	178
Physical Therapy	6,220	178
Home Health Aide	5,314	135
Occupational Therapy	2,253	178
Medical Social Services	295	178
Speech Pathology	87	178
	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.

237

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).

1523

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	3
Black/African American	404
Hispanic/Latino	5
Pacific Islander/Hawaiian	0
White	840
Multi-Racial	23

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	528
Female	747

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	950	21,613	3,098,541	2,740,163
Medicaid	103	1,886	370,407	86,487
Other Government Payers	21	269	62,074	20,225
Managed Care (HMO/PPO)	106	1,719	396,791	134,216
Other Third Party Insurers	28	346	85,960	29,417
Self Pay	65	829	161,213	161,213
Other Non Government	2	13	2,451	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.

12/31/2005

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.

Cindy McCarver, RN, 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	4,177,437
Medicare Contractual Adjustments	358,378
Medicaid & Peachcare Contractual Adjustments	283,920
Other Contractual Adjustments	242,575
Total Contractual Adjustments	884,873
Bad Debt	115,334
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	5,509
Charity Care Compensation	0
Uncompensated Charity Care (Net)	5,509
Other Free Care	0
Total Net Patient Revenue	3,171,721
Adjusted Gross Patient Revenue	3,419,805
Other Revenue	0
Total Net Revenue	3,171,721
Total Expenses	3,471,093
Adjusted Gross Revenue	3,419,805
Total Uncompensated I/C Care	5,509
Percent Uncompensated Indigent/Charity Care	0.16%

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.

2

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)	879
Physicians	306
Other Home Health Agencies	9
All Other Healthcare Providers	305

7. Referral Hospitals

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

Hospital Name	Patients Referred
Regional Rehabilitation Hospital	27
Select Specialty Hospital	1
Spaulding Regional Hospital	1
St Francis Hospital	25
St Josephs Hospital of Atlanta	3
Tanner Medical Center Carroll	3
Upson Regional Medical Center	1
VA Hospital Augusta	1
VA Hospital Decatur	13
VA Hospital Montgomery	1
VA Hospital Tuskegee	3
Piedmont Hospital	5
West Georgia Medical Center	601
Warm Springs Medical Center	9
Anmed Health Medical Center	1
Atlanta Medical Center	4
Columbus Specialty Hospital	3
Northside Medical Center Columbus	8
Columbus Medical Center	19
Dekalb Medical Center	2
East Alabama Medical Center	11
Childrens Healthcare of Atlanta	1
Emory University Hospital Midtown	22
Emory Hospital	14
Healthsouth Lakeshore Rehabilitation Hospital	5
Healthsouth Rehabilitation Hospital of Newnan	23

Jack Hughston Memorial Hospital	16
Lanier Health Services	18
Northside Medical Center	8
Northside Hospital	3
Phenix City Health Care	1
Piedmont Fayette Hospital	2
Piedmont Newnan Hospital	24
Total	879

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)	15	5	0
Licensed Practical Nurses (LPNs)	4	3	0
Aides/Assistants	6	0	0
Allied Health/Therapists	10	2	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	52 days
Licensed Practical Nurse	40 days
Aide/Assistant	36 days
Allied Health/Therapists	95 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	118	0
February	91	2
March	107	3
April	109	10
May	91	11
June	89	19
July	87	15
August	78	19
September	81	18
October	83	28
November	91	24
December	67	27

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
Harris	14	59	1,396	33	0	0	18	28	27	73
Heard	14	53	1,712	27	0	0	28	22	17	67
Meriwether	23	138	2,928	83	0	0	49	69	43	161
Troup	184	790	20,639	423	0	5	350	317	302	974
Total by Age	0	0	0	0	0	5	445	436	389	1,275

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
Harris	233,430	197,827	0
Heard	259,858	228,838	0
Meriwether	512,784	472,130	0
Troup	3,171,365	2,521,010	5,509
Total	4,177,437	3,419,805	5,509

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: Cynthia McCarver, RN

Date: 02/25/2016

Title: Director

Comments:

We charge \$250 for admission visits and \$178 for skilled visits. \$135 for HHA visits.