GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2015 Home Health Survey

Part A : General Information

1. Identification

UID:HHA079

Facility Name: Pruitthealth Home Health - Griffin

County: Spalding

Street Address: Suites B & C147 West Ellis Road

City: Griffin

Zip: 30223

Mailing Address: 147 West Ellis Road

Mailing City: Griffin

Mailing Zip: 30223

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.
000709816A

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.
117092

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- South Atlanta ,Inc.	For Profit	10/12/2004

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
United Health Services of Georgia, Inc.	For Profit	10/12/2004

C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Pruitt Health Home Health- South Atlanta, Inc.	For Profit	10/12/2004

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
United Health Services of Georgia, Inc.	For Profit	10/12/2004

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Pruitthealth, Inc.	For Profit	10/12/2004

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
United Health Services, Inc.	For Profit	10/12/2004

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.
Pruitt Health Home Health-Union C	7345 Red Oak Rd Bldg 26	Union City	Fulton	10/12/2004

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	13,781	165
Physical Therapy	11,220	175
Home Health Aide	1,454	65
Occupational Therapy	3,425	175
Medical Social Services	363	165
Speech Pathology	851	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.

204

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).

1224

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	7
Asian	13
Black/African American	817
Hispanic/Latino	10
Pacific Islander/Hawaiian	0
White	806
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	607
Female	1,046

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	810	18,588	3,405,542	3,154,977
Medicaid	32	197	31,054	9,902
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	225	3,953	832,658	750,869
Other Third Party Insurers	542	8,199	1,269,939	1,072,839
Self Pay	0	0	0	0
Other Non Government	44	157	21,720	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.

10/24/2004

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 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	5,560,913
Medicare Contractual Adjustments	145,281
Medicaid & Peachcare Contractual Adjustments	21,152
Other Contractual Adjustments	278,889
Total Contractual Adjustments	**445,322**
Bad Debt	105,284
Indigent Care Gross Charges	21,720
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**21,720**
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**0**
Other Free Care	0
Total Net Patient Revenue	**4,988,587**
Adjusted Gross Patient Revenue	**5,289,196**
Other Revenue	0
Total Net Revenue	**4,988,587**
Total Expenses	0
Adjusted Gross Revenue	**5,289,196**
Total Uncompensated I/C Care	**21,720**
Percent Uncompensated Indigent/Charity Care	**0.41%**

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.

44

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)	648
Physicians	264
Other Home Health Agencies	0
All Other Healthcare Providers	741

7. Referral Hospitals

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

Hospital Name	Patients Referred
Floyd Medical	1
Kindred Hopital Rome	1
St Joseph Hospital	1
Southern Regional	36
Henry Hospital	379
Northside Hospital	24
Crawford Long Hospital	3
Dekalb Medical Center	35
Grady Memorial Hospital	2
Gwinnett Medical Center	1
Piedmont Hospital of Atlanta	21
Piedmont Hospital of Fayette	40
Piedmont Hospital of Newnan	7
Spalding Regional Hospital	14
Sylvan Grove Hospital	2
Upson Regional	1
Wellstar Health Systems	7
Emory Hospital	45
Atlanta Medical Center	28
Total	**648**

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)	5	1	0
Licensed Practical Nurses (LPNs)	1	0	0
Aides/Assistants	1	0	0
Allied Health/Therapists	6	0	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	2-3 months
Licensed Practical Nurse	
Aide/Assistant	
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	181	0
February	177	0
March	197	0
April	177	0
May	178	0
June	146	0
July	164	0
August	133	0
September	124	0
October	121	0
November	98	0
December	125	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
Carroll	0	28	438	14	0	0	8	11	9	28
Coweta	2	49	1,007	23	0	0	14	19	16	49
Fayette	8	61	1,113	39	0	0	19	30	12	61
Fulton	55	445	9,001	243	6	0	131	189	125	445
Henry	59	483	9,018	191	23	0	170	190	123	483
Meriwether	0	16	273	6	0	0	6	4	6	16
Pike	0	11	85	7	0	0	7	0	4	11
Spalding	9	87	1,629	49	0	0	30	36	21	87
Troup	1	7	94	3	0	0	2	2	3	7

Upson	0	3	85	0	0	0	3	0	0	3
Clayton	70	463	8,351	239	15	0	170	184	109	463
Total by Age	**0**	**0**	**0**	**0**	**0**	**0**	**560**	**665**	**428**	**1,653**

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
Carroll	88,218	83,908	0
Coweta	191,560	182,200	0
Fayette	212,526	202,142	0
Fulton	1,636,044	1,556,104	5,580
Henry	1,484,983	1,412,424	9,380
Meriwether	50,533	48,064	0
Pike	17,907	17,032	0
Spalding	323,729	307,911	0
Troup	18,172	17,284	0
Upson	15,123	14,384	0
Clayton	1,522,118	1,447,743	6,760
Total	**5,560,913**	**5,289,196**	**21,720**

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: Preston Rylee

Date: 02/18/2016

Title: Executive Director of Finance Health Services

Comments: