



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2015 Home Health Survey

Part A : General Information

1. Identification

UID:HHA082

Facility Name: Tanner Home Health Services

County: Carroll

Street Address: 150 Henry Burson Drive Suite 105B

City: Carrollton

Zip: 30117-3874

Mailing Address: 150 Henry Burson Drive Suite 105B

Mailing City: Carrollton

Mailing Zip: 30117-3874

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.

000862463A

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.

117319

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: Debbie Brock

Contact Title: Director

Phone: 770-838-8872

Fax: 770-834-8956

E-mail: dbrock@tanner.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
Tanner Medical Center, Inc.	Hospital Authority	01/01/1999

B. Owner's Parent Organization

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

C. Agency Operator

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

D. Operator's Parent Organization

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

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.

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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	24,629	172
Physical Therapy	16,304	200
Home Health Aide	6,638	122
Occupational Therapy	2,529	200
Medical Social Services	264	221
Speech Pathology	647	200
	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.

382

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).

2074

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	4
Black/African American	229
Hispanic/Latino	26
Pacific Islander/Hawaiian	0
White	1,899
Multi-Racial	21

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	877
Female	1,302

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	1,667	41,569	7,737,793	5,918,850
Medicaid	146	3,510	667,454	211,587
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	0	0	0	0
Other Third Party Insurers	299	4,650	865,257	587,530
Self Pay	67	1,282	328,675	0
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.

01/01/1999

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.

Debbie Brock

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	9,599,179
Medicare Contractual Adjustments	1,818,943
Medicaid & Peachcare Contractual Adjustments	455,867
Other Contractual Adjustments	277,727
Total Contractual Adjustments	2,552,537
Bad Debt	0
Indigent Care Gross Charges	328,675
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	328,675
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	6,717,967
Adjusted Gross Patient Revenue	7,324,369
Other Revenue	0
Total Net Revenue	6,717,967
Total Expenses	0
Adjusted Gross Revenue	7,324,369
Total Uncompensated I/C Care	328,675
Percent Uncompensated Indigent/Charity Care	4.49%

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)	1,659
Physicians	780
Other Home Health Agencies	1
All Other Healthcare Providers	65

7. Referral Hospitals

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

Hospital Name	Patients Referred
West Georgia Medical	1
UAB	1
Wellstar Paulding	5
Atlanta Medical	12
Cartersville Medical	1
Columbus Regional	2
Emory Johns Creek	1
Emory Crawford Long	30
Emory University	24
Floyd Medical	4
Hughston	2
Kindred Rome	4
North Fulton	0
Northside	1
Piedmont	20
Piedmont Newnan	3
Redmond	13
St. Joseph	5
Tanner Medical Center Carrollton	1,131
Tanner Higgins	208
Tanner Villa Rica	150
Wellstar Cobb	19
Wellstar Douglas	11
Wellstar Kennestone	11
Total	1,659

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)	28	2	0
Licensed Practical Nurses (LPNs)	6	0	0
Aides/Assistants	6	0	0
Allied Health/Therapists	0	0	8

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	60-90 Days
Licensed Practical Nurse	30-60 Days
Aide/Assistant	30 Days or less
Allied Health/Therapists	60-90 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	185	6
February	177	8
March	182	11
April	164	14
May	162	16
June	183	17
July	170	21
August	166	27
September	192	39
October	221	48
November	179	50
December	198	55

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	252	1,535	35,720	827	46	0	466	591	478	1,535
Coweta	2	6	177	3	2	0	3	1	2	6
Douglas	11	71	1,604	35	2	0	25	27	19	71
Haralson	83	501	11,692	270	15	1	135	200	165	501
Heard	8	44	1,110	24	1	0	13	18	13	44
Paulding	5	22	708	12	1	0	5	9	8	22
Total by Age	0	0	0	0	0	1	647	846	685	2,179

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	6,786,417	5,189,180	230,751
Coweta	8,999	8,122	986
Douglas	287,975	219,731	10,886
Haralson	2,207,812	1,684,605	75,595
Heard	201,984	146,488	6,573
Paulding	105,992	76,243	3,884
Total	9,599,179	7,324,369	328,675

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: Debbie Brock

Date: 02/09/2016

Title: Director

Comments: