



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2015 Home Health Survey**

**Part A : General Information**

**1. Identification**

**UID:HHA104**

**Facility Name:** Pruitthealth Home Health - Gainesville

**County:** Hall

**Street Address:** 2545 Flintridge Road, Suite 110

**City:** Gainesville

**Zip:** 30501

**Mailing Address:** 2545 Flintridge Road, Suite 110

**Mailing City:** Gainesville

**Mailing Zip:** 30501

**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.

178197236A

**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.

117129

**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, Inc.	For Profit	09/08/2006

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
United Health Services of Georgia. Inc	For Profit	09/08/2006

#### C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
PruittHealth HomeHealth, Inc.	For Profit	09/08/2006

#### D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
United Health Services of Georgia. Inc	For Profit	09/08/2006

#### E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
PruittHealth, Inc.	For Profit	09/08/2006

#### F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
United Health Services, Inc.	For Profit	09/08/2006

### 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 - Rome	31 Three Rivers Drive NE	Rome	Floyd	09/01/2005

PruittHealth Home Health, Blue Ridge	6050 Appalachian Hwy	Blue Ridge	Fannin	09/01/1996
--------------------------------------	----------------------	------------	--------	------------

## 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	20,187	165
Physical Therapy	15,865	175
Home Health Aide	2,616	65
Occupational Therapy	3,510	175
Medical Social Services	379	165
Speech Pathology	574	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.

295

### 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).

1993

### 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	91
Hispanic/Latino	18
Pacific Islander/Hawaiian	0
White	1,548
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	677
Female	982

### 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	1,024	30,843	5,008,654	4,780,454
Medicaid	70	1,696	258,721	78,039
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	58	1,501	272,531	269,850
Other Third Party Insurers	474	8,793	1,380,459	1,157,827
Self Pay	2	23	2,275	2,275
Other Non Government	31	275	48,335	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.

08/01/1999

### 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.

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	6,970,975
Medicare Contractual Adjustments	140,504
Medicaid & Peachcare Contractual Adjustments	180,682
Other Contractual Adjustments	225,313
<b>Total Contractual Adjustments</b>	<b>546,499</b>
Bad Debt	87,696
Indigent Care Gross Charges	48,335
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>48,335</b>
Charity Care Gross Charges	0
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>0</b>
Other Free Care	0
<b>Total Net Patient Revenue</b>	<b>6,288,445</b>
<b>Adjusted Gross Patient Revenue</b>	<b>6,562,093</b>
Other Revenue	0
<b>Total Net Revenue</b>	<b>6,288,445</b>
Total Expenses	0
<b>Adjusted Gross Revenue</b>	<b>6,562,093</b>
<b>Total Uncompensated I/C Care</b>	<b>48,335</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>0.74%</b>

### 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.

31

## **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)	751
Physicians	464
Other Home Health Agencies	2
All Other Healthcare Providers	442

## **7. Referral Hospitals**

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

Hospital Name	Patients Referred
Barrow Regional Hospital	1
Childrens Healthcare	1
Clearview Regional Hospital	1
Emory Hospital	26
Grady Memorial Hospital	1
Kennestone Hospital	2
Landmark Hospital	5
Gwinnett Medical Center	2
Polk Medical	3
VA Hospital	25
Fannin Regional Hospital	42
Harbersham Medical	4
Northeast Georgia Medical Center	252
Northside Hospital	74
Wellstar Health Systems	35
Athens Regional Medical Center	4
Atlanta Medical Center	3
Cartersville Medical Center	19
Chatuge Regional Hospital	2
Chestatee Regional Hospital	12
Copper Basin Medical Center	3
Crawford Long Hospital	3
Dekalb Medical Center	4
Eastside Medical Center	3
Floyd Medical Center	30
Gordon County Hospital	18

Hamilton Medical Center	14
Hidden Valley Medical	8
Hutcheson Medical Center	2
Kindred Hospital	8
Memorial Medical Center	3
Murphy Medical Center	3
Murray Medical Center	1
North Fulton Regional Hospital	3
North Georgia Medical Center	18
Piedmont Hospital	41
Redmond Regional Hospital	37
Saint Joseph Hospital	10
Siskin Hospital	5
St Mary's Hospital	4
Union General Hospital	19
<b>Total</b>	<b>751</b>



## 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	2	0
Licensed Practical Nurses (LPNs)	4	0	0
Aides/Assistants	1	0	0
Allied Health/Therapists	8	1	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	6 months
Licensed Practical Nurse	4 months
Aide/Assistant	2 months
Allied Health/Therapists	4 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	234	0
February	148	0
March	182	0
April	190	0
May	177	0
June	139	0
July	136	0
August	119	0
September	146	0
October	133	0
November	124	0
December	131	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
Bartow	18	107	3,108	60	1	0	47	47	13	107
Catoosa	5	22	811	12	0	0	5	11	6	22
Chattooga	4	13	459	8	0	0	7	5	1	13
Dawson	13	83	1,806	44	0	0	28	35	20	83
Fannin	29	188	5,002	112	1	0	45	94	49	188
Floyd	17	95	2,627	51	0	0	31	38	26	95
Gilmer	38	151	4,289	86	6	0	40	71	40	151
Gordon	5	36	895	25	2	0	9	20	7	36
Habersham	19	90	2,285	47	2	0	20	39	31	90

Hall	91	545	12,402	250	10	0	111	214	220	545
Haralson	14	24	1,001	26	0	0	8	8	8	24
Lumpkin	12	68	1,889	55	4	0	18	26	24	68
Murray	6	31	1,132	38	1	0	8	19	4	31
Polk	8	37	988	24	0	0	18	17	2	37
Towns	3	21	384	11	0	0	4	9	8	21
Union	6	49	1,046	35	1	0	17	28	4	49
White	7	66	1,870	40	2	0	10	36	20	66
Whitfield	7	33	1,137	18	1	0	17	13	3	33
<b>Total by Age</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>443</b>	<b>730</b>	<b>486</b>	<b>1,659</b>

## **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
Bartow	522,671	492,014	1,030
Catoosa	145,405	136,876	0
Chattooga	76,603	72,110	0
Dawson	420,031	395,394	0
Fannin	763,401	718,624	3,950
Floyd	396,584	373,322	0
Gilmer	632,016	594,945	11,245
Gordon	147,411	138,765	955
Habersham	352,190	331,532	3,975
Hall	2,073,625	1,951,997	12,215
Haralson	150,168	141,360	0
Lumpkin	295,546	278,211	8,115
Murray	178,657	168,178	1,925
Polk	144,443	135,971	0
Towns	63,494	59,770	0
Union	174,387	164,158	330
White	262,044	246,674	3,510
Whitfield	172,299	162,192	1,085
<b>Total</b>	<b>6,970,975</b>	<b>6,562,093</b>	<b>48,335</b>

## **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:** 04/19/2016

**Title:** Executive Director of Finance for Health Services

**Comments:**