



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2015 Home Health Survey

Part A : General Information

1. Identification

UID:HHA119

Facility Name: Athens Regional Home Health

County: Clarke

Street Address: 1510 Prince Avenue

City: Athens

Zip: 30606-2767

Mailing Address: 1510 Prince Avenue

Mailing City: Athens

Mailing Zip: 30606-2767

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.

00814272A

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.

117125

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: Pamela Hall

Contact Title: Executive Director

Phone: 706-475-5500

Fax: 706-475-5570

E-mail: phall@armc.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
Athens Regional Medical Center, Inc.	Not for Profit	09/01/1998

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Athens Regional Health Services, Inc.	Not for Profit	09/01/1998

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. ☐

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	9,392	205
Physical Therapy	4,819	227
Home Health Aide	388	113
Occupational Therapy	685	227
Medical Social Services	207	244
Speech Pathology	216	227
	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.

140

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).

1183

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	6
Black/African American	311
Hispanic/Latino	14
Pacific Islander/Hawaiian	3
White	1,107
Multi-Racial	5

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	707
Female	739

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	1,008	11,704	2,666,674	2,369,863
Medicaid	95	872	199,498	51,147
Other Government Payers	11	89	21,141	10,238
Managed Care (HMO/PPO)	274	2,661	640,483	310,175
Other Third Party Insurers	21	122	28,677	13,888
Self Pay	37	259	62,629	8,134
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.

01/01/2000

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.

Michael Toci, Director of Business Operations

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	3,619,102
Medicare Contractual Adjustments	296,810
Medicaid & Peachcare Contractual Adjustments	147,604
Other Contractual Adjustments	346,458
Total Contractual Adjustments	790,872
Bad Debt	32,560
Indigent Care Gross Charges	20,913
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	20,913
Charity Care Gross Charges	11,312
Charity Care Compensation	0
Uncompensated Charity Care (Net)	11,312
Other Free Care	0
Total Net Patient Revenue	2,763,445
Adjusted Gross Patient Revenue	3,142,128
Other Revenue	0
Total Net Revenue	2,763,445
Total Expenses	0
Adjusted Gross Revenue	3,142,128
Total Uncompensated I/C Care	32,225
Percent Uncompensated Indigent/Charity Care	1.03%

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)	1,443
Physicians	313
Other Home Health Agencies	26
All Other Healthcare Providers	145

7. Referral Hospitals

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

Hospital Name	Patients Referred
Emory University Hospital	18
Landmark Hospital	5
Northeast Georgia Medical Center	41
Northridge Medical Center	1
Piedmont Hospital	6
Shepard Spinal Center	1
Veterans Affairs Medical Center	22
Barrow Regional Medical Center	4
St Marys	79
VA Decatur	2
Athens Regional Medical Center	1,248
Atlanta VA Medical Center	2
Baptist Easley Hospital	1
Charlie Norwood VA Medical Center	1
Clearview Regional Medical Center	1
Gwinnett Medical Center	7
Mayo Clinic Transplant Center	1
Morgan Memorial Hospital	1
Select Specialty Hospital	1
Southeast Georgia Health System-Brunswick	1
Total	1,443

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)	14	1	0
Licensed Practical Nurses (LPNs)	0	0	0
Aides/Assistants	1	0	0
Allied Health/Therapists	8	1	1

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 days
Licensed Practical Nurse	
Aide/Assistant	
Allied Health/Therapists	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	124	4
February	104	10
March	122	9
April	109	9
May	106	8
June	87	16
July	112	25
August	95	15
September	120	17
October	104	17
November	102	22
December	126	23

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
Barrow	23	189	2,313	106	0	1	88	75	48	212
Clarke	58	546	6,421	285	7	0	243	202	159	604
Jackson	26	227	2,952	126	3	1	96	97	59	253
Madison	17	201	2,174	121	3	0	84	90	44	218
Oconee	15	144	1,847	89	1	0	53	74	32	159
Total by Age	0	0	0	0	0	2	564	538	342	1,446

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
Barrow	535,868	463,281	0
Clarke	1,482,960	1,271,694	16,317
Jackson	677,521	597,258	6,440
Madison	498,500	431,214	7,352
Oconee	424,253	378,681	2,116
Total	3,619,102	3,142,128	32,225

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: Wendy J. Cook

Date: 02/18/2016

Title: Senior VP & CFO

Comments: