



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2015 Home Health Survey

Part A : General Information

1. Identification

UID:HHA141

Facility Name: Three Rivers Home Health of Bibb

County: Bibb

Street Address: 1760 Bass Road Suite 103

City: Macon

Zip: 31210-1096

Mailing Address: 1760 Bass Road Suite 103

Mailing City: Macon

Mailing Zip: 31210-1096

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.

000821026B

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.

117135

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: Wanda Daniels

Contact Title: Executive Administrator

Phone: 478-374-3468

Fax: 478-374-6741

E-mail: wdaniels@123rivers.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
Three Rivers Home Health Services, Inc.	For Profit	12/13/2002

B. Owner's Parent Organization

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

C. Agency Operator

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

D. Operator's Parent Organization

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

E. Management Contractor

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

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
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.
Milledgeville	2485 N. Columbia St., Suite 86	Milledgeville	Baldwin	02/01/2005

Evans	609 Ponder Place Dr., Suite A	Evans	Columbia	04/13/2012
Warner Robins	281 Carl Vinson Parkway, Suite J	Warner Robins	Houston	09/01/2004

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	12,144	170
Physical Therapy	11,995	180
Home Health Aide	2,608	90
Occupational Therapy	1,629	180
Medical Social Services	24	190
Speech Pathology	413	180
	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.

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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).

1113

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	1
Asian	8
Black/African American	428
Hispanic/Latino	7
Pacific Islander/Hawaiian	3
White	1,069
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	639
Female	877

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	777	15,880	2,697,471	2,649,616
Medicaid	90	1,450	91,385	69,507
Other Government Payers	123	2,475	425,638	377,489
Managed Care (HMO/PPO)	307	5,965	1,051,241	870,241
Other Third Party Insurers	211	2,992	544,159	482,756
Self Pay	8	51	10,640	9,705
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.

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.

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	4,820,534
Medicare Contractual Adjustments	0
Medicaid & Peachcare Contractual Adjustments	6,524
Other Contractual Adjustments	170,534
Total Contractual Adjustments	177,058
Bad Debt	39,979
Indigent Care Gross Charges	96,548
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	96,548
Charity Care Gross Charges	47,635
Charity Care Compensation	0
Uncompensated Charity Care (Net)	47,635
Other Free Care	0
Total Net Patient Revenue	4,459,314
Adjusted Gross Patient Revenue	4,774,031
Other Revenue	0
Total Net Revenue	4,459,314
Total Expenses	3,362,011
Adjusted Gross Revenue	4,774,031
Total Uncompensated I/C Care	144,183
Percent Uncompensated Indigent/Charity Care	3.02%

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)	813
Physicians	507
Other Home Health Agencies	12
All Other Healthcare Providers	183

7. Referral Hospitals

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

Hospital Name	Patients Referred
University Hospital McDuffie	2
Walton Rehabilitation Hospital	2
Washington County Regional Medical Center	1
Zevulon Park Health and REhabilitation	9
VAMC - Atlanta, Augusta,Dublin	52
Athens Regional Medical Center	4
Bleckley Memorial Hospital	1
Central Georgia Rehab	12
Childrens Healthcare of Atlanta At Egleston	1
Coliseum Medical Center	75
Coliseum Northside Hospital	13
Coliseum Rehab Hospital	7
Columbus Regional Hughston Hospital	3
Crisp Regional Hospital	1
Doctors Hospital of Augusta	46
Dodge County Hospital	3
Dwight D Eisenhower Army Medical Center	11
Emory Crawford Long	1
Emory Rehabilitation Hospital	4
Emory Saint Joseph's Hospital	1
Emory University Hospital	27
Emory University Hospital Midtown	18
Emory University Orthopedic and Spine Hospital	1
Fairview Park Hospital	19
Georgia Regents Medical Center	8
Grady Health System	2

GRU Cancer Center	2
Healthsouth Walton Rehabilitation Hospital	2
Houston Medical Center	100
Jack Hughston Memorial Hsopital	2
Kindred Hospital	1
Mayo Clinic	1
Medical Center Navicent Health	119
Medical Center of Peach County Navicent Health	72
Northside Hospital	1
Oconee Regional Medical Center	90
Optim Medical Center Tattnall	1
Piedmont Hospital	3
Phoebe Sumter Medical Center	1
Piedmont Atlanta Hospital	6
Piedmont Henry Hospital	2
Putnam General Hospital	7
Regency Hospital of Central Georgia	11
Rehabilitation Hospital Navicent Health	8
St Joseph's Hospital	1
Select Speciality Hospital	3
Shepherd Center	2
South Georgia Medical Center	1
St Francis Hospital	1
St Joseph's Hospital	1
St Mary's	5
Stevens Park Health & Rehabilitation	28
Trinity Hospital of Augusta	1
Union City Hospital	1
University Health care system	16
Total	813

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)	13	0	0
Licensed Practical Nurses (LPNs)	4	0	0
Aides/Assistants	3	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	6 - 8 WEEKS
Licensed Practical Nurse	2 - 4 WEEKS
Aide/Assistant	2 WEEKS
Allied Health/Therapists	4 - 6 WEEKS

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	116	5
February	114	7
March	120	7
April	126	12
May	123	8
June	110	7
July	103	15
August	100	7
September	85	7
October	120	8
November	85	9
December	101	8

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
Baldwin	20	167	4,350	88	0	0	60	67	60	187
Bibb	38	173	4,497	103	0	1	77	71	62	211
Burke	0	5	91	1	0	1	2	1	1	5
Columbia	19	141	2,680	79	0	0	50	59	51	160
Crawford	1	13	188	5	0	0	8	4	2	14
Glascok	0	6	106	3	0	0	2	3	1	6
Hancock	2	31	568	18	0	0	13	15	5	33
Houston	76	450	9,071	259	0	3	177	186	160	526
Jefferson	0	4	50	3	0	0	2	2	0	4

Jenkins	0	1	6	1	0	0	1	0	0	1
Jones	3	20	468	11	0	0	8	8	7	23
Lincoln	1	20	557	8	0	0	9	5	7	21
Monroe	1	13	224	5	0	0	8	4	2	14
Peach	15	91	1,842	48	0	0	35	39	32	106
Putnam	7	42	995	25	0	0	15	15	19	49
Twiggs	14	51	1,348	33	0	1	14	30	20	65
Washington	0	7	1,668	4	0	0	0	4	3	7
Wilkinson	16	68	1,668	41	0	0	26	30	28	84
Total by Age	0	0	0	0	0	6	507	543	460	1,516

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
Baldwin	594,617	588,881	17,785
Bibb	670,932	664,460	20,068
Burke	15,899	15,745	476
Columbia	508,763	503,856	15,217
Crawford	44,517	44,087	1,332
Glascocock	19,079	18,896	570
Hancock	104,932	103,920	3,139
Houston	1,672,560	1,656,425	50,027
Jefferson	12,719	12,596	380
Jenkins	3,180	3,149	95
Jones	73,135	72,429	2,187
Lincoln	66,775	66,131	1,997
Monroe	44,517	44,087	1,332
Peach	337,056	333,804	10,081
Putnam	155,809	154,306	4,660
Twiggs	206,685	204,691	6,182
Washington	22,258	22,044	666
Wilkinson	267,101	264,524	7,989
Total	4,820,534	4,774,031	144,183

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: Hal M. Smith, Jr.

Date: 03/04/2016

Title: Executive Director

Comments: