GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2016 Home Health Survey

Part A : General Information

1. Identification

UID:HHA015

Facility Name: Archbold Home Health Services

County: Thomas

Street Address: 400 Old Albany Road

City: Thomasville

Zip: 31792

Mailing Address: 400 Old Albany Rd

Mailing City: Thomasville

Mailing Zip: 31792-4013

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.
000041247A

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.
117024

2. Report Period

Report Data for the full twelve month period, January 1,2016 - December 31, 2016 (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: Tara King

Contact Title: Staff Accountant

Phone: 229-228-2228

Fax: 229-228-2290

E-mail: tking@archbold.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
Archbold Health Services, Inc.	Not for Profit	10/01/1972

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Archbold Medical Center, Inc.	Not for Profit	10/01/1972

C. Agency Operator

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

D. Operator's Parent Organization

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

E. Management Contractor

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

F. Management's Parent Organization

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

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.
	1309 W Screven Street	Quitman	Brooks	10/01/1972

	10 First Street NE	Cairo	Grady	10/01/1972
	90 Stephens Street	Camilla	Mitchell	10/01/1972

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	20,411	125
Physical Therapy	10,162	175
Home Health Aide	3,422	70
Occupational Therapy	2,075	175
Medical Social Services	208	200
Speech Pathology	853	150
	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 31,2016.

449

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).

1456

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	0
Black/African American	730
Hispanic/Latino	25
Pacific Islander/Hawaiian	2
White	1,080
Multi-Racial	20

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	780
Female	1,077

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	1,065	22,986	3,171,687	2,996,026
Medicaid	161	2,188	324,944	59,972
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	0	0	0	0
Other Third Party Insurers	590	10,636	1,597,842	1,381,728
Self Pay	108	1,321	199,212	79,562
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 2016. ☑

If you indicated yes above, please indicate the effective date of the policy or policies.

10/01/2008

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.

Clay Campbell, President

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 2016 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	5,293,685
Medicare Contractual Adjustments	175,660
Medicaid & Peachcare Contractual Adjustments	264,972
Other Contractual Adjustments	0
Total Contractual Adjustments	**440,632**
Bad Debt	216,115
Indigent Care Gross Charges	119,650
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**119,650**
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**0**
Other Free Care	0
Total Net Patient Revenue	**4,517,288**
Adjusted Gross Patient Revenue	**4,636,938**
Other Revenue	1,646
Total Net Revenue	**4,518,934**
Total Expenses	4,828,864
Adjusted Gross Revenue	**4,638,584**
Total Uncompensated I/C Care	**119,650**
Percent Uncompensated Indigent/Charity Care	**2.58%**

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.

120

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)	1,515
Physicians	527
Other Home Health Agencies	1
All Other Healthcare Providers	212

7. Referral Hospitals

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

Hospital Name	Patients Referred
Archbold Memorial	1,137
Archbold Northside	1
Augusta Regional	1
Bainbridge Health Care	2
Brooks County Hospital	37
Capital Regional Medical	8
Colquitt Regional	7
Cook Medical Center	1
Dekalb Medical Center	1
Emory University Hospital	14
Grady General	117
Jack Hughston Memorial	4
Mayo Clinic	4
Medical Center of Central Georgia	2
Medical College of Georgia	1
Memorial Hospital and Manor	3
Memorial Medical Center	1
Mitchell County Hospital	47
Northside Hospital	1
Northside Medical Center	11
Peidmont Hospital	2
Phoebe Putney Hospital	20
SE Georgia Health System	1
Select Specialty Hospital	2
Shands	6
Shepherd Spinal Center	1

South Georgia Medical Center	21
Tallahassee Community	2
Tallahassee Memorial	45
Tift Regional Hospital	2
VA Medical Center	11
VA Medical Center - Carl Vinson	1
Wellstar Cobb	1
Total	**1,515**

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 12-31-2016.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	12	2	0
Licensed Practical Nurses (LPNs)	6	0	0
Aides/Assistants	4	0	0
Allied Health/Therapists	13	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	30 Days
Licensed Practical Nurse	
Aide/Assistant	
Allied Health/Therapists	

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	93	72
February	78	83
March	80	72
April	77	89
May	79	59
June	83	72
July	81	82
August	78	95
September	81	78
October	86	95
November	83	82
December	91	78

2A. Patient Origin Part A.

Patient Origin - Report the admissions, visits, and caseload by county for the report period. Caseload totals are for 1/1/2016. 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
Brooks	20	116	2,258	67	10	0	63	45	28	136
Colquitt	10	49	1,132	29	3	0	23	27	9	59
Grady	71	323	9,888	177	31	4	161	137	92	394
Madison	0	1	73	0	0	0	0	0	1	1
Mitchell	32	212	4,746	123	18	2	117	80	45	244
Thomas	156	867	19,031	473	58	5	394	361	263	1,023
Total by Age	**0**	**0**	**0**	**0**	**0**	**11**	**758**	**650**	**438**	**1,857**

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
Brooks	321,918	281,980	12,066
Colquitt	161,387	141,365	7,175
Grady	1,409,710	1,234,818	19,335
Madison	10,407	9,116	0
Mitchell	676,627	592,683	13,681
Thomas	2,713,636	2,376,976	67,393
Total	**5,293,685**	**4,636,938**	**119,650**

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: Tara King

Date: 03/01/2017

Title: Staff Accountant

Comments: