



2016 Home Health Survey

Part A : General Information

1. Identification

UID:HHA022

Facility Name: University Home Health Martinez

County: Columbia

Street Address: 4106 Columbia Road Suite 102

City: Martinez

Zip: 30907

Mailing Address: 4106 Columbia Road Suite 102

Mailing City: Martinez

Mailing Zip: 30907-1482

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.

00769557

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.

117031

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: Teresa A. Brown

Contact Title: Administrator

Phone: 706-868-3220

Fax: 706-868-3221

E-mail: tbrown@uh.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
University Health Services, Inc.	Not for Profit	11/01/1996

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
University Health, Inc.	Not for Profit	11/01/1996

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	6,774	170
Physical Therapy	7,685	180
Home Health Aide	2,049	100
Occupational Therapy	368	180
Medical Social Services	105	195
Speech Pathology	301	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, 2016.

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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).

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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	4
Asian	2
Black/African American	481
Hispanic/Latino	6
Pacific Islander/Hawaiian	0
White	576
Multi-Racial	394

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	534
Female	929

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	624	7,661	1,663,713	1,537,590
Medicaid	123	1,225	254,408	53,600
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	461	6,150	1,248,424	1,008,637
Other Third Party Insurers	220	2,033	353,835	208,198
Self Pay	19	95	0	0
Other Non Government	16	118	20,163	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.

11/01/1996

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.

Teresa Brown, Administrator

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	3,540,543
Medicare Contractual Adjustments	37,188
Medicaid & Peachcare Contractual Adjustments	105,473
Other Contractual Adjustments	209,324
Total Contractual Adjustments	351,985
Bad Debt	360,370
Indigent Care Gross Charges	20,163
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	20,163
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	2,808,025
Adjusted Gross Patient Revenue	3,037,512
Other Revenue	2,241
Total Net Revenue	2,810,266
Total Expenses	2,347,869
Adjusted Gross Revenue	3,039,753
Total Uncompensated I/C Care	20,163
Percent Uncompensated Indigent/Charity Care	0.66%

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)	1,950
Physicians	439
Other Home Health Agencies	12
All Other Healthcare Providers	268

7. Referral Hospitals

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

Hospital Name	Patients Referred
Aiken Regional Medical Center	4
Carolinas Healthcare System	1
Cleveland Clinic Hospital	1
Burke Medical Center	2
Doctors Hospital	141
Eisenhower Medical Center	3
East GA Regional Medical Center	1
Emory Saint Josephs Hospital	1
Emory University Hospital	9
Georgia Health Science University	157
Gwinnett Medical Center	1
Health South Walton Rehabilitation Hospital	42
Medical Center of Central Georgia	1
Memorial Health	1
Northside Hospital	1
Piedmont Hospital	3
Self Regional Hospital	1
Select Speciality Hospital	5
St Vincents Birmingham	1
Trinity Hospital	11
University Hospital	1,528
University Hospital McDuffie	18
Wills Memorial Hospital	2
VAMC	15
Total	1,950

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)	11	0	0
Licensed Practical Nurses (LPNs)	0	0	0
Aides/Assistants	3	0	0
Allied Health/Therapists	11	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	90 days
Licensed Practical Nurse	Not Applicable
Aide/Assistant	30 days
Allied Health/Therapists	120 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	111	11
February	108	11
March	124	13
April	112	12
May	114	12
June	118	12
July	126	13
August	102	11
September	121	13
October	116	12
November	105	11
December	109	11

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
Columbia	33	431	5,227	156	3	0	114	163	146	423
McDuffie	4	126	1,128	64	2	0	43	48	30	121
Richmond	63	951	10,927	423	11	0	330	353	236	919
Total by Age	0	0	0	0	0	0	487	564	412	1,463

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
Columbia	1,032,690	719,334	3,190
McDuffie	232,439	189,727	2,970
Richmond	2,275,414	2,128,451	14,003
Total	3,540,543	3,037,512	20,163

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: James R. Davis

Date: 03/01/2017

Title: President and CEO

Comments: