



## 2016 Home Health Survey

### Part A : General Information

#### 1. Identification

UID:HHA024

**Facility Name:** Encompass Home Health of Georgia

**County:** Elbert

**Street Address:** 333B Heard St

**City:** Elberton

**Zip:** 30635

**Mailing Address:** 6688 North Central Expressway, Suite 1300

**Mailing City:** Dallas

**Mailing Zip:** 75206

#### **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.

000814811Q

#### **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.

11-7069

#### 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:** Brian Hill

**Contact Title:** Regional President

Phone: 214-239-6500

Fax: 214-239-6581

E-mail: bhill@ehhi.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
CareSouth HHA Holdings of Washington, LLC	For Profit	03/01/1998

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
CareSouth Health Systems, Inc.	For Profit	03/01/1998

#### C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
CareSouth HHA Holdings of Washington, LLC	For Profit	03/01/1998

#### D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
CareSouth Health Systems, Inc.	For Profit	03/01/1998

#### 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.
Watkinsville	1551 Jennings Mill Road, Suite 210	Watkinsville	Oconee	03/01/1998

Commerce	201 Mercer Place	Commerce	Jackson	10/23/2007
Hartwell	600 Chandler St	Hartwell	Hart	03/01/1998
Augusta	4128 Madeline Drive, Suite A	Augusta	Richmond	03/01/1998
Eatonton	117 Harmony Crossing, Suite 7	Eatonton	Putnam	03/01/1998
Sandersville	318 South Harris St, Suite A	Sandersville	Washington	05/01/2010
Statesboro	1601 Fair Road, Suite 100	Statesboro	Bulloch	10/15/2012

## 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	36,077	200
Physical Therapy	41,199	250
Home Health Aide	3,029	125
Occupational Therapy	6,783	250
Medical Social Services	296	250
Speech Pathology	1,484	250
	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.

778

### 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).

4703

### 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	1,327
Hispanic/Latino	0
Pacific Islander/Hawaiian	0
White	3,248
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	1,742
Female	2,833

### 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	2,647	54,632	10,006,548	10,006,548
Medicaid	160	2,134	269,206	252,620
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	935	17,995	4,658,606	4,644,344
Other Third Party Insurers	522	3,107	1,402,067	1,299,213
Self Pay	0	0	0	1,761
Other Non Government	311	11,000	331,081	258,252

## 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.

11/01/1995

### 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.

Brian Hill, Regional 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	16,667,508
Medicare Contractual Adjustments	0
Medicaid & Peachcare Contractual Adjustments	0
Other Contractual Adjustments	0
<b>Total Contractual Adjustments</b>	<b>0</b>
Bad Debt	174,100
Indigent Care Gross Charges	30,670
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>30,670</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>16,462,738</b>
<b>Adjusted Gross Patient Revenue</b>	<b>16,493,408</b>
Other Revenue	0
<b>Total Net Revenue</b>	<b>16,462,738</b>
Total Expenses	15,781,745
<b>Adjusted Gross Revenue</b>	<b>16,493,408</b>
<b>Total Uncompensated I/C Care</b>	<b>30,670</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>0.19%</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.

40

**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)	2,129
Physicians	1,428
Other Home Health Agencies	361
All Other Healthcare Providers	657

**7. Referral Hospitals**

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

Hospital Name	Patients Referred
ANMED HEALTH	35
ATLANTA VA MEDICAL CENTER	1
ATLANTA VA MEDICAL CENTER - DECATUR GA	3
BURKE MEDICAL CENTER	4
CANDLER COUNTY HOSPITAL	11
CANDLER HOSPITAL	1
CHARLIE NORWOOD VAMC-ATHENS	5
CHESTATEE REGIONAL HOSPITAL	1
COLISEUM NORTHSIDE HOSPITAL	1
COLISEUM MEDICAL CENTER	13
CRH - NORTHSIDE MEDICAL CENTER	1
DEKALB MEDICAL CENTER	4
DOCTORS HOSPITAL AUGUSTA	102
DUKE UNIVERSITY MEDICAL CENTER	1
EAST GEORGIA REGIONAL MEDICAL CENTER	176
EASTSIDE MEDICAL CENTER	3
EISENHOWER MEDICAL CENTER	18
ELBERT MEMORIAL HOSPITAL	93
EMANUEL COUNTY HOSPITAL	1
EMORY HOSPITAL	1
EMORY HOSPITAL MIDTOWN	4
EMORY JOHNS CREEK HOSPITAL	2
EMORY JOHNS CREEK HOSPITAL DULUTH	1
EMORY UNIVERSITY DBA EMORY CRAWFORD LONG HOSPITAL	2
EMORY UNIVERSITY HOSPITAL	25
FAIRVIEW PARK HOSPITAL	12

GEORGIA REGENTS MEDICAL CENTER	128
GEORGIA REGENTS UNIVERSITY	22
GEORGIA REGENTS UNIVERSITY PLASTIC SURGERY PRACTIC	1
GREENVILLE MEMORIAL HOSPITAL	2
GWINNETT MEDICAL CENTER	1
GWINNETT MEDICAL CENTER-LAW AIMEE JONES	4
HOUSTON HEALTHCARE HOUSTON MEDICAL CENTER	2
JACK HUGHSTON MEMORIAL HOSPITAL	1
JASPER MEMORIAL HOSPITAL	28
JEFFERSON HOSPITAL	21
KENNESTONE HOSPITAL	1
LANDMARK HOSPITAL	6
LANDMARK HOSPITAL OF SAVANNAH	2
MADISON HEALTH AND REHABI CENTER OF GA	2
MCG HEALTH	3
MEDICAL CENTER OF CENTRAL GEORGIA	53
MEDICAL CENTER OF PEACH COUNTY	1
MEMORIAL HEALTH UNIV. MEDICAL CENTER	1
MEMORIAL HEALTH UNIVERSITY MEDICAL CENTER	3
MORGAN MEMORIAL HOSPITAL	10
NORTHEAST GA MEDICAL CENTER - BRASELTON	10
NORTHEAST GEORGIA HEALTH SYSTEMS, INC.	46
NORTHEAST GEORGIA MEDICAL CENTER	14
NORTHRIDGE MEDICAL CENTER	59
NORTHSIDE HOSPITAL - FORSYTH	4
OCONEE REGIONAL MEDICAL CENTER	68
OPTIM MED CENTER SCREVEN	4
OPTIM MEDICAL CENTER TATTNALL	1
PATEWOOD MEMORIAL HOSPITAL	2
PIEDMONT ATHENS REGIONAL MEDICAL CENTER	437
PIEDMONT ATLANTA HOSPITAL	14
PIEDMONT HENRY HOSPITAL	1
PIEDMONT NEWTON HOSPITAL	1
PUTNAM GENERAL HOSPITAL	60
REGENCY HOSPITAL - MACON	1
ROCKDALE HOSPITAL	1
SAINT FRANCIS HOSPITAL GREENVILLE SC	1
SAINT JOSEPHS HOSPITAL OF ATLANTA	1
SAINT MARY'S GOOD SAMARITAN HOSPITAL	9
SAINT MARYS HOSPITAL - ATHENS	104
SELECT SPECIALTY AUGUSTA	10
SELECT SPECIALTY HOSPITAL OF SAVANNAH	2
SELF REGIONAL HEALTHCARE	1
ST FRANCIS EASTSIDE	1



ST MARYS GOOD SAMARITAN HOSPITAL	27
ST MARYS HOSPITAL	107
ST MARYS SACRED HEART HOSPITAL	48
ST. MARY'S HOSPITAL - ATHENS	73
STEPHENS COUNTY HOSPITAL	3
TRINITY HOSPITAL OF AUGUSTA	5
UNIVERSITY HEALTH CARE SYSTEM	84
UNIVERSITY HOSPITAL MCDUFFIE (MCDUFFIE REGIONAL)	11
UNIVERSITY HOSPITAL-MCDUFFIE	15
VA MEDICAL CENTER - UPTOWN AUGUSTA	25
WASHINGTON COUNTY REGIONAL MEDICAL	18
WASHINGTON COUNTY REGIONAL MEDICAL CENTER	13
WELLSTAR KENNESTONE	2
WILLS MEMORIAL	27
EMORY SAINT JOSEPH'S HOSPITAL	2
ANDERSON AREA MEDICAL CENTER	4
<b>Total</b>	<b>2,129</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 12-31-2016.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	12	1	0
Licensed Practical Nurses (LPNs)	10	0	0
Aides/Assistants	2	1	0
Allied Health/Therapists	40	1	4

## 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	66 days
Licensed Practical Nurse	21 days
Aide/Assistant	0 days
Allied Health/Therapists	38 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	294	17
February	416	47
March	424	63
April	382	73
May	344	90
June	286	90
July	285	103
August	345	110
September	311	121
October	287	101
November	296	122
December	307	129

### 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
Bulloch	47	255	4,489	202	2	0	69	101	60	230
Burke	7	35	462	38	0	0	5	19	8	32
Columbia	33	247	3,796	0	0	0	29	82	108	219
Elbert	66	493	8,775	164	4	0	118	170	155	443
Glascock	8	37	483	22	0	0	5	14	11	30
Greene	23	153	2,396	0	1	0	36	73	33	142
Hancock	29	156	2,950	146	5	0	43	55	49	147
Hart	53	453	7,707	0	5	0	84	149	144	377
Jackson	99	545	12,267	4	1	0	92	195	205	492

Jasper	15	110	1,637	110	1	0	28	44	34	106
Jefferson	40	144	2,096	298	2	0	30	58	43	131
Jenkins	5	32	725	390	0	0	10	19	3	32
Lincoln	2	24	243	88	0	0	4	14	3	21
Madison	24	218	3,788	116	1	0	43	92	58	193
Morgan	13	95	1,401	38	2	0	24	37	29	90
Oconee	8	83	1,357	184	0	0	14	28	37	79
Oglethorpe	34	105	1,952	0	1	0	15	54	31	100
Putnam	45	323	4,682	72	1	0	65	139	97	301
Screven	12	50	775	56	1	0	10	27	10	47
Richmond	77	437	7,360	8	4	0	126	185	116	427
Taliaferro	5	21	286	108	0	0	8	10	4	22
Warren	8	28	361	370	1	0	8	9	5	22
Washington	41	217	3,300	54	0	0	51	85	66	202
Wilkes	12	101	1,570	20	1	0	18	49	24	91
Clarke	76	593	12,309	384	7	0	86	192	242	520
Baldwin	2	6	127	3	0	0	1	3	3	7
Banks	7	21	691	17	0	0	7	11	1	19
Barrow	0	0	1	0	0	0	0	0	0	0
Bryan	0	5	120	3	0	0	2	2	2	6
Candler	0	2	28	1	0	0	0	1	0	1
Chatham	0	1	8	0	0	0	0	0	1	1
Clayton	0	0	0	0	0	0	0	0	0	0
Emanuel	0	4	72	340	0	0	2	0	2	4
Franklin	3	38	675	0	0	0	7	11	13	31
Fulton	0	0	2	0	0	0	0	0	0	0
Gwinnett	0	0	1	0	0	0	0	0	0	0
Hall	0	3	57	28	0	0	0	2	1	3
McDuffie	0	0	0	0	0	0	0	0	0	0
Newton	0	7	88	28	0	0	1	4	1	6
Walton	0	1	11	278	0	0	1	0	0	1
<b>Total by Age</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,042</b>	<b>1,934</b>	<b>1,599</b>	<b>4,575</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
Bulloch	731,546	723,898	738
Burke	103,610	102,525	0
Columbia	799,765	791,463	0
Elbert	1,500,627	1,484,995	2,795
Glascocock	85,879	84,980	0

Greene	461,337	456,515	527
Hancock	510,199	505,008	8,642
Hart	1,455,795	1,440,596	3,435
Jackson	2,128,356	2,105,803	527
Jasper	336,410	332,900	949
Jefferson	402,246	398,076	1,424
Jenkins	125,059	123,750	0
Lincoln	59,142	58,524	0
Madison	745,160	737,368	527
Morgan	261,452	258,724	844
Oconee	292,218	289,160	0
Oglethorpe	387,267	383,222	738
Putnam	899,884	890,535	717
Screven	129,411	128,063	633
Richmond	1,565,090	1,548,744	3,059
Taliaferro	49,919	49,397	0
Warren	69,757	69,031	422
Washington	654,044	647,199	0
Wilkes	290,476	287,438	211
Clarke	2,325,016	2,300,767	4,482
Baldwin	18,336	18,144	0
Banks	82,141	81,282	0
Barrow	0	0	0
Bryan	17,629	17,445	0
Candler	2,623	2,595	0
Chatham	2,749	2,720	0
Clayton	0	0	0
Emanuel	9,263	9,166	0
Franklin	114,489	113,291	0
Fulton	1,183	1,171	0
Gwinnett	1,170	1,158	0
Hall	24,755	24,496	0
McDuffie	0	0	0
Newton	22,051	21,820	0
Walton	1,454	1,439	0
<b>Total</b>	<b>16,667,508</b>	<b>16,493,408</b>	<b>30,670</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:** G. Robert Thompson

**Date:** 03/03/2017

**Title:** Vice President

**Comments:**

Per Settlement agreement dated July 21, 2008, item 2â€ The indigent and charity care commitment â€ shall be for the twelve counties CareSouth has been approved to service in SSCR 7 (Hancock, Taliaferro, Wilkes, Lincoln, Burke, Columbia, Glascock, Jefferson, Jenkins, Richmond, Warren and Washington counties). Based on our calculation the total indigent and charity Care requirement for 2016 was \$51,226 and \$14,285 of uncompensated charges occurred resulting in a shortfall of \$36,941.