



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2016 Home Health Survey

Part A : General Information

1. Identification

UID:HHA044

Facility Name: Encompass Home Health of Georgia

County: Hall

Street Address: 601 Broad Street SE, Suite F

City: Gainesville

Zip: 30501

Mailing Address: 6688 N 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.

000310362T

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.

11-7021

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 Gainesville, LLC	For Profit	08/01/2004

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
CareSouth Health System, Inc.	For Profit	08/01/2004

C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
CareSouth HHA Holdings of Gainesville, LLC	For Profit	08/01/2004

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
CareSouth Health System, Inc.	For Profit	08/01/2004

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.
Encompass Home Health of Georg	584 Bell Creek Road	Hiawasse	Towns	08/01/2004

Encompass Home Health of Georgia	5425 Sugarloaf Parkway, Suite 110	Lawrenceville	Gwinnett	08/01/2004
Encompass Home Health of Georgia	360 Walmart Way	Eastanollee	Stephens	08/01/2004

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	15,778	200
Physical Therapy	18,611	250
Home Health Aide	1,151	125
Occupational Therapy	5,224	250
Medical Social Services	147	250
Speech Pathology	211	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.

336

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).

2275

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	27
Black/African American	267
Hispanic/Latino	53
Pacific Islander/Hawaiian	0
White	2,320
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	1,092
Female	1,575

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	1,436	25,520	4,840,585	4,840,585
Medicaid	59	607	90,225	84,799
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	448	6,757	1,829,171	1,821,860
Other Third Party Insurers	406	5,380	757,081	697,867
Self Pay	0	0	0	1,308
Other Non Government	318	2,858	349,738	285,620

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.

01/01/2006

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	7,866,800
Medicare Contractual Adjustments	0
Medicaid & Peachcare Contractual Adjustments	0
Other Contractual Adjustments	0
Total Contractual Adjustments	0
Bad Debt	105,079
Indigent Care Gross Charges	29,682
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	29,682
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	7,732,039
Adjusted Gross Patient Revenue	7,761,721
Other Revenue	0
Total Net Revenue	7,732,039
Total Expenses	8,033,749
Adjusted Gross Revenue	7,761,721
Total Uncompensated I/C Care	29,682
Percent Uncompensated Indigent/Charity Care	0.38%

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)	1,235
Physicians	1,071
Other Home Health Agencies	138
All Other Healthcare Providers	223

7. Referral Hospitals

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

Hospital Name	Patients Referred
Emory Hospital Midtown	5
Emory Johns Creek Hospital	6
Emory Johns Creek Hospital Duluth	5
Emory Medical Center	2
Emory Univeristy Hospital	12
Erlanger Medical Center	2
Fannin Regional Hospital	1
Georgia Regents Medical Center	1
Greenville memorial Hospital	1
Gwinett Medical Center	1
Gwinett Medical Center	51
Gwinett Medical Center-Law Aimee Jones	125
Gwinett Medical Center - Duluth	3
Habersham County Medical Center	1
Habersham Medical Center	22
Houston Healthcare Houston Medical	1
Jack Hughston Memorial Hospital	1
Landmark Hospital	1
Mountain Lakes Medical Center	15
Murphy Medical Center	23
North Georgia Medical Center	1
Northeast GA Medical Center-Braselton	19
Northeast Georgia Health Systems, Inc	338
Northeast Georgia Medical Center	156
Piedmont Athens Regional Medical Center	77
Piedmont Newnan Hospital	1

Northridge Medical Center	29
NorthsideHospital - Forsyth	19
Northside Hospital - Cherokee	2
Northside Hospital of Atlanta	2
Northside Hospital - Forsyth	2
Peachford Hospital	1
Angel Medical Center	2
Anmed Health	4
Atlanta Medical Center	1
Atlanta VA Medical Center	3
Atlanta VA Medical Center-Decatur GA	4
Barrow Regional Medical Center	1
Cancer Treatment Centers of America	1
Chatuge Regional Hospital	51
Chestatee Regional Hospital	19
Dekalb Medical Center	4
Dekalb Medical Center-Main Campus	1
East Alabama Medical Center	1
Eastside Medical Center	7
Emory Eastside Medical Center	1
Emory Eastside Wound Care Center	1
Emory Hospital	4
Piedmont Atlanta Hospital	13
Piedmont Atlanta Transplant Hospital	1
Piedmont Mountside Hospital	1
Saint Josephs Hospital of Atlanta	1
Saint Marys Hospital -Athens	29
Select Specialty Hospital -North East Atlanta	1
Shepherd Center	1
St Joseph Hospital of Atlanta	2
St Marys Hospital	19
St Marys Sacred Heart Hospital	18
St Francis Hospital Columbus	1
St Marys Hospital - Athens	19
Stephens County Hospital	58
Stephens County Wound Center	7
Tanner Medical Center-Carrollton	1
Union General Hospital	27
VA Medical Center - Upton Augusta	2
VAMC - Asheville	1
Wellstar Kennestone	2
Total	1,235

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)	9	2	0
Licensed Practical Nurses (LPNs)	8	1	0
Aides/Assistants	1	0	0
Allied Health/Therapists	30	1	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	34 days
Licensed Practical Nurse	2 days
Aide/Assistant	0 days
Allied Health/Therapists	25 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	155	10
February	227	25
March	267	36
April	209	33
May	230	38
June	205	45
July	178	49
August	188	47
September	172	64
October	175	37
November	186	50
December	208	56

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
Banks	12	131	1,751	45	3	0	26	61	32	119
Cherokee	3	57	1,435	10	0	0	8	28	22	58
Dawson	11	66	1,005	16	0	0	13	34	18	65
Forsyth	12	80	1,391	16	0	0	15	33	27	75
Franklin	11	165	2,944	35	2	0	39	65	54	158
Gwinnett	85	787	9,959	197	14	0	166	347	202	715
Habersham	12	134	1,902	32	0	0	31	57	33	121
Hall	58	495	6,513	118	5	0	105	220	135	460
Lumpkin	8	67	944	18	0	0	15	32	15	62

Rabun	23	98	1,790	22	0	0	16	42	34	92
Stephens	35	290	3,782	64	2	0	76	106	80	262
Towns	36	272	4,246	37	1	0	29	86	121	236
Union	13	97	1,323	25	2	0	13	44	34	91
White	13	93	1,165	26	1	0	23	36	34	93
Jackson	0	22	449	5	0	0	3	11	9	23
Fulton	1	2	34	1	0	0	1	1	0	2
Madison	0	4	42	0	0	0	0	3	1	4
Barrow	2	9	59	5	0	0	2	4	1	7
DeKalb	1	4	184	1	0	0	0	2	4	6
Fannin	0	2	16	0	0	0	2	0	0	2
Pickens	0	2	9	1	0	0	1	1	0	2
Walton	0	13	179	5	0	0	1	8	5	14
Total by Age	0	0	0	0	0	0	585	1,221	861	2,667

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
Banks	342,978	338,400	1,558
Cherokee	278,709	274,972	0
Dawson	202,728	200,010	0
Forsyth	264,886	261,335	0
Franklin	535,521	528,356	1,079
Gwinnett	1,937,040	1,911,286	17,878
Habersham	357,507	352,714	0
Hall	1,321,311	1,303,649	4,017
Lumpkin	165,513	163,294	0
Rabun	320,904	316,601	0
Stephens	686,072	676,882	719
Towns	801,480	790,777	1,494
Union	252,437	249,071	1,438
White	213,842	210,979	300
Jackson	76,845	75,815	0
Fulton	7,086	6,991	0
Madison	12,255	12,091	0
Barrow	11,966	11,821	1,199
DeKalb	34,179	33,720	0
Fannin	1,243	1,227	0
Pickens	3,928	3,875	0
Walton	38,370	37,855	0
Total	7,866,800	7,761,721	29,682

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 January 27, 2010, item 3: The indigent and charity care surplus/shortfall is for Gwinnett County only in accordance with this agreement. Based on our calculation the total indigent and charity care requirement for 2016 was \$19,113.00 and \$17,878.00 of uncompensated charges occurred resulting in a shortfall of \$1,235.00.