



2016 Home Health Survey

Part A : General Information

1. Identification

UID:HHA050

Facility Name: Public Health Home Health Inc.

County: Lowndes

Street Address: 3169 INNER PERIMETER ROAD

City: VALDOSTA

Zip: 31602

Mailing Address: 3169 INNER PERIMETER ROAD

Mailing City: VALDOSTA

Mailing Zip: 31602-1062

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.

000056845A

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.

117009

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: CINDY FELTON

Contact Title: EXECUTIVE DIRECTOR

Phone: 229-253-1242

Fax: 229-253-1151

E-mail: servicesp@bellsouth.net

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
NOT APPLICABLE	Not for Profit	

B. Owner's Parent Organization

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

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.
FITZGERALD	221 PERRY HOUSE ROAD	FITZGERALD	Ben Hill	07/01/1984

TIFTON	104 WEST 8TH STREET	TIFTON	Tift	07/01/1984
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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	17,016	120
Physical Therapy	3,891	120
Home Health Aide	728	75
Occupational Therapy	1,408	120
Medical Social Services	39	120
Speech Pathology	87	120
	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.

185

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).

406

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	1
Black/African American	218
Hispanic/Latino	3
Pacific Islander/Hawaiian	0
White	306
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	203
Female	326

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	142	10,893	1,168,140	1,033,222
Medicaid	149	6,621	469,796	214,098
Other Government Payers	24	738	18,696	18,832
Managed Care (HMO/PPO)	94	3,257	480,796	362,504
Other Third Party Insurers	48	1,388	187,064	153,785
Self Pay	23	272	20,113	6,130
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.

09/01/1994

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.

DENISE RETTERBUSH, CEO

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	2,344,605
Medicare Contractual Adjustments	131,470
Medicaid & Peachcare Contractual Adjustments	250,851
Other Contractual Adjustments	131,792
Total Contractual Adjustments	514,113
Bad Debt	9,411
Indigent Care Gross Charges	12,495
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	12,495
Charity Care Gross Charges	20,015
Charity Care Compensation	0
Uncompensated Charity Care (Net)	20,015
Other Free Care	0
Total Net Patient Revenue	1,788,571
Adjusted Gross Patient Revenue	1,952,873
Other Revenue	0
Total Net Revenue	1,788,571
Total Expenses	1,592,408
Adjusted Gross Revenue	1,952,873
Total Uncompensated I/C Care	32,510
Percent Uncompensated Indigent/Charity Care	1.66%

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)	212
Physicians	200
Other Home Health Agencies	14
All Other Healthcare Providers	103

7. Referral Hospitals

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

Hospital Name	Patients Referred
SOUTH GEORGIA MEDICAL CENTER	149
DORMINY MEDICAL CENTER	26
TRINITY HOSPITAL AUGUSTA	1
COLISEUM MEDICAL	1
PHOEBEE	2
CRISP REGIONAL	2
NAVICENT	1
NORTHSIDE MEDICAL	1
EMORY	3
SHANDS	3
ARCHBOLD	2
MITCHELL COUNTY HOSPITAL	1
TIFT REGIONAL	19
KINDRED HOSPITAL	1
Total	212

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)	7	0	0
Licensed Practical Nurses (LPNs)	3	0	0
Aides/Assistants	1	0	0
Allied Health/Therapists	4	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	1 MONTH
Licensed Practical Nurse	1 MONTH
Aide/Assistant	1 MONTH
Allied Health/Therapists	12 MONTHS

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	26	8
February	21	15
March	37	14
April	26	11
May	27	9
June	28	9
July	21	9
August	21	9
September	21	14
October	21	17
November	24	10
December	19	14

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
Ben Hill	19	84	2,537	48	6	0	33	37	24	94
Berrien	17	29	2,461	20	8	1	14	15	11	41
Brooks	6	32	1,211	17	6	0	11	13	12	36
Cook	6	11	692	7	4	0	7	5	3	15
Echols	1	9	297	6	1	0	7	2	1	10
Irwin	2	5	175	1	0	1	0	1	5	7
Lanier	16	25	1,904	18	4	0	11	15	9	35
Lowndes	84	208	13,071	116	39	0	107	86	75	268
Tift	6	12	606	9	4	0	5	7	4	16

Turner	4	5	215	4	1	0	3	4	0	7
Total by Age	0	0	0	0	0	2	198	185	144	529

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
Ben Hill	256,766	213,675	445
Berrien	250,018	208,103	681
Brooks	122,910	102,540	1,818
Cook	70,622	58,870	916
Echols	30,345	25,253	4,320
Irwin	18,674	15,540	0
Lanier	191,407	159,285	561
Lowndes	1,322,080	1,101,534	23,444
Tift	60,775	50,590	268
Turner	21,008	17,483	57
Total	2,344,605	1,952,873	32,510

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: DENISE RETTERBUSH, RN

Date: 03/02/2017

Title: CEO

Comments: