



2016 Home Health Survey

Part A : General Information

1. Identification

UID:HHA051

Facility Name: Phoebe Home Care

County: Dougherty

Street Address: 804 14th Avenue

City: Albany

Zip: 31701

Mailing Address: 804 14th Avenue

Mailing City: Albany

Mailing Zip: 31701

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.

00723709

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.

117100

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: Lori Jenkins

Contact Title: Director, Strategy & Planning

Phone: 229-312-1432

Fax: 229-312-7100

E-mail: ljenkins@ppmh.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
Phoebe Putney Memorial Hospital, Inc.	Not for Profit	09/01/1996

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Phoebe Putney Health System, Inc.	Not for Profit	09/01/1996

C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Phoebe Putney Memorial Hospital, Inc.	Not for Profit	09/01/1996

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Phoebe Putney Health System, Inc.	Not for Profit	09/01/1996

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.
Americus	804 Oglethorpe Avenue	Americus	Sumter	09/01/1996

Cuthbert	91 East Dawson Street	Cuthbert	Randolph	09/01/1997
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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	39,197	120
Physical Therapy	14,247	150
Home Health Aide	4,923	80
Occupational Therapy	2,981	150
Medical Social Services	0	180
Speech Pathology	721	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.

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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	1
Asian	4
Black/African American	1,797
Hispanic/Latino	29
Pacific Islander/Hawaiian	1
White	1,342
Multi-Racial	2

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	1,368
Female	1,808

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	2,195	44,807	6,266,390	5,760,459
Medicaid	344	5,924	769,488	238,845
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	0	0	0	0
Other Third Party Insurers	367	10,493	846,189	682,391
Self Pay	270	845	771,862	25,233
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.

01/01/2004

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.

Teddrick Brown, Director, Post Acute Care

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	8,653,929
Medicare Contractual Adjustments	87,412
Medicaid & Peachcare Contractual Adjustments	302,356
Other Contractual Adjustments	138,073
Total Contractual Adjustments	527,841
Bad Debt	846,116
Indigent Care Gross Charges	543,862
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	543,862
Charity Care Gross Charges	37,949
Charity Care Compensation	8,767
Uncompensated Charity Care (Net)	29,182
Other Free Care	0
Total Net Patient Revenue	6,706,928
Adjusted Gross Patient Revenue	7,418,045
Other Revenue	0
Total Net Revenue	6,706,928
Total Expenses	6,593,422
Adjusted Gross Revenue	7,418,045
Total Uncompensated I/C Care	573,044
Percent Uncompensated Indigent/Charity Care	7.73%

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)	2,657
Physicians	62
Other Home Health Agencies	11
All Other Healthcare Providers	1,110

7. Referral Hospitals

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

Hospital Name	Patients Referred
Phoebe Sumter Medical Center	144
Phoebe Worth Family Medical	6
Phoebe Worth Medical Center	54
Piedmont Medical Center	5
Regency Hospital of South Atlanta	1
Select Specialty Hospital	1
Shands Hospital	1
Shands Hospital of University of FL	1
Shepherd Center	2
South GA Medical Center	1
Southeastern Regional Medical Center	3
Southwest GA Regional Medical Center	23
St Francis Hospital	4
St Joseph's Hospital	3
Tallahassee Memorial Hospital	1
Tift Regional Medical Center	15
VA Medical Center	8
Baylor Institute for Rehabilitation	1
Cobblestone Rehabilitation & Healthcare Center	1
Phoebe Worth Swing Bed	20
GA Regents Medical Center	2
Houston Sports Hospital	2
Hughston Sports Hospital	3
Jack Hughston Memorial Hospital	18
Medical Center of Central GA	4
Miller County Hospital	1

Mitchell County Hospital	3
Navicent Health	10
Northside Hospital	11
Northside Hospital Macon	1
Phoebe North Hospital	155
Phoebe Putney Memorial Hospital	2,088
Archibold Memorial Hospital	6
Augusta University Health	1
Children's Healthcare of Atlanta at Scottish	1
Coliseum Medical Center	2
Colquitt Regional Medical Center	1
Columbus Regional Medical Center	10
Columbus Specialty Hospital, Inc.	1
Crawford Long Hospital	1
Crisp Regional Hospital	18
Dekalb Medical Center	2
Doctor's Hospital of Augusta	2
Dorminy Medical Center	1
Emory University Hospital	18
Total	2,657

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)	35	3	0
Licensed Practical Nurses (LPNs)	6	3	0
Aides/Assistants	5	0	0
Allied Health/Therapists	13	2	2

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	> 120 Days
Licensed Practical Nurse	60 - 90 Days
Aide/Assistant	60 - 90 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	276	0
February	250	2
March	278	17
April	211	21
May	194	22
June	230	36
July	198	40
August	236	34
September	190	45
October	209	38
November	219	58
December	205	40

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
Baker	4	30	574	19	3	0	13	12	4	29
Calhoun	10	72	1,358	31	5	0	35	21	14	70
Clay	2	12	321	3	1	0	6	2	3	11
Colquitt	0	26	279	11	1	0	11	9	6	26
Crisp	3	32	682	15	3	0	17	7	5	29
Dougherty	183	1,647	33,479	839	132	6	799	650	358	1,813
Early	3	11	178	6	2	0	7	4	2	13
Lee	38	308	5,333	155	13	7	126	121	49	303
Miller	1	7	367	5	0	0	2	5	1	8

Mitchell	2	51	806	22	1	1	21	19	10	51
Quitman	1	12	402	4	1	0	7	2	3	12
Randolph	20	129	4,198	54	10	2	62	34	37	135
Sumter	20	305	5,300	121	21	3	143	84	55	285
Terrell	31	172	4,300	76	7	0	64	55	50	169
Worth	34	235	4,492	103	12	1	93	73	55	222
Total by Age	0	0	0	0	0	20	1,406	1,098	652	3,176

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
Baker	80,030	68,600	5,299
Calhoun	189,338	162,298	12,538
Clay	44,755	38,364	2,964
Colquitt	38,899	33,344	2,576
Crisp	95,087	81,508	6,296
Dougherty	4,667,787	4,001,174	309,092
Early	24,818	21,273	1,643
Lee	743,550	637,362	49,236
Miller	51,169	43,861	3,388
Mitchell	112,376	96,327	7,441
Quitman	56,049	48,044	3,711
Randolph	585,303	501,715	38,757
Sumter	738,949	633,418	48,932
Terrell	599,525	513,905	39,699
Worth	626,294	536,852	41,472
Total	8,653,929	7,418,045	573,044

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: Joel Wernick

Date: 02/23/2018

Title: President/CEO

Comments: