



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2016 Home Health Survey

Part A : General Information

1. Identification

UID:HHA053

Facility Name: Encompass Home Health of Georgia

County: Muscogee

Street Address: 6001 River Road, Suite 220

City: Columbus

Zip: 31904

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.

000696407A

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.

11-7306

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 Columbus, LLC	For Profit	08/01/2004

B. Owner's Parent Organization

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

C. Agency Operator

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

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
CareSouth Health Systems, 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.
Newnan	1585 Highway 34 E., Suite A	Newnan	Coweta	08/01/2004

Thomaston	204 Cherokee Road	Thomaston	Upton	08/01/2004
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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	36,736	200
Physical Therapy	25,388	250
Home Health Aide	2,765	125
Occupational Therapy	8,578	250
Medical Social Services	459	250
Speech Pathology	510	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.

670

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).

3927

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	35
Black/African American	1,195
Hispanic/Latino	35
Pacific Islander/Hawaiian	0
White	2,251
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	1,384
Female	2,132

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	1,877	44,813	7,790,355	7,790,355
Medicaid	207	2,115	344,281	325,558
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	838	18,649	4,482,576	4,469,770
Other Third Party Insurers	228	4,433	638,567	600,080
Self Pay	6	40	5,918	3,226
Other Non Government	360	4,386	538,474	382,559

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	13,800,171
Medicare Contractual Adjustments	0
Medicaid & Peachcare Contractual Adjustments	0
Other Contractual Adjustments	0
Total Contractual Adjustments	0
Bad Debt	117,238
Indigent Care Gross Charges	111,385
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	111,385
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	13,571,548
Adjusted Gross Patient Revenue	13,682,933
Other Revenue	0
Total Net Revenue	13,571,548
Total Expenses	12,462,667
Adjusted Gross Revenue	13,682,933
Total Uncompensated I/C Care	111,385
Percent Uncompensated Indigent/Charity Care	0.81%

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.

84

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)	1,845
Physicians	864
Other Home Health Agencies	314
All Other Healthcare Providers	493

7. Referral Hospitals

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

Hospital Name	Patients Referred
ATLANTA MEDICAL CENTER	3
ATLANTA VA MEDICAL CENTER	4
ATLANTA VA MEDICAL CENTER - DECATUR GA	4
BIRMINGHAM VA HOSPITAL	1
CANCER TREATMENT CENTERS OF AMERICA - NEWNAN	2
CENTRAL ALABAMA VETERANS HEALTH CARE SYSTEM	31
COLISEUM NORTHSIDE HOSPITAL	4
COLISEUM MEDICAL CENTER	9
COLUMBUS REGIONAL HEALTH	3
COLUMBUS REGIONAL WOUND CARE	11
COLUMBUS SPECIALTY HOSPITAL	13
CRH - MIDTOWN MEDICAL CENTER	170
CRH - NORTHSIDE MEDICAL CENTER	100
CRH - WOUND CENTER	5
EASTSIDE MEDICAL CENTER	1
EMORY HOSPITAL	7
EMORY HOSPITAL MIDTOWN	24
EMORY MEDICAL CENTER	1
EMORY UNIVERSITY HOSPITAL	34
FAIRVIEW PARK HOSPITAL	1
GRADY HOSPITAL	1
GRADY MEMORIAL HOSPITAL	1
HOUSTON HEALTHCARE HOUSTON MEDICAL CENTER	26
HOUSTON HEALTHCARE PERRY HOSPITAL	1
HUGHSTON HOSPITAL AND REHAB CENTER	1
JACK HUGHSTON MEMORIAL HOSPITAL	42

MARTIN ARMY COMMUNITY HOSPITAL	24
MARTIN ARMY HOSP	2
MEDICAL CENTER OF CENTRAL GEORGIA	46
MEDICAL CENTER OF PEACH COUNTY	4
NORTHSIDE HOSPITAL OF ATLANTA	1
MONROE COUNTY HOSPITAL	8
OCONEE REGIONAL MEDICAL CENTER	1
PHOEBE PUTNEY MEMORIAL HOSPITAL	3
PIEDMONT ATHENS REGIONAL MEDICAL CENTER	1
PIEDMONT ATLANTA HOSPITAL	17
PIEDMONT ATLANTA HOSPITAL TRANSPLANT UNIT	2
PIEDMONT FAYETTE HOSPITAL	85
PIEDMONT HENRY HOSPITAL	5
PIEDMONT HOSPITAL	2
PIEDMONT NEWNAN HOSPITAL	145
REGENCY HOSPITAL - MACON	1
REGIONAL REHABILITATION HOSPITAL	12
SAINT FRANCIS HOSPITAL-COL	155
SAINT JOSEPHS HOSPITAL OF ATLANTA	2
SHEPHERD CENTER	1
SPALDING REGIONAL HOSPITAL	239
ST FRANCIS HOSPITAL-WOUND CARE AND HYPERBARIC CNTR	21
ST FRANCIS ORTHOPAEDIC INSTITUTE	5
ST JOSEPH HOSPITAL OF ATLANTA	1
ST. FRANCIS HOSPITAL COLUMBUS	190
ST. MARY'S HOSPITAL - ATHENS	1
SYLVAN GROVE HOSPITAL	27
TANNER MEDICAL CENTER	1
UAB HOSPITAL	1
UPSON REGIONAL MEDICAL CENTER	309
WARM SPRINGS MEDICAL CENTER AND NURSING HOME	13
WELLSTAR COBB HOSPITAL - CS	1
WELLSTAR KENNESTONE	3
WEST GA HEALTH	3
WEST GEORGIA HEALTH	13
Total	1,845

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	0	0
Licensed Practical Nurses (LPNs)	8	0	0
Aides/Assistants	1	0	0
Allied Health/Therapists	32	1	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	32 days
Licensed Practical Nurse	0
Aide/Assistant	0
Allied Health/Therapists	16 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	241	18
February	279	38
March	275	65
April	273	58
May	242	55
June	254	72
July	233	48
August	221	68
September	241	72
October	256	61
November	221	67
December	234	75

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
Butts	22	119	1,960	31	3	0	31	49	32	112
Carroll	0	1	2	1	0	0	0	1	0	1
Chattahoochee	7	22	453	6	0	0	6	8	7	21
Fayette	33	218	5,202	43	1	0	30	88	104	222
Harris	15	118	2,419	27	4	0	35	51	31	117
Heard	5	21	338	5	1	0	5	13	3	21
Lamar	31	147	3,329	28	4	0	41	61	44	146
Marion	4	46	812	18	1	0	19	14	9	42
Meriwether	35	141	2,444	43	6	0	52	51	35	138

Muscogee	178	1,073	22,501	242	26	0	339	356	331	1,026
Pike	24	126	2,486	30	4	0	24	59	38	121
Spalding	57	345	5,936	92	10	0	91	141	94	326
Stewart	3	42	880	16	0	0	16	16	11	43
Talbot	11	76	1,767	23	1	0	24	38	13	75
Taylor	19	106	1,878	20	4	0	42	34	22	98
Upson	131	526	10,514	112	13	0	156	178	142	476
Webster	5	24	473	8	1	0	12	5	4	21
Coweta	87	493	10,627	98	5	0	123	183	179	485
Cherokee	0	1	20	0	0	0	0	0	1	1
Clayton	0	1	9	1	0	0	0	1	0	1
Fulton	0	0	8	0	0	0	0	0	1	1
Henry	0	4	72	2	0	0	0	3	0	3
Monroe	2	13	205	3	0	0	7	3	4	14
Terrell	0	1	15	1	0	0	0	1	0	1
Troup	1	3	86	0	0	0	0	3	1	4
Total by Age	0	0	0	0	0	0	1,053	1,357	1,106	3,516

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
Butts	393,318	389,969	2,229
Carroll	410	407	0
Chattahoochee	68,786	68,197	0
Fayette	956,994	948,801	421
Harris	456,424	452,579	7,404
Heard	72,409	71,814	2,941
Lamar	658,328	652,737	4,999
Marion	150,450	149,176	1,685
Meriwether	515,608	511,258	7,801
Muscogee	4,148,796	4,113,468	34,247
Pike	495,758	491,567	6,495
Spalding	1,187,305	1,177,202	7,585
Stewart	155,896	154,561	0
Talbot	309,500	306,864	1,684
Taylor	327,194	324,479	5,082
Upson	1,740,040	1,725,294	18,360
Webster	86,862	86,163	5,269
Coweta	1,997,636	1,980,611	5,183
Cherokee	3,552	3,522	0
Clayton	1,203	1,193	0

Fulton	3,304	3,276	0
Henry	11,549	11,450	0
Monroe	40,240	39,895	0
Terrell	3,891	3,858	0
Troup	14,718	14,592	0
Total	13,800,171	13,682,933	111,385

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: