



2016 Home Health Survey

Part A : General Information

1. Identification

UID:HHA082

Facility Name: Tanner Home Health Services

County: Carroll

Street Address: 150 Henry Burson Drive, Suite 105-B

City: Carrollton

Zip: 30117

Mailing Address: 150 Henry Burson Drive Suite 105B

Mailing City: Carrollton

Mailing Zip: 30117-3874

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.

000862463A

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.

117319

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: Debbie Brock

Contact Title: Director

Phone: 770-838-8872

Fax: 770-834-8956

E-mail: dbrock@tanner.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
Tanner Medical Center, Inc.	Hospital Authority	01/01/1999

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.
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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	25,235	172
Physical Therapy	17,394	200
Home Health Aide	7,425	122
Occupational Therapy	3,146	200
Medical Social Services	206	221
Speech Pathology	719	200
	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.

376

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).

2081

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	2
Black/African American	251
Hispanic/Latino	30
Pacific Islander/Hawaiian	0
White	1,938
Multi-Racial	22

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	930
Female	1,313

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	1,683	42,622	7,664,871	5,362,262
Medicaid	153	3,557	622,698	423,708
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	0	0	0	0
Other Third Party Insurers	336	5,975	1,169,194	828,067
Self Pay	71	1,971	298,461	0
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.

01/01/1999

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.

Debbie Brock

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	9,755,224
Medicare Contractual Adjustments	2,302,609
Medicaid & Peachcare Contractual Adjustments	198,990
Other Contractual Adjustments	341,127
Total Contractual Adjustments	2,842,726
Bad Debt	0
Indigent Care Gross Charges	298,461
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	298,461
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	6,614,037
Adjusted Gross Patient Revenue	7,253,625
Other Revenue	0
Total Net Revenue	6,614,037
Total Expenses	0
Adjusted Gross Revenue	7,253,625
Total Uncompensated I/C Care	298,461
Percent Uncompensated Indigent/Charity Care	4.11%

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)	1,934
Physicians	741
Other Home Health Agencies	15
All Other Healthcare Providers	135

7. Referral Hospitals

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

Hospital Name	Patients Referred
Athens Regional	1
Atlanta Medical	14
Columbus Regional	2
Dekalb	1
Emory Crawford Long	17
Emory Midtown	1
Emory University	28
Floyd Medical	4
Grady	2
Kindred	5
Northside	5
Piedmont	20
Piedmont Newnan	6
Redmond	6
St. Joseph	23
Southern Crescent	1
Spaulding	1
Tanner Carrollton	1,391
Tanner Higgins	201
Tanner Villa Rica	161
UAB	1
Wellstar Cobb	12
Wellstar Douglas	10
Wellstar Kennestone	13
Wellstar Paulding	5
Wellstar Windy Hill	2

West Georgia Medical	1
Total	1,934

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)	28	1	0
Licensed Practical Nurses (LPNs)	6	0	0
Aides/Assistants	6	0	0
Allied Health/Therapists	0	0	8

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	60-90 Days
Licensed Practical Nurse	30-60 Days
Aide/Assistant	30-60 Days
Allied Health/Therapists	60-90 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	198	20
February	202	17
March	165	21
April	185	13
May	190	29
June	193	38
July	179	36
August	168	27
September	176	32
October	187	21
November	194	17
December	206	21

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
Carroll	271	1,564	37,410	806	50	0	494	578	492	1,564
Coweta	2	19	272	6	1	0	4	5	10	19
Douglas	11	82	962	34	1	0	21	34	27	82
Haralson	84	470	12,080	250	16	0	153	177	140	470
Heard	8	65	1,567	23	2	0	14	37	14	65
Paulding	6	43	834	17	1	0	10	23	10	43
Total by Age	0	0	0	0	0	0	696	854	693	2,243

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
Carroll	6,926,209	5,150,073	211,907
Coweta	48,776	46,182	1,492
Douglas	292,657	217,609	8,953
Haralson	2,146,149	1,585,884	65,662
Heard	195,104	145,072	5,969
Paulding	146,329	108,805	4,478
Total	9,755,224	7,253,625	298,461

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: Debbie Brock

Date: 02/20/2017

Title: Director

Comments: