



## 2016 Home Health Survey

### Part A : General Information

#### 1. Identification

UID:HHA086

**Facility Name:** WellStar Home Health - Cobb

**County:** Cobb

**Street Address:** 805 Sandy Plains Road

**City:** Marietta

**Zip:** 30066

**Mailing Address:** 805 Sandy Plains Road WSR 14.01

**Mailing City:** Marietta

**Mailing Zip:** 30066-6340

#### **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.

000482886A

#### **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.

117102

#### 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:** April Austin

**Contact Title:** Manager, Strategic Planning

Phone: 470-644-0057

Fax: 770-509-4270

E-mail: april.austin@wellstar.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
WellStar Health System, Inc.	Not for Profit	02/27/1984

#### 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
WellStar Health System, Inc.	Not for Profit	02/27/1984

#### 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	24,101	218
Physical Therapy	21,577	241
Home Health Aide	3,878	105
Occupational Therapy	3,937	219
Medical Social Services	442	222
Speech Pathology	1,208	219
	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.

425

### 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).

3314

### 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	7
Asian	47
Black/African American	768
Hispanic/Latino	288
Pacific Islander/Hawaiian	2
White	2,882
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	1,599
Female	2,395

### 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	2,549	44,841	9,510,859	8,701,986
Medicaid	396	3,613	919,035	347,268
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	987	6,355	1,346,706	845,349
Other Third Party Insurers	0	0	0	0
Self Pay	62	334	78,562	13,356
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.

11/01/1992

### 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.

Administrator

### 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	11,855,162
Medicare Contractual Adjustments	369,224
Medicaid & Peachcare Contractual Adjustments	410,005
Other Contractual Adjustments	945,850
<b>Total Contractual Adjustments</b>	<b>1,725,079</b>
Bad Debt	78,882
Indigent Care Gross Charges	143,242
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>143,242</b>
Charity Care Gross Charges	0
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>0</b>
Other Free Care	0
<b>Total Net Patient Revenue</b>	<b>9,907,959</b>
<b>Adjusted Gross Patient Revenue</b>	<b>10,997,051</b>
Other Revenue	0
<b>Total Net Revenue</b>	<b>9,907,959</b>
Total Expenses	0
<b>Adjusted Gross Revenue</b>	<b>10,997,051</b>
<b>Total Uncompensated I/C Care</b>	<b>143,242</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>1.30%</b>

### 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.

178

**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)	3,161
Physicians	769
Other Home Health Agencies	10
All Other Healthcare Providers	54

**7. Referral Hospitals**

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

Hospital Name	Patients Referred
Emory Saint Joseph's Hospital	2
Emory University Hospital Midtown	3
Northside Hospital Atlanta	3
Piedmont Atlanta Hospital	7
Piedmont Mountainside Sleep Center	1
WS Atlanta Medical Center Hospital	2
WS Cobb Hospital	742
WS Cobb Outpatient Burn and Wound Care	1
WS Douglas Hospital	226
WS Kennestone Hospital	1,888
WS Paulding Cancer Center	1
WS Paulding Hospital	268
WS Windy Hill Hospital	17
<b>Total</b>	<b>3,161</b>

## 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)	14	9	0
Licensed Practical Nurses (LPNs)	14	3	1
Aides/Assistants	5	1	0
Allied Health/Therapists	25	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	9-12 months
Licensed Practical Nurse	1 month
Aide/Assistant	1 month
Allied Health/Therapists	1 month

## 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	375	1
February	328	10
March	366	18
April	313	20
May	313	25
June	295	33
July	308	26
August	366	42
September	313	58
October	368	62
November	309	56
December	340	49

### 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
Cherokee	63	358	5,867	180	30	21	73	143	87	324
Cobb	211	2,416	31,633	1,394	97	253	501	1,105	680	2,539
Douglas	83	613	9,590	317	32	58	165	230	113	566
Fulton	6	29	199	17	4	4	8	4	4	20
Paulding	62	578	7,854	355	15	44	163	237	101	545
<b>Total by Age</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>380</b>	<b>910</b>	<b>1,719</b>	<b>985</b>	<b>3,994</b>

### 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
Cherokee	1,097,041	1,017,637	12,911
Cobb	6,997,284	6,490,798	86,402
Douglas	2,171,569	2,020,353	25,409
Fulton	28,951	20,890	262
Paulding	1,560,317	1,447,373	18,258
<b>Total</b>	<b>11,855,162</b>	<b>10,997,051</b>	<b>143,242</b>

## 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:** Candice Saunders

**Date:** 02/28/2017

**Title:** President & CEO

**Comments:**