



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2016 Home Health Survey**

**Part A : General Information**

**1. Identification**

**UID:HHA100**

**Facility Name:** Pruitthealth Home Health - Atlanta

**County:** Gwinnett

**Street Address:** 1626 Juergens Court

**City:** Norcross

**Zip:** 30093

**Mailing Address:** 1626 Jeurgens Court

**Mailing City:** Norcross

**Mailing Zip:** 30093

**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.

008479274A

**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.

117118

**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:** Timothy Cowan

**Contact Title:** Regional Finance Manager

**Phone:** 770-806-6877

**Fax:** 770-806-6869

**E-mail:** tcowan@pruitthealth.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
Not Applicable	Not Applicable	

#### 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
United Home Care, Inc.	For Profit	02/01/1999

#### D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
United Health Services of Georgia, Inc.	For Profit	02/01/1999

#### E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Pruitt Corporation d/b/a UHS-Pruitt Corporation	For Profit	02/01/1999

#### F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
United Health Services, Inc.	For Profit	02/01/1999

### 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.
PruittHealth Home Health - Monroe	500 Great Oaks Drive	Monroe	Walton	02/01/2002

PruittHealth Home Health - Winder	349 Resource Pkwy	Winder	Barrow	08/01/2008
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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	19,878	165
Physical Therapy	18,535	175
Home Health Aide	2,548	65
Occupational Therapy	7,570	175
Medical Social Services	809	165
Speech Pathology	1,256	175
	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.

199

### 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).

1742

### 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	4
Asian	16
Black/African American	499
Hispanic/Latino	11
Pacific Islander/Hawaiian	0
White	1,650
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	782
Female	1,398

### 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	1,085	27,777	5,062,754	4,643,954
Medicaid	55	806	114,186	43,462
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	288	7,458	1,384,698	1,347,267
Other Third Party Insurers	730	14,363	2,227,820	1,865,722
Self Pay	0	0	0	0
Other Non Government	22	192	31,470	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.

08/01/1999

### 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.

Mickey Thomas - Vice President of Operations Home Health

### 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	8,820,928
Medicare Contractual Adjustments	183,409
Medicaid & Peachcare Contractual Adjustments	70,724
Other Contractual Adjustments	399,529
<b>Total Contractual Adjustments</b>	<b>653,662</b>
Bad Debt	235,391
Indigent Care Gross Charges	31,470
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>31,470</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>7,900,405</b>
<b>Adjusted Gross Patient Revenue</b>	<b>8,331,404</b>
Other Revenue	0
<b>Total Net Revenue</b>	<b>7,900,405</b>
Total Expenses	0
<b>Adjusted Gross Revenue</b>	<b>8,331,404</b>
<b>Total Uncompensated I/C Care</b>	<b>31,470</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>0.38%</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.

22

## **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)	991
Physicians	503
Other Home Health Agencies	8
All Other Healthcare Providers	678

## **7. Referral Hospitals**

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

Hospital Name	Patients Referred
Emory Eastside Medical Center	125
Emory St Joseph	22
Emory Hospital	54
Piedmont Hospital (Atlanta, Henry,Fayette Mountainside, Newnan)	37
Newton Medical Center	19
Southern Regional Hospital	1
Northeast Georgia Medical Center	106
Piedmont (Atlanta, Fayette, Mountainside, Newnan)	27
Rockdale Medical Center	32
St Luke Hospital	1
St Mary's Hospital	66
Summit Ridge Hospital	1
VA Decatur	1
Walton Regional Medical Center	21
Wellstar (Kennesstone, Cobb)	7
Wesley Woods Hospital	2
Northside Hospital (Atlanta, Forsyth, Cherokee)	59
Floyd Medical Center	2
Grady Memorial Hospital	1
Athens Regional Medical Center	66
Atlanta Medical Center	2
Clearview Regional Medical Center	189
Barrow Regional Medical Center	68
Dekalb Medical Center	53
Gwinnett Medical Center	24
North Fulton Regional Hospital	5

Total	991
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## 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)	12	3	0
Licensed Practical Nurses (LPNs)	6	0	0
Aides/Assistants	3	1	0
Allied Health/Therapists	12	3	6

## 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	6 months
Licensed Practical Nurse	2 months
Aide/Assistant	2 months
Allied Health/Therapists	6 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	229	0
February	239	0
March	236	0
April	226	0
May	191	0
June	208	0
July	182	0
August	202	0
September	201	0
October	197	0
November	191	0
December	179	0

### 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
Barrow	73	364	0	231	7	0	85	136	143	364
Clarke	1	6	0	3	0	0	0	3	3	6
DeKalb	75	320	0	164	3	0	86	132	102	320
Franklin	0	18	0	6	0	0	8	4	6	18
Fulton	21	162	0	67	0	0	32	52	78	162
Greene	3	18	0	7	0	0	3	6	9	18
Gwinnett	43	316	0	157	4	0	98	130	88	316
Jackson	50	170	0	159	2	0	24	85	61	170
Jasper	1	13	0	8	0	0	7	6	0	13

Madison	15	40	0	21	1	0	5	17	18	40
Newton	16	136	0	72	1	0	41	56	39	136
Oconee	8	31	0	15	1	0	4	14	13	31
Oglethorpe	2	22	0	12	0	0	2	12	8	22
Rockdale	24	103	0	64	0	0	23	56	24	103
Walton	57	461	0	204	3	0	104	165	192	461
<b>Total by Age</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>522</b>	<b>874</b>	<b>784</b>	<b>2,180</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
Barrow	1,766,372	1,669,222	9,075
Clarke	15,142	14,309	0
DeKalb	1,297,953	1,226,566	2,970
Franklin	40,678	38,441	0
Fulton	490,151	463,792	0
Greene	87,721	82,846	0
Gwinnett	991,911	937,356	5,815
Jackson	819,306	778,341	1,030
Jasper	29,260	27,797	0
Madison	239,414	223,852	875
Newton	443,627	417,009	930
Oconee	154,602	144,553	1,015
Oglethorpe	84,425	80,204	0
Rockdale	645,766	610,249	0
Walton	1,714,600	1,616,867	9,760
<b>Total</b>	<b>8,820,928</b>	<b>8,331,404</b>	<b>31,470</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:** Kevin Brennan

**Date:** 03/31/2017

**Title:** Chief Financial Officer

**Comments:**