



2016 Home Health Survey

Part A : General Information

1. Identification

UID:HHA103

Facility Name: CSRA Home Health Home Health Agency - Columbia

County: McDuffie

Street Address: 415 West Hill Street

City: Thomson

Zip: 30824

Mailing Address: PO Box 1782

Mailing City: Thomson

Mailing Zip: 30824

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.

00722532A

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.

11-7108

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: Scott Bradford

Contact Title: C.E.O

Phone: 706-595-9688

Fax: 706-595-5547

E-mail: sbradford@csrahomehealth.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
H.T. Bradford, Jr	For Profit	06/01/1996

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date

C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Charles Scott Bradford	For Profit	02/01/2015

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date

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.
CSRA Home Health Agency	208 Gordon Street	Washington	Wilkes	02/01/2015

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	9,206	135
Physical Therapy	7,209	145
Home Health Aide	1,771	90
Occupational Therapy	981	145
Medical Social Services	0	0
Speech Pathology	0	0
	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.

155

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).

1131

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	2
Asian	2
Black/African American	425
Hispanic/Latino	2
Pacific Islander/Hawaiian	0
White	686
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	436
Female	681

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	609	11,359	1,568,853	1,562,100
Medicaid	29	203	28,397	8,357
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	348	6,223	853,687	767,385
Other Third Party Insurers	119	1,323	187,188	171,405
Self Pay	2	11	1,585	1,585
Other Non Government	10	48	6,885	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.

06/01/1996

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.

Lorrie Bales, RN-Clinical 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	2,646,595
Medicare Contractual Adjustments	6,753
Medicaid & Peachcare Contractual Adjustments	20,040
Other Contractual Adjustments	102,085
Total Contractual Adjustments	128,878
Bad Debt	0
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	6,885
Charity Care Compensation	0
Uncompensated Charity Care (Net)	6,885
Other Free Care	0
Total Net Patient Revenue	2,510,832
Adjusted Gross Patient Revenue	2,619,802
Other Revenue	0
Total Net Revenue	2,510,832
Total Expenses	2,700,201
Adjusted Gross Revenue	2,619,802
Total Uncompensated I/C Care	6,885
Percent Uncompensated Indigent/Charity Care	0.26%

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)	527
Physicians	342
Other Home Health Agencies	21
All Other Healthcare Providers	168

7. Referral Hospitals

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

Hospital Name	Patients Referred
Athens Regional Medical Center	19
Atlanta VA Medical Center	2
Augusta University	52
Charlie Norwood Augusta VA Medical Center	20
Doctor's Hospital of Augusta	111
Eisenhower Army Medical Center	7
Elbert Memorial Hospital	7
Emory University Hospital	1
Habersham Medical Center	1
Joseph M. Still Burn Center, Inc.	1
Northside Hospital	1
Piedmont Athens Regional	3
Providence Hospital	1
Select Specialty Hospital	6
St. Joseph's Hospital of Atlanta	1
St. Mary's Good Samaritan Hospital	2
St. Mary's Hospital	24
St. Mary's Good Samaritan Hospital-Greensboro	14
The Medical Center of Central Georgia	1
Trinity Hospital of Augusta	7
University Hospital	118
University Hospital-McDuffie	57
Wills Memorial Hospital	71
Total	527

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)	10	0	2
Licensed Practical Nurses (LPNs)	2	0	2
Aides/Assistants	2	0	1
Allied Health/Therapists	4	1	3

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	1-3 months
Licensed Practical Nurse	1 month
Aide/Assistant	1 month
Allied Health/Therapists	9-12 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	82	44
February	89	13
March	65	15
April	80	6
May	68	14
June	66	18
July	67	14
August	85	14
September	64	10
October	90	10
November	86	6
December	134	10

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
Columbia	9	76	1,033	35	1	0	25	28	32	85
Elbert	15	29	816	13	0	0	11	10	23	44
Greene	1	40	590	20	1	0	8	18	15	41
Lincoln	20	132	2,657	82	1	0	27	72	52	151
McDuffie	44	320	5,847	179	2	0	94	143	125	362
Morgan	0	0	0	0	0	0	0	0	0	0
Oglethorpe	3	12	372	7	1	0	3	5	7	15
Taliaferro	5	30	728	14	0	0	10	12	13	35
Warren	14	92	1,927	53	0	0	24	44	38	106

Wilkes	44	234	5,197	117	4	0	50	100	128	278
Total by Age	0	0	0	0	0	0	252	432	433	1,117

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
Columbia	142,497	141,284	1,291
Elbert	112,417	111,642	0
Greene	82,410	80,770	143
Lincoln	366,748	363,125	717
McDuffie	806,832	798,876	1,291
Morgan	0	0	0
Oglethorpe	51,317	50,991	430
Taliaferro	100,445	99,621	0
Warren	266,762	263,404	0
Wilkes	717,167	710,089	3,013
Total	2,646,595	2,619,802	6,885

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: Scott Bradford

Date: 03/01/2017

Title: C.E.O

Comments: