



2016 Home Health Survey

Part A : General Information

1. Identification

UID:HHA104

Facility Name: Pruitthealth Home Health - Gainesville

County: Hall

Street Address: 2545 Flintridge Road Suite110

City: Gainesville

Zip: 30501

Mailing Address: 2545 Flintridge Road Suite 110

Mailing City: Gainesville

Mailing Zip: 30501

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.

178197236A

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.

117129

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: Tim Cowan

Contact Title: Home Health 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
PruittHealth Home Health, Inc	For Profit	09/08/2006

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
United Health Services of Georgia, Inc.	For Profit	09/08/2006

C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
PruittHealth Home Health, Inc	For Profit	09/08/2006

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
United Health Services of Georgia, Inc.	For Profit	09/08/2006

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
PruittHealth, Inc.	For Profit	09/08/2006

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
United Health Services, Inc.	For Profit	09/08/2006

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 - Rome	31 three Rivers Drive NE	Rome	Floyd	09/01/2005

PruittHealth Home Helath - Blue Ri	6050 Appalachain Hwy	Blue Ridge	Fannin	09/01/2006
------------------------------------	----------------------	------------	--------	------------

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	18,647	165
Physical Therapy	14,535	175
Home Health Aide	2,474	65
Occupational Therapy	3,352	175
Medical Social Services	228	165
Speech Pathology	481	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.

255

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).

1471

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	0
Black/African American	85
Hispanic/Latino	7
Pacific Islander/Hawaiian	1
White	1,311
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	540
Female	866

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	832	26,414	3,995,699	3,724,499
Medicaid	63	1,458	210,718	65,751
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	56	1,422	218,253	220,906
Other Third Party Insurers	445	10,201	1,554,987	1,308,183
Self Pay	2	15	2,080	2,080
Other Non Government	8	207	31,060	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.

Miockey Thoma - 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	6,012,797
Medicare Contractual Adjustments	134,352
Medicaid & Peachcare Contractual Adjustments	144,967
Other Contractual Adjustments	244,151
Total Contractual Adjustments	523,470
Bad Debt	136,848
Indigent Care Gross Charges	31,060
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	31,060
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	5,321,419
Adjusted Gross Patient Revenue	5,596,630
Other Revenue	0
Total Net Revenue	5,321,419
Total Expenses	0
Adjusted Gross Revenue	5,596,630
Total Uncompensated I/C Care	31,060
Percent Uncompensated Indigent/Charity Care	0.55%

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.

8

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)	658
Physicians	388
Other Home Health Agencies	3
All Other Healthcare Providers	357

7. Referral Hospitals

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

Hospital Name	Patients Referred
EmoryHospital	19
Northeast Georgia Health System	264
Northside Hospital	58
Wellstar Health System	29
Apple Medical Center	1
Barrow Regional Medical Center	1
Chestatee Regional Hospital	6
Chatuge Regional Medical Center	2
Cartersville Medical Center	15
Clearview Regional Medical Center	1
Copper Basin Medical	4
Crawford Long Hospital	2
Dekalb Medical	1
Eastside Medical	3
St Joseph	7
Erlanger Health System	18
Fanin Regional	35
Floyd Medical	40
Gordon County Hospital	3
Habersham Medical	11
Piedmont Hospital	58
Hamilton Medical	3
Hidden Valley Medical	10
Kennestone Hospital	1
Kindred Hospital	2
Landmark Hospital	2

North Fulton Regional	1
North Georgia Medical	1
Redmond Regional Hospital	39
Siskin Hospital	1
St Marys Hospital	2
Tanner Medical	1
Union General	17
Total	658

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)	11	2	0
Licensed Practical Nurses (LPNs)	3	0	0
Aides/Assistants	3	0	0
Allied Health/Therapists	15	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	6 months
Licensed Practical Nurse	3 months
Aide/Assistant	1 month
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	171	0
February	141	0
March	133	0
April	151	0
May	118	0
June	106	0
July	121	0
August	157	0
September	125	0
October	138	0
November	112	0
December	121	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
Bartow	18	80	2,969	49	0	0	30	36	14	80
Catoosa	5	9	176	4	0	0	1	3	5	9
Chattooga	4	15	357	10	0	0	6	7	2	15
Dawson	12	63	1,359	31	0	0	22	24	17	63
Fannin	32	202	5,435	108	14	0	49	83	70	202
Floyd	17	92	2,916	49	0	0	17	43	32	92
Gilmer	35	133	4,364	65	33	0	48	46	39	133
Gordon	4	13	490	8	0	0	4	4	5	13
Habersham	18	58	1,662	26	0	0	8	23	27	58

Haralson	7	19	633	8	0	0	5	6	8	19
Lumpkin	10	57	1,510	21	1	0	20	15	22	57
Murray	6	9	423	6	0	0	2	4	3	9
Polk	7	41	1,075	16	0	0	21	12	8	41
Towns	3	26	420	14	0	0	5	12	9	26
Union	5	54	1,230	21	3	0	25	16	13	54
White	7	57	1,318	28	5	0	13	24	20	57
Whitfield	7	9	194	2	0	0	5	2	2	9
Hall	84	457	13,131	202	79	0	76	154	227	457
Gwinnett	2	12	55	5	0	0	1	5	6	12
Total by Age	0	0	0	0	0	0	358	519	529	1,406

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
Bartow	456,936	425,407	0
Catoosa	27,915	25,960	0
Chattooga	60,102	55,894	0
Dawson	234,732	218,535	0
Fannin	783,777	729,696	2,735
Floyd	408,085	379,927	0
Gilmer	598,523	557,224	5,580
Gordon	73,241	68,114	0
Habersham	245,258	228,335	0
Haralson	115,252	107,184	0
Lumpkin	222,931	207,549	175
Murray	71,151	66,170	0
Polk	168,467	156,674	0
Towns	64,689	60,161	0
Union	185,927	173,098	660
White	204,264	190,170	9,075
Whitfield	38,776	36,062	0
Hall	2,040,834	1,899,369	12,835
Gwinnett	11,937	11,101	0
Total	6,012,797	5,596,630	31,060

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: 03/20/2017

Title: Chief Financial Officer

Comments: