



2016 Home Health Survey

Part A : General Information

1. Identification

UID:HHA116

Facility Name: Muscogee Home Health Agency

County: Muscogee

Street Address: 1725 Williams Road

City: Columbus

Zip: 31904

Mailing Address: 1725 Williams Road

Mailing City: Columbus

Mailing Zip: 31904

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.

00811962A

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.

11-7121

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: Charles K Hecht III

Contact Title: Administrator

Phone: 706-561-0855

Fax: 706-561-6543

E-mail: checht3@aol.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
Orchard View & Rehabilitation Center	Hospital Authority	02/01/1998

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Hospital Authority of Columbus	Hospital Authority	02/01/1998

C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not applicable	Not Applicable	02/01/1998

D. Operator's Parent Organization

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

E. Management Contractor

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

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
not applicable	Not Applicable	02/01/1998

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	2,005	185
Physical Therapy	2,145	185
Home Health Aide	134	185
Occupational Therapy	243	185
Medical Social Services	0	0
Speech Pathology	43	185
	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.

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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).

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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	1
Black/African American	86
Hispanic/Latino	3
Pacific Islander/Hawaiian	0
White	168
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	90
Female	168

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	103	1,959	362,415	333,421
Medicaid	1	3	555	166
Other Government Payers	2	16	2,960	2,664
Managed Care (HMO/PPO)	98	1,583	292,855	234,284
Other Third Party Insurers	53	1,004	185,740	148,592
Self Pay	1	5	925	925
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.

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.

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	845,450
Medicare Contractual Adjustments	0
Medicaid & Peachcare Contractual Adjustments	394
Other Contractual Adjustments	107,244
Total Contractual Adjustments	107,638
Bad Debt	0
Indigent Care Gross Charges	16,650
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	16,650
Charity Care Gross Charges	1,110
Charity Care Compensation	0
Uncompensated Charity Care (Net)	1,110
Other Free Care	0
Total Net Patient Revenue	720,052
Adjusted Gross Patient Revenue	845,056
Other Revenue	0
Total Net Revenue	720,052
Total Expenses	0
Adjusted Gross Revenue	845,056
Total Uncompensated I/C Care	17,760
Percent Uncompensated Indigent/Charity Care	2.10%

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)	184
Physicians	31
Other Home Health Agencies	0
All Other Healthcare Providers	35

7. Referral Hospitals

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

Hospital Name	Patients Referred
Northside Medical Center	15
St. Francis	105
Midtown Medical	14
Regional Rehab	7
Columbus Specialty	1
Jack Hughston Memorial	12
Emory Hospital	7
University of AL B ham	1
Atlanta Medical Center	1
St Josphe's Hospital	1
Mayo Clinic	1
West Georgia Medical Center	1
Wellstar Kennestone	1
Hughston Rehab	16
The Select Medical Hospital	1
Total	184

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)	3	0	0
Licensed Practical Nurses (LPNs)	0	0	0
Aides/Assistants	25	0	0
Allied Health/Therapists	1	0	1

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	0
Licensed Practical Nurse	0
Aide/Assistant	0
Allied Health/Therapists	0

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	26	6
February	25	4
March	16	5
April	23	7
May	21	10
June	18	5
July	20	7
August	25	9
September	21	5
October	16	5
November	23	8
December	27	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
Muscogee	18	235	4,233	130	0	9	130	30	32	201
Harris	1	10	190	7	0	0	10	16	15	41
Chattahoochee	1	8	147	3	0	0	4	2	10	16
Total by Age	0	0	0	0	0	9	144	48	57	258

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
Muscogee	783,105	782,711	17,760
Harris	35,150	35,150	0
Chattahoochee	27,195	27,195	0
Total	845,450	845,056	17,760

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: Charles K Hecht III

Date: 02/27/2017

Title: Administrator

Comments: