GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2016 Home Health Survey

Part A : General Information

1. Identification

UID:HHA119

Facility Name: Piedmont Home Health

County: Clarke

Street Address: 1510 Prince Avenue

City: Athens

Zip: 30606-2767

Mailing Address: 1510 Prince Avenue

Mailing City: Athens

Mailing Zip: 30606-2767

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.
00814272A

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.
117125

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: Pamela Hall

Contact Title: Executive Director

Phone: 706-475-5500

Fax: 706-475-5570

E-mail: phall@armc.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
Piedmont Athens Regional Medical Center, Inc.	Not for Profit	09/01/1998

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Piedmont Healthcare, Inc.	Not for Profit	10/01/2016

C. Agency Operator

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

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.

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	10,478	205
Physical Therapy	6,225	227
Home Health Aide	564	113
Occupational Therapy	675	227
Medical Social Services	283	244
Speech Pathology	615	227
	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.

152

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).

1298

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	11
Black/African American	359
Hispanic/Latino	19
Pacific Islander/Hawaiian	4
White	1,223
Multi-Racial	3

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	711
Female	908

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	1,132	13,727	3,105,804	2,796,028
Medicaid	115	1,342	306,589	72,211
Other Government Payers	8	70	15,732	6,675
Managed Care (HMO/PPO)	294	3,013	670,389	284,437
Other Third Party Insurers	22	163	37,327	15,837
Self Pay	48	525	109,152	12,341
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.

01/01/2000

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.

Michael Toci, Director of Businss Operations

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	4,244,993
Medicare Contractual Adjustments	309,774
Medicaid & Peachcare Contractual Adjustments	233,517
Other Contractual Adjustments	411,436
Total Contractual Adjustments	**954,727**
Bad Debt	51,497
Indigent Care Gross Charges	39,845
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**39,845**
Charity Care Gross Charges	11,395
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**11,395**
Other Free Care	0
Total Net Patient Revenue	**3,187,529**
Adjusted Gross Patient Revenue	**3,650,205**
Other Revenue	0
Total Net Revenue	**3,187,529**
Total Expenses	0
Adjusted Gross Revenue	**3,650,205**
Total Uncompensated I/C Care	**51,240**
Percent Uncompensated Indigent/Charity Care	**1.40%**

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 reproted 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)	1,572
Physicians	346
Other Home Health Agencies	38
All Other Healthcare Providers	95

7. Referral Hospitals

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

Hospital Name	Patients Referred
Anmed Health Rehabilitation Hospital	1
Piedmont Athens Regional Medical Center, Inc.	1,397
Atlanta Medical Center	3
Atlanta VA Medical Center	2
Barrow Medical Center	5
Cancer Treatment Centers of America	1
Charlie Norwood VA Medical Center	1
Dekalb Medical Center	1
Emory St. Joseph's Hospital	3
Emory University Hospital	6
Emory University Hospital Midtown	15
Georgia Regional Hospital	1
Gwinnett Medical Center	13
Hamilton Medical Center	1
ISCU UNCMH	1
Kindred Hospital	1
Landmark Hospital	6
M.D. Anderson Hospital	1
Medical College of Georgia	2
Morgan Memorial Hospital	2
Northeast Georgia Medical Center	36
Northside Hospital	1
Shepherd Spinal Center	1
St Joseph's Hospital of Atlanta	1
St Mary's Hospital	56
UAB Hospital	1

Veteran Affairs Medical Center	13
Total	**1,572**

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	0	0
Licensed Practical Nurses (LPNs)	0	0	0
Aides/Assistants	1	0	0
Allied Health/Therapists	8	3	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	60
Licensed Practical Nurse	
Aide/Assistant	
Allied Health/Therapists	60

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	131	1
February	124	1
March	138	8
April	140	11
May	121	13
June	120	15
July	107	11
August	135	22
September	119	24
October	113	22
November	116	14
December	129	23

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	24	261	3,573	144	4	2	106	114	63	285
Clarke	47	613	7,772	322	12	1	231	252	176	660
Jackson	26	249	2,996	135	2	0	103	109	63	275
Madison	15	225	2,785	124	6	0	97	94	49	240
Oconee	16	143	1,714	87	0	0	49	68	42	159
Total by Age	**0**	**0**	**0**	**0**	**0**	**3**	**586**	**637**	**393**	**1,619**

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	809,911	682,583	8,344
Clarke	1,744,347	1,495,115	29,339
Jackson	676,952	587,288	1,634
Madison	626,975	542,223	11,923
Oconee	386,808	342,996	0
Total	**4,244,993**	**3,650,205**	**51,240**

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 incaccurate 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: Wendy J. Cook

Date: 02/14/2017

Title: Senior VP & CFO

Comments: