



## 2016 Home Health Survey

### Part A : General Information

#### 1. Identification

UID:HHA141

**Facility Name:** Three Rivers Home Health of Bibb

**County:** Bibb

**Street Address:** 1760 Bass Road Suite 103

**City:** Macon

**Zip:** 31210

**Mailing Address:** 1760 Bass Road Suite 103

**Mailing City:** Macon

**Mailing Zip:** 31210-1096

#### **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.

000821026B

#### **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.

117135

#### 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:** Wanda Daniels

**Contact Title:** Executive Administrator

Phone: 478-374-3468

Fax: 478-374-6741

E-mail: wdaniels@123rivers.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
THree Rivers Home Health Services, Inc.	For Profit	12/13/2002

#### B. Owner's Parent Organization

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

#### C. Agency Operator

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

#### 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		

### 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.
Warner Robins	281 Carl Vinson Pkwy, Suite J	Warner Robins	Houston	09/01/2004

Milledgeville	2485 N. Columbia St., Suite 86	Milledgeville	Baldwin	02/01/2005
Evans	609 Ponder Place Dr., Suite A	Evans	Columbia	04/13/2012

## 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	11,535	170
Physical Therapy	13,030	180
Home Health Aide	2,027	90
Occupational Therapy	1,791	180
Medical Social Services	38	190
Speech Pathology	291	180
	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.

188

### 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).

996

### 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	5
Asian	4
Black/African American	451
Hispanic/Latino	12
Pacific Islander/Hawaiian	3
White	1,033
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	650
Female	858

### 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	707	14,947	2,527,116	2,476,449
Medicaid	110	1,571	70,848	44,175
Other Government Payers	106	1,959	297,137	272,884
Managed Care (HMO/PPO)	310	6,137	1,073,440	923,676
Other Third Party Insurers	270	4,053	727,501	677,393
Self Pay	5	45	7,980	7,436
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	4,704,022
Medicare Contractual Adjustments	0
Medicaid & Peachcare Contractual Adjustments	6,376
Other Contractual Adjustments	110,911
<b>Total Contractual Adjustments</b>	<b>117,287</b>
Bad Debt	36,581
Indigent Care Gross Charges	101,491
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>101,491</b>
Charity Care Gross Charges	46,650
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>46,650</b>
Other Free Care	0
<b>Total Net Patient Revenue</b>	<b>4,402,013</b>
<b>Adjusted Gross Patient Revenue</b>	<b>4,661,065</b>
Other Revenue	0
<b>Total Net Revenue</b>	<b>4,402,013</b>
Total Expenses	3,362,011
<b>Adjusted Gross Revenue</b>	<b>4,661,065</b>
<b>Total Uncompensated I/C Care</b>	<b>148,141</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>3.18%</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.

21

**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)	732
Physicians	530
Other Home Health Agencies	17
All Other Healthcare Providers	229

**7. Referral Hospitals**

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

Hospital Name	Patients Referred
Anchor Hospital	1
Athens Regional Medical Center	2
Atlanta VA Medical Center	1
Bleckley Memorial Hospital	6
Carl Vinson VA Medical Center	2
Central Georgia Rehabilitation Hospital	8
Charlie Norwood VAMC - Augusta	45
Childrens Healthcare of Atlanta at Egleston	2
Coliseum Medical Center	92
Coliseum Northside Hospital	17
Coliseum Rehabilitation Hospital	4
Columbus Regional Northside	1
Crisp Regional Hospital	1
Doctors Hospital of Augusta	36
Dodge County Hospital	3
Eisenhower Army Medical Center	11
Emory Crawford Long	1
Emory University Hospital	21
Emory University Hospital Midtown	18
Fairview Park Hospital	31
Georgia Regents Medical Center	8
Good Samaritan Hospital	1
Grady Hospital	1
HealthSouth Walton Rehabilitation Hospital	1
Houston Medical Center	111
Jack Hughston Memorial Hospital	3

Kindred Hospital North Florida	1
Medical Center of Peach County/Navicent Health	5
Medical University of South Carolina	1
Navicent Medical Center	112
North Fulton Hospital	1
Northside Hospital	3
Oconee Regional Medical Center	67
Perry Hospital	28
Piedmont Atlanta Hospital	9
Piedmont Henry Hospital	2
Piedmont Newnan Hospital	1
Piedmont Newton Hospital	2
Putnam General Hospital	6
Regency Hospital of Central Georgia	5
Rehabilitation Hospital Navicent HEalth	6
Select Speciality Hospital	2
Shepherd Center	2
St Francis Hospital	1
Saint Joseph's Hospital	2
St Mary's Good Samaritan Hospital	6
St Mary's	9
The Lodge	12
Trinity Hospital of Augusta	1
University	17
Vanderbilt University Medical Center	1
Wellstar Atlant Medical Center	1
Wellstar Kennestone Hospital	1
<b>Total</b>	<b>732</b>



## 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)	13	0	0
Licensed Practical Nurses (LPNs)	4	0	0
Aides/Assistants	2	0	0
Allied Health/Therapists	5	0	5

## 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	6-8 weeks
Licensed Practical Nurse	2-4 weeks
Aide/Assistant	2 weeks
Allied Health/Therapists	4-6 weeks

## 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	115	3
February	127	5
March	103	12
April	111	3
May	85	11
June	118	8
July	109	8
August	96	8
September	111	11
October	109	11
November	106	8
December	109	9

### 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
Baldwin	32	130	3,736	76	0	0	46	60	56	162
Bibb	34	194	4,504	101	0	0	87	68	73	228
Burke	0	4	42	2	0	0	3	1	0	4
Columbia	21	132	2,560	84	0	0	38	69	46	153
Crawford	1	8	129	2	0	0	4	2	3	9
Glascocock	0	5	66	3	0	0	3	1	1	5
Hancock	5	41	741	26	0	0	18	18	10	46
Houston	59	429	9,400	241	0	1	173	186	128	488
Jefferson	0	4	58	1	0	0	3	1	0	4

Jenkins	0	0	0	0	0	0	0	0	0	0
Jones	6	21	542	9	0	0	13	5	9	27
Lincoln	4	18	542	13	0	0	11	9	2	22
Monroe	3	10	295	7	0	0	6	5	2	13
Peach	17	80	1,531	45	0	1	42	35	19	97
Putnam	7	40	986	21	0	0	19	16	12	47
Richmond	0	43	517	21	0	0	23	13	7	43
Twiggs	7	73	1,363	45	0	0	25	34	21	80
Washington	1	23	388	17	0	0	8	12	4	24
Wilkinson	9	47	1,312	24	0	0	19	14	23	56
<b>Total by Age</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>541</b>	<b>549</b>	<b>416</b>	<b>1,508</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
Baldwin	505,339	500,725	15,914
Bibb	711,218	704,723	22,398
Burke	12,478	12,364	393
Columbia	477,265	472,906	15,030
Crawford	28,074	27,818	884
Glascok	15,597	15,454	491
Hancock	143,491	142,181	4,519
Houston	1,522,256	1,508,355	47,940
Jefferson	12,479	12,364	393
Jenkins	0	0	0
Jones	84,223	83,454	2,652
Lincoln	68,626	68,000	2,161
Monroe	40,552	40,182	1,277
Peach	302,580	299,817	9,529
Putnam	146,611	145,272	4,618
Richmond	134,133	132,908	4,224
Twiggs	249,550	247,271	7,859
Washington	74,865	74,181	2,358
Wilkinson	174,685	173,090	5,501
<b>Total</b>	<b>4,704,022</b>	<b>4,661,065</b>	<b>148,141</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:** Hal M. Smith, Jr.

**Date:** 03/07/2017

**Title:** Executive Director

**Comments:**