



## 2016 Home Health Survey

### Part A : General Information

#### 1. Identification

UID:HHA149

**Facility Name:** Encompass Home Health of Georgia

**County:** Bibb

**Street Address:** 5233 Riverside Drive, Suite C,

**City:** Macon

**Zip:** 31210

**Mailing Address:** 6688 N Central Expressway, Suite 1300

**Mailing City:** Dallas

**Mailing Zip:** 75206

#### **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.

979465743A

#### **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.

11-7152

#### 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:** Brian Hill

**Contact Title:** Regional President

Phone: 214-239-6500

Fax: 214-239-6581

E-mail: bhill@ehhi.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
CareSouth HHA Holdings of Middle Georgia, LLC	For Profit	03/25/2009

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
CareSouth Health System, Inc.	For Profit	03/25/2009

#### C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
CareSouth HHA Holdings of Middle Georgia, LLC	For Profit	03/25/2009

#### D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
CareSouth Health System, Inc.	For Profit	03/25/2009

#### 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.
Encompass Home Health of Georg	345 North Cobb Street, Suite A,	Milledgeville	Baldwin	01/01/2011

Encompass Home Health of Georg	106 Byrd Way, Suite 400	Warner Robins	Houston	03/25/2009
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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	25,725	200
Physical Therapy	25,968	250
Home Health Aide	1,946	125
Occupational Therapy	11,212	250
Medical Social Services	140	250
Speech Pathology	1,533	250
	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.

477

### 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).

3260

### 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	33
Black/African American	1,125
Hispanic/Latino	33
Pacific Islander/Hawaiian	0
White	2,117
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	1,226
Female	2,082

### 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	1,929	39,105	7,026,059	7,026,059
Medicaid	145	2,271	278,950	262,839
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	752	17,084	3,878,231	3,868,580
Other Third Party Insurers	206	4,070	561,788	522,411
Self Pay	3	9	0	1,322
Other Non Government	273	3,985	438,042	353,970

## 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.

01/01/2006

### 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.

Brian Hill, Regional President

### 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	12,183,070
Medicare Contractual Adjustments	0
Medicaid & Peachcare Contractual Adjustments	0
Other Contractual Adjustments	0
<b>Total Contractual Adjustments</b>	<b>0</b>
Bad Debt	107,074
Indigent Care Gross Charges	40,815
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>40,815</b>
Charity Care Gross Charges	0
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>0</b>
Other Free Care	0
<b>Total Net Patient Revenue</b>	<b>12,035,181</b>
<b>Adjusted Gross Patient Revenue</b>	<b>12,075,996</b>
Other Revenue	0
<b>Total Net Revenue</b>	<b>12,035,181</b>
Total Expenses	9,677,639
<b>Adjusted Gross Revenue</b>	<b>12,075,996</b>
<b>Total Uncompensated I/C Care</b>	<b>40,815</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>0.34%</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.

41

**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)	1,704
Physicians	1,051
Other Home Health Agencies	209
All Other Healthcare Providers	344

**7. Referral Hospitals**

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

Hospital Name	Patients Referred
Coliseum Northside Hospital	68
Effingham Hospital	1
Emory Hospital Midtown	2
Emory Medical Center	1
Emory University Hospital	12
Fairview Park Hospital	2
Georgia Regents Medical Center	5
Georgia Regents University	1
Gwinnett Medical Center - Law Aimee Jones	3
Houston Healthcare Houston Medical Center	989
Houston Healthcare Perry Hospital	81
Jasper Memorial Hospital	1
Northridge Medical Center	1
Northside Hospital	1
Northside Hospital of Atlanta	1
Piedmont Atlanta Hospital	10
Piedmont Atlanta Hospital Transplant Unit	2
Piedmont Fayette Hospital	1
Piedmont Henry Hospital	1
Putnam General Hospital	1
Regency Hospital - Macon	30
Saint Francis Hospital - COL	2
Shepherd Center	2
Spalding Regional Hospital	7
Saint Mary's Good Samaritan Hospital	3
St Mary's Hospital	2

Taylor Regional Hospital	1
University Health Care System	1
Upson Regional Medical Center	3
VA Medical Center - Uptown Augusta	4
Warm Springs Medical Center and Nursing Home	1
Wellstar Cobb Hospital	1
Charlie Norwood VAMC - Athens	1
Crisp Regional Hospital	1
Gwinnett Medical Center	1
VAMC Decatur	1
Archbold Medical Center	1
Atlanta VAMC	2
Coliseum Medical Center	145
CRH Northside Medical Center	11
Doctors Hospital Augusta	2
Emory Hospital	4
Jack Hughston Memorial Hospital	9
Medical Center of Central Georgia	119
Medical Center of Peach County	15
Monroe County Hospital	6
Oconee Regional Medical Center	172
Phoebe Putney Memorial Hospital	2
Piedmont Athens Regional Medical Center	2
<b>Total</b>	<b>1,735</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)	8	2	0
Licensed Practical Nurses (LPNs)	7	1	0
Aides/Assistants	1	0	0
Allied Health/Therapists	27	3	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	28 days
Licensed Practical Nurse	21 days
Aide/Assistant	10.5 days
Allied Health/Therapists	46 days

## 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	227	24
February	299	29
March	294	53
April	257	56
May	241	56
June	184	52
July	196	72
August	270	80
September	248	74
October	229	74
November	210	94
December	220	73

### 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	60	517	11,480	125	7	0	130	192	127	449
Bibb	87	872	18,575	186	0	0	189	301	341	831
Crawford	0	23	310	7	0	0	7	10	6	23
Houston	241	1,595	25,959	354	21	0	364	622	447	1,433
Jones	11	97	1,789	20	0	0	22	49	22	93
Monroe	19	81	1,664	21	1	0	25	37	26	88
Peach	46	349	5,306	75	8	0	96	132	89	317
Pulaski	10	60	900	13	0	0	15	24	18	57
Butts	0	0	16	0	0	0	0	0	1	1

Putnam	0	1	9	1	0	0	0	1	0	1
Wilkinson	1	11	252	4	0	0	4	3	2	9
Fulton	0	1	46	0	0	0	0	1	0	1
Lamar	0	1	147	0	0	0	0	0	2	2
Twiggs	0	1	5	1	0	0	1	0	0	1
Washington	2	3	66	1	0	0	0	2	0	2
Other- Out of State	0	0	0	0	0	0	0	0	0	0
Seminole	0	0	0	0	0	0	0	0	0	0
Hancock	0	0	0	0	0	0	0	0	0	0
<b>Total by Age</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>853</b>	<b>1,374</b>	<b>1,081</b>	<b>3,308</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	1,816,564	1,800,593	5,536
Bibb	3,748,088	3,715,076	4,524
Crawford	63,570	63,009	0
Houston	4,706,266	4,664,964	22,608
Jones	339,476	336,482	0
Monroe	336,291	333,331	616
Peach	932,845	924,685	7,531
Pulaski	154,087	152,728	0
Butts	4,585	4,544	0
Putnam	6,097	6,044	0
Wilkinson	36,349	36,029	0
Fulton	0	0	0
Lamar	8,454	8,380	0
Twiggs	2,166	2,147	0
Washington	15,161	15,028	0
Other- Out of State	4,117	4,081	0
Seminole	2,177	2,158	0
Hancock	6,777	6,717	0
<b>Total</b>	<b>12,183,070</b>	<b>12,075,996</b>	<b>40,815</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:** G. Robert Thompson

**Date:** 03/03/2017

**Title:** Vice President

**Comments:**