



## 2014 Home Health Survey

### Part A : General Information

#### 1. Identification

UID:HHA045

**Facility Name:** North Georgia Home Health Agency - An Amedisys Company

**County:** Catoosa

**Street Address:** 122 Battlefield Crossing Court

**City:** Ringgold

**Zip:** 30736

**Mailing Address:** 122 Battlefield Crossing Court

**Mailing City:** Ringgold

**Mailing Zip:** 30736

#### **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.

00826009A

#### **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.

11-7028

#### 2. Report Period

Report Data for the full twelve month period, January 1,2014 - December 31, 2014 (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:** Tonya Woodridge-Jarvis

**Contact Title:** Regulatory Coordinator

Phone: 225-299-3531

Fax: 225-295-9678

E-mail: tonya.woodridge-jarv@amedisys.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
North Georgia Home Health Agency - An Amedisys Company	For Profit	01/01/2020

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	For Profit	01/01/2020

#### C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
	Not Applicable	01/01/2020

#### D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
NOT APPLICABLE	For Profit	01/01/2020

#### E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
NOT APPLICABLE	For Profit	01/01/2020

#### F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
NOT APPLICABLE	Not Applicable	01/01/2020

### 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.
North Georgia Home Health Agency	1422 Green Road Suite F	Chatsworth	Murray	01/04/2011

North Georgia Home Health Agenc	1408 N. Main St	La Fayette	Walker	01/04/2010
North Georgia Home Health Agenc	202 Professional Court Suite A	Calhoun	Gordon	06/21/2007
North Georgia Home Health Agenc	11804 South Main St	Trenton	Dade	08/22/2005
North Georgia Home Health Agenc	1575 Chattanooga Ave Suite 4	Dalton	Whitfield	12/01/2008
North Georgia Home Health Agenc	11632 Highway 27	Summerville	Chatooga	12/01/2008

## 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	91,766	161
Physical Therapy	36,437	204
Home Health Aide	17,730	92
Occupational Therapy	11,966	209
Medical Social Services	2,192	227
Speech Pathology	3,785	234
	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, 2014.

2869

### 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).

1395

### 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	3
Asian	1
Black/African American	73
Hispanic/Latino	18
Pacific Islander/Hawaiian	0
White	5,964
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	2,199
Female	3,860

### 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	4,187	125,516	16,422,351	15,666,487
Medicaid	266	3,864	3,760,461	2,443,972
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	0	0	0	0
Other Third Party Insurers	1,606	34,496	2,106,731	1,887,446
Self Pay	0	0	0	0
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 2014.

If you indicated yes above, please indicate the effective date of the policy or policies.

06/01/2006

### 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.

Jeffrey Jeter, Compliance Director

### 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 2014 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	22,289,543
Medicare Contractual Adjustments	542,083
Medicaid & Peachcare Contractual Adjustments	0
Other Contractual Adjustments	1,505,115
<b>Total Contractual Adjustments</b>	<b>2,047,198</b>
Bad Debt	213,781
Indigent Care Gross Charges	30,659
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>30,659</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>19,997,905</b>
<b>Adjusted Gross Patient Revenue</b>	<b>21,533,679</b>
Other Revenue	30,319
<b>Total Net Revenue</b>	<b>20,028,224</b>
Total Expenses	14,420,451
<b>Adjusted Gross Revenue</b>	<b>21,563,998</b>
<b>Total Uncompensated I/C Care</b>	<b>30,659</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>0.14%</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.

57

**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)	0
Physicians	6,059
Other Home Health Agencies	0
All Other Healthcare Providers	0

**7. Referral Hospitals**

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

Hospital Name	Patients Referred
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## 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 12-31-2014.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	9	1	0
Licensed Practical Nurses (LPNs)	4	1	0
Aides/Assistants	2	0	0
Allied Health/Therapists	10	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	2 Months
Licensed Practical Nurse	1 month
Aide/Assistant	2 months
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	0	0
February	0	0
March	0	0
April	0	0
May	0	0
June	0	0
July	0	0
August	0	0
September	0	0
October	0	0
November	0	0
December	0	0

### 2A. Patient Origin Part A.

Patient Origin - Report the admissions, visits, and caseload by county for the report period. Caseload totals are for 1/1/2014. 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
Catoosa	318	851	23,566	0	0	0	234	375	370	979
Murray	274	523	18,827	0	0	0	194	294	162	650
Walker	782	1,377	36,262	0	0	0	395	646	588	1,629
Whitfield	518	816	36,867	0	0	0	181	386	470	1,037
Chattooga	419	595	18,795	0	0	0	162	273	275	710
Dade	369	393	15,231	0	0	0	102	203	201	506
Gordon	188	448	14,328	0	0	0	150	209	189	548
<b>Total by Age</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,418</b>	<b>2,386</b>	<b>2,255</b>	<b>6,059</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
Catoosa	22,289,543	21,533,679	30,659
Murray	0	0	0
Walker	0	0	0
Whitfield	0	0	0
Chattooga	0	0	0
Dade	0	0	0
Gordon	0	0	0
<b>Total</b>	<b>22,289,543</b>	<b>21,533,679</b>	<b>30,659</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:** Paula Vinson

**Date:** 03/26/2015

**Title:** Regulatory Director

**Comments:**