



## 2014 Home Health Survey

### Part A : General Information

#### 1. Identification

UID:HHA072

**Facility Name:** Visiting Nurse Health Systems, Metro Atlanta

**County:** Fulton

**Street Address:** Suite E200 5775 Glenridge Drive, NE

**City:** Atlanta

**Zip:** 30328

**Mailing Address:** Suite E200 5775 Glenridge Drive, NE

**Mailing City:** Atlanta

**Mailing Zip:** 30328

#### **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.

00041379A

#### **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.

117000

#### 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:** Allen Burke

**Contact Title:** CFO

Phone: 404-215-6050

Fax: 404-215-6001

E-mail: allen.burke@vnhs.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
Visiting Nurse Health System, Inc.	Not for Profit	09/10/1948

#### 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.
VNHS - Fayetteville	1240 Hwy 54 W, Ste 301	Fayetteville	Fayette	06/15/2007

VNHS - Sugarloaf	2170 Satellite Blvd, Ste 355	Duluth	Gwinnett	05/01/2011
VNHS - Kennesaw	112 Town Park Drive, Ste 115	Kennesaw	Cobb	08/01/2007

## 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	104,404	165
Physical Therapy	92,784	165
Home Health Aide	11,825	89
Occupational Therapy	21,698	165
Medical Social Services	1,913	165
Speech Pathology	3,903	165
Chaplain	107	165
	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.

2288

### 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).

11033

### 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	18
Asian	180
Black/African American	9,401
Hispanic/Latino	147
Pacific Islander/Hawaiian	11
White	10,914
Multi-Racial	52

### 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	8,916
Female	11,807

### 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	9,865	134,986	28,261,829	26,829,042
Medicaid	1,175	12,413	1,618,821	689,676
Other Government Payers	242	2,168	214,347	184,253
Managed Care (HMO/PPO)	6,348	61,985	8,275,509	7,113,648
Other Third Party Insurers	2,149	21,050	3,485,803	2,996,405
Self Pay	944	4,122	151,734	88,099
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.

01/01/2011

### 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.

Allen Burke, CFO

### 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	42,008,043
Medicare Contractual Adjustments	1,432,789
Medicaid & Peachcare Contractual Adjustments	772,076
Other Contractual Adjustments	0
<b>Total Contractual Adjustments</b>	<b>2,204,865</b>
Bad Debt	1,287,672
Indigent Care Gross Charges	0
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>0</b>
Charity Care Gross Charges	614,383
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>614,383</b>
Other Free Care	0
<b>Total Net Patient Revenue</b>	<b>37,901,123</b>
<b>Adjusted Gross Patient Revenue</b>	<b>38,515,506</b>
Other Revenue	0
<b>Total Net Revenue</b>	<b>37,901,123</b>
Total Expenses	38,515,747
<b>Adjusted Gross Revenue</b>	<b>38,515,506</b>
<b>Total Uncompensated I/C Care</b>	<b>614,383</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>1.60%</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.

2119

### **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

<b>Point of Origin</b>	<b>Number of Patients Referred</b>
Hospitals (via discharge planner)	20,237
Physicians	4,551
Other Home Health Agencies	146
All Other Healthcare Providers	1,856

### **7. Referral Hospitals**

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

<b>Hospital Name</b>	<b>Patients Referred</b>
Athens Regional Medical Center	10
Atlanta Medical Center	136
Barrow Regional Medical Center	1
Children's Healthcare of Atlanta	3
DeKalb Medical Center	917
DeKalb Medical Center Hillandale	514
Eastside Medical Center	64
Emory Adventist Hospital	11
Emory Johns Creek	370
Emory Rehabilitation Hospital	469
Emory Saint Joseph's Hospital	2,179
Emory University Hospital	2,266
Emory University Hospital Midtown (Crawford Long)	2,434
Grady Memorial Hospital	884
Gwinnett Medical Center Duluth	170
Gwinnett Medical Center Lawrenceville	1,030
Newton General Hospital	24
North Fulton Medical Center	82
Northeast Georgia Health Center	31
Northeast Medical Center at Lanier Park	1
Northside Cherokee Medical Center	144
Northside Forsyth Hospital	518
Northside Hospital	1,782
Piedmont Fayette Hospital	494
Piedmont Henry Hospital	321
Piedmont Hospital	4,196

Piedmont Mountainside Hospital	6
Piedmont Newnan Hospital	30
Regency Hospital	6
Rockdale Hospital	37
Saint Mary's Hospital	2
Shepherd Center	44
South Fulton Medical Center	7
Southern Crescent Hospital	6
Southern Regional Medical Center	50
Spalding Regional Medical Center	3
Tanner Medical Center	2
University Hospital Birmingham	1
Verterans Administration Medical Center	584
Wellstar Cobb Hospital	103
Wellstar Douglas Hospital	24
Wellstar Hospital Kennestone	242
Wellstar Hospital Paulding	12
Wellstar Windy Hill Medical Center	11
Wesley Woods Medical Center	16
<b>Total</b>	<b>20,237</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 12-31-2014.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	124	25	0
Licensed Practical Nurses (LPNs)	13	8	0
Aides/Assistants	16	1	0
Allied Health/Therapists	140	2	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	90 days
Licensed Practical Nurse	30 days
Aide/Assistant	30 days
Allied Health/Therapists	65 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	1,531	37
February	1,439	89
March	1,503	152
April	1,365	159
May	1,411	157
June	1,327	203
July	1,308	225
August	1,389	244
September	1,247	234
October	1,421	271
November	1,222	271
December	1,365	299

### 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
Barrow	15	159	1,460	67	23	0	87	50	37	174
Bartow	7	54	587	25	5	0	41	11	9	61
Butts	6	79	812	45	10	0	46	31	8	85
Carroll	18	114	1,962	71	16	0	74	48	10	132
Cherokee	43	482	5,072	245	27	0	263	163	99	525
Clayton	83	928	10,094	448	148	0	563	315	133	1,011
Cobb	157	1,636	18,356	912	98	0	778	658	357	1,793
Coweta	33	270	3,070	162	23	0	155	108	40	303
DeKalb	475	4,607	64,807	2,244	628	0	2,070	1,610	1,402	5,082

Douglas	25	257	3,397	138	15	0	150	93	39	282
Fayette	43	422	5,581	243	22	0	196	173	96	465
Forsyth	35	444	5,617	270	19	0	169	207	103	479
Fulton	517	5,315	65,694	2,755	636	0	2,123	2,074	1,635	5,832
Gwinnett	244	2,401	28,855	1,212	277	0	1,255	868	522	2,645
Hall	10	143	1,454	73	13	0	80	55	18	153
Haralson	0	2	11	2	0	0	2	0	0	2
Henry	70	602	8,083	327	66	0	356	230	86	672
Jasper	0	22	149	14	1	0	7	12	3	22
Newton	24	244	3,152	120	29	0	151	84	33	268
Paulding	14	115	1,465	55	6	0	75	37	17	129
Pickens	0	23	164	17	0	0	11	10	2	23
Polk	0	6	45	4	0	0	5	1	0	6
Rockdale	15	268	3,636	136	25	0	135	95	53	283
Spalding	8	112	1,060	58	19	0	76	35	9	120
Walton	12	164	2,141	77	13	0	97	57	22	176
<b>Total by Age</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8,965</b>	<b>7,025</b>	<b>4,733</b>	<b>20,723</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.

<b>County</b>	<b>Gross Charges</b>	<b>Adjusted Gross Patient Revenue</b>	<b>Net Uncompensated Charges</b>
Barrow	262,844	240,992	6,669
Bartow	106,201	97,372	1,450
Butts	147,153	134,919	2,899
Carroll	356,200	326,586	4,639
Cherokee	911,129	835,378	7,828
Clayton	1,790,923	1,642,026	42,911
Cobb	3,274,607	3,002,357	28,414
Coweta	553,101	507,117	6,669
DeKalb	11,432,802	10,482,281	182,082
Douglas	612,245	561,343	4,349
Fayette	990,948	908,561	6,379
Forsyth	1,001,085	917,855	5,509
Fulton	11,660,508	10,691,055	184,402
Gwinnett	5,120,184	4,694,494	80,313
Hall	262,089	240,299	3,769
Haralson	1,998	1,832	0
Henry	1,414,193	1,296,617	19,136
Jasper	27,064	24,814	290
Newton	557,956	511,568	8,408
Paulding	265,175	243,128	1,740

Pickens	29,788	27,312	0
Polk	8,174	7,494	0
Rockdale	644,947	591,326	7,249
Spalding	190,609	174,762	5,509
Walton	386,120	354,018	3,769
<b>Total</b>	<b>42,008,043</b>	<b>38,515,506</b>	<b>614,383</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:** Mark Oshnock

**Date:** 02/01/2017

**Title:** CEO

**Comments:**