



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2015 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: 30736-4055

Mailing Address: 122 Battlefield Crossing Court

Mailing City: Ringgold

Mailing Zip: 30736-4055

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, 2015 - December 31, 2015 (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
Amedisys Georgia, LLC	For Profit	12/01/1998

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Amedisys Georgia, LLC	For Profit	12/01/1998

C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Amedisys Georgia, LLC	For Profit	12/01/1998

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Amedisys Georgia, LLC	For Profit	12/01/1998

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Amedisys Georgia, LLC	For Profit	12/01/1998

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Amedisys Georgia, LLC	For Profit	12/01/1998

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	90,434	206
Physical Therapy	35,447	226
Home Health Aide	17,897	94
Occupational Therapy	15,326	227
Medical Social Services	1,877	331
Speech Pathology	4,553	245
	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, 2015.

3012

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).

6000

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	4
Asian	6
Black/African American	1,271
Hispanic/Latino	25
Pacific Islander/Hawaiian	0
White	5,100
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	2,336
Female	4,070

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	4,234	120,535	15,266,148	14,876,921
Medicaid	254	3,611	5,458,644	3,269,974
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	0	0	0	0
Other Third Party Insurers	1,918	41,388	2,279,996	1,669,770
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 2015. ☒

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

12/01/1998

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 2015 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	23,004,788
Medicare Contractual Adjustments	461,565
Medicaid & Peachcare Contractual Adjustments	0
Other Contractual Adjustments	2,373,000
Total Contractual Adjustments	2,834,565
Bad Debt	343,397
Indigent Care Gross Charges	10,161
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	10,161
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	19,816,665
Adjusted Gross Patient Revenue	22,199,826
Other Revenue	369
Total Net Revenue	19,817,034
Total Expenses	14,316,813
Adjusted Gross Revenue	22,200,195
Total Uncompensated I/C Care	10,161
Percent Uncompensated Indigent/Charity Care	0.05%

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.

1

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	6,046
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
---------------	-------------------

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 12-31-2015.

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 1/1/2015. 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	105	1,063	25,562	0	0	0	231	457	492	1,180
Catoosa	105	1,063	25,562	0	0	0	231	457	492	1,180
Chattahoochee	1	583	200,063	0	0	0	161	297	284	742
Gordon	71	397	11,524	0	0	0	123	174	169	466
Murray	107	531	17,532	0	0	0	192	273	177	642
Walker	279	1,530	39,883	0	0	0	432	726	670	1,828
Whitfield	172	810	36,373	0	0	0	181	394	426	1,001
Dade	130	407	14,657	0	0	0	112	211	224	547
Total by Age	0	0	0	0	0	0	1,663	2,989	2,934	7,586

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	23,004,788	22,199,826	10,161
Catoosa	23,004,788	22,199,826	10,161
Chattahoochee	0	0	0
Gordon	0	0	0
Murray	0	0	0
Walker	0	0	0
Whitfield	0	0	0
Dade	0	0	0
Total	46,009,576	44,399,652	20,322

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: 02/24/2016

Title: Regulatory Director

Comments: