GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2015 Home Health Survey

Part A : General Information

1. Identification

UID:HHA068

Facility Name: VNA of Southwest Georgia- Inc.

County: Decatur

Street Address: 117 Donalson Street

City: Bainbridge

Zip: 39817

Mailing Address: 117 Donalson Street

Mailing City: Bainbridge

Mailing Zip: 39817

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.
0000166944A

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.
117040

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: Tara King

Contact Title: Staff Accountant

Phone: 229-228-2228

Fax: 229-228-2290

E-mail: tking@archbold.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
Archbold Health Services, Inc.	Not for Profit	01/01/2012

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Archbold Medical Center, Inc.	Not for Profit	01/01/2012

C. Agency Operator

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

D. Operator's Parent Organization

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

E. Management Contractor

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

F. Management's Parent Organization

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

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.
	315 Columbia Street	Blakely	Early	10/01/1978

	210 S Wiley Avenue	Donalsonville	Seminole	10/01/1978

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	15,744	125
Physical Therapy	3,342	175
Home Health Aide	4,833	70
Occupational Therapy	0	0
Medical Social Services	0	0
Speech Pathology	343	150
	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.

187

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).

1264

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	2
Black/African American	386
Hispanic/Latino	1
Pacific Islander/Hawaiian	0
White	621
Multi-Racial	17

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	434
Female	593

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	805	20,122	2,422,102	2,382,696
Medicaid	84	1,611	224,203	87,955
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	0	0	0	0
Other Third Party Insurers	106	2,139	288,070	183,596
Self Pay	32	390	55,321	16,360
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.

01/01/2012

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.

Amy Ferry, Administrator

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	2,989,696
Medicare Contractual Adjustments	39,406
Medicaid & Peachcare Contractual Adjustments	136,248
Other Contractual Adjustments	0
Total Contractual Adjustments	**175,654**
Bad Debt	104,474
Indigent Care Gross Charges	38,961
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**38,961**
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**0**
Other Free Care	0
Total Net Patient Revenue	**2,670,607**
Adjusted Gross Patient Revenue	**2,709,568**
Other Revenue	1,305
Total Net Revenue	**2,671,912**
Total Expenses	2,883,402
Adjusted Gross Revenue	**2,710,873**
Total Uncompensated I/C Care	**38,961**
Percent Uncompensated Indigent/Charity Care	**1.44%**

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 reproted in Part E, Question 4 above.

64

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)	769
Physicians	315
Other Home Health Agencies	8
All Other Healthcare Providers	152

7. Referral Hospitals

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

Hospital Name	Patients Referred
Archbold Memorial	139
Bainbridge Health Care	10
Bainbridge Hospital	116
Bay Medical Center	2
Capital Regional Medical	5
Baptist Medical Center	2
Brooks County Hospital	1
Crisp Regional Hospital	2
Donalsonville Hospital	94
Early Memorial	27
Emory University	8
Flowers Hospital	45
Grady General Hospital	9
	0
Jack Hughston Memorial Hospital	5
Lakeview Community Hospital	3
Mayo Clinic	2
Medical Center Barbour	8
Northside Medical Center	1
Miller County Hospital	22
Mitchell County Hospital	2
Northside Hospital	2
Peidmont Hospital	1
Phoebe Putney Hospital	19
SE Alabama Medical	2
Pioneer Hospital	1

Shand's Hospital	4
South Alabama Medical	191
South Georgia Medical Center	2
Southwest Georgia Regional Hospital	2
Smith Northview Hospital	1
St Joseph	2
Tallahassee Memorial Regional	25
University Alabama Hospital	5
	0
VAMC Montgomery Alabama	1
West Florida Hospital	1
Westside Terrace	2
Total	**764**

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)	10	0	0
Licensed Practical Nurses (LPNs)	1	0	0
Aides/Assistants	2	0	0
Allied Health/Therapists	4	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	
Licensed Practical Nurse	
Aide/Assistant	
Allied Health/Therapists	Over a year

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	39	64
February	28	62
March	45	44
April	53	45
May	43	48
June	37	54
July	41	54
August	34	58
September	47	50
October	38	50
November	38	52
December	37	44

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
Decatur	101	299	11,731	195	32	2	159	144	95	400
Early	28	112	2,564	68	15	3	36	60	41	140
Miller	19	31	1,172	18	3	0	13	12	25	50
Seminole	49	241	5,477	146	8	1	70	125	94	290
Baker	4	4	74	3	1	0	1	3	4	8
Clay	11	49	1,335	32	3	1	19	23	17	60
Quitman	7	52	1,432	32	1	0	16	28	15	59
Randolph	4	16	477	11	1	0	6	11	3	20
Total by Age	**0**	**0**	**0**	**0**	**0**	**7**	**320**	**406**	**294**	**1,027**

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
Decatur	1,445,557	1,310,113	28,554
Early	315,950	286,346	2,766
Miller	144,420	130,888	5,283
Seminole	674,906	611,669	1,968
Baker	9,119	8,264	33
Clay	164,506	149,092	186
Quitman	176,459	159,925	18
Randolph	58,779	53,271	153
Total	**2,989,696**	**2,709,568**	**38,961**

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 incaccurate 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: Gail Roberson

Date: 03/04/2016

Title: Controller

Comments: