GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2015 Home Health Survey

Part A : General Information

1. Identification

UID:HHA070

Facility Name: Visiting Nurses Association of Greater Tift Co

County: Tift

Street Address: 2014 12th Street41N

City: Tifton

Zip: 31794

Mailing Address: 2014 12th Street 41N

Mailing City: Tifton

Mailing Zip: 31794

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.
N/A

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.
117046

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: Sandy Albertson

Contact Title: CFO

Phone: 229-386-8571

Fax: 229-386-1525

E-mail: visitingnurses@hotmail.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
Eva Fletcher	Not for Profit	06/01/1978

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
Eva Fletcher	Not for Profit	06/01/1978

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.

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	4,302	150
Physical Therapy	2,006	200
Home Health Aide	2,891	120
Occupational Therapy	234	200
Medical Social Services	0	0
Speech Pathology	65	200
	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.

84

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).

400

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	0
Black/African American	89
Hispanic/Latino	8
Pacific Islander/Hawaiian	0
White	291
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	166
Female	222

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	245	6,992	1,294,857	594,997
Medicaid	0	0	0	0
Other Government Payers	22	587	105,227	69,903
Managed Care (HMO/PPO)	43	1,379	214,268	87,326
Other Third Party Insurers	14	243	24,102	11,553
Self Pay	23	297	42,680	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.
12/01/1996

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.

Eva Fletcher, 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 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	1,681,134
Medicare Contractual Adjustments	699,861
Medicaid & Peachcare Contractual Adjustments	0
Other Contractual Adjustments	159,097
Total Contractual Adjustments	**858,958**
Bad Debt	15,717
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**0**
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**0**
Other Free Care	42,680
Total Net Patient Revenue	**763,779**
Adjusted Gross Patient Revenue	**965,556**
Other Revenue	57
Total Net Revenue	**763,836**
Total Expenses	1,182,103
Adjusted Gross Revenue	**965,613**
Total Uncompensated I/C Care	**0**
Percent Uncompensated Indigent/Charity Care	**0.00%**

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.

<u>23</u>

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)	213
Physicians	42
Other Home Health Agencies	3
All Other Healthcare Providers	61

7. Referral Hospitals

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

Hospital Name	Patients Referred
Tift Regional Medical Center	141
Archbold Hospital	4
Crisp Regional Hospital	7
Dorminy Medical Center	9
Emory University Hospital	6
Medical Center of GA	1
Phoebe Putney Memorial Hospital	17
VAMC	22
	0
VAMC Augusta	3
Total	**210**

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)	5	0	0
Licensed Practical Nurses (LPNs)	1	0	0
Aides/Assistants	2	0	0
Allied Health/Therapists	0	0	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	
Licensed Practical Nurse	
Aide/Assistant	
Allied Health/Therapists	

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	19	11
February	15	11
March	17	7
April	20	2
May	12	5
June	15	8
July	18	10
August	23	10
September	22	7
October	22	6
November	19	4
December	25	11

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
Ben Hill	6	47	1,436	31	0	0	15	24	14	53
Berrien	1	18	427	10	0	0	9	6	4	19
Cook	3	7	192	5	0	0	5	3	2	10
Crisp	0	6	124	5	0	0	0	5	1	6
Irwin	3	13	387	7	0	0	7	6	3	16
Turner	16	58	1,932	40	0	0	15	35	24	74
Wilcox	1	4	101	3	0	0	3	1	1	5
Worth	2	17	720	7	0	0	2	6	11	19
Tift	37	149	4,179	93	0	0	33	81	72	186

Total by Age	0	0	0	0	0	0	89	167	132	388

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
Ben Hill	267,887	154,489	0
Berrien	76,956	48,278	0
Cook	32,688	19,312	0
Crisp	24,738	19,312	0
Irwin	64,367	38,624	0
Turner	332,183	193,112	0
Wilcox	17,619	9,656	0
Worth	110,367	67,589	0
Tift	754,329	415,184	0
Total	**1,681,134**	**965,556**	**0**

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: Sandy Albertson

Date: 02/28/2016

Title: CFO

Comments: