GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2015 Home Health Survey

Part A : General Information

1. Identification   **UID:HHA072**

Facility Name: Visiting Nurse Health System

County: Fulton

Street Address: 5775 Glenridge Drive NE Suite E200

City: Atlanta

Zip: 30328

Mailing Address: 5775 Glenridge Drive NE Suite E200

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 1,2015 - 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: 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	Not Applicable	

C. Agency Operator

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

D. Operator's Parent Organization

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

E. Management Contractor

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

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	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	98,738	165
Physical Therapy	91,258	165
Home Health Aide	9,913	89
Occupational Therapy	22,389	165
Medical Social Services	1,781	165
Speech Pathology	3,301	165
Chaplain	57	165
	0	0
	0	0

2. Agency Caseload
Please report the total number of cases at the end of the business day on December 31,2015.

1842

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).

9762

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	41
Asian	262
Black/African American	8,806
Hispanic/Latino	223
Pacific Islander/Hawaiian	22
White	9,857
Multi-Racial	18

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	8,375
Female	10,854

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	8,324	120,879	25,510,329	24,230,820
Medicaid	966	10,480	1,456,936	405,955
Other Government Payers	222	2,407	266,516	227,384
Managed Care (HMO/PPO)	6,504	66,354	8,643,094	7,374,038
Other Third Party Insurers	2,403	23,694	4,045,778	3,451,741
Self Pay	810	3,623	88,829	29,663
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.
01/01/2011

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 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	40,011,482
Medicare Contractual Adjustments	1,279,509
Medicaid & Peachcare Contractual Adjustments	795,573
Other Contractual Adjustments	0
Total Contractual Adjustments	**2,075,082**
Bad Debt	1,499,705
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**0**
Charity Care Gross Charges	717,094
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**717,094**
Other Free Care	0
Total Net Patient Revenue	**35,719,601**
Adjusted Gross Patient Revenue	**36,436,695**
Other Revenue	0
Total Net Revenue	**35,719,601**
Total Expenses	0
Adjusted Gross Revenue	**36,436,695**
Total Uncompensated I/C Care	**717,094**
Percent Uncompensated Indigent/Charity Care	**1.97%**

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.

1776

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)	19,715
Physicians	4,543
Other Home Health Agencies	131
All Other Healthcare Providers	1,923

7. Referral Hospitals

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

Hospital Name	Patients Referred
University Hospital Birmingham	1
Veterans Administration Medical Center	499
Wellstar Cobb Hospital	57
Wellstar Douglas Hospital	9
Wellstar Hospital Kennestone	109
Wellstar Hospital Paulding	5
Wellstar Windy Hill Medical Center	4
Wesley Woods Medical Center	6
Clearview Regional Medical Center	6
DeKalb Medical Center	123
DeKalb Medical Center Hillandale	57
Eastside Medical Center	48
Emory Adventist Hospital	1
Emory Johns Creek	269
Emory Rehabilitation Hospital	498
Emory Saint Joseph's Hospital	2,148
Emory University Hospital	2,298
Emory University Hospital Midtown	2,960
Grady Memorial Hospital	801
Gwinnett Medical Center Duluth	200
Gwinnett Medical Center Lawrenceville	1,046
Newton General Hospital	13
North Fulton Medical Center	68
Northeast Georgia Health Center	63
Northside Cherokee Medical Center	80
Northside Forsyth Hospital	485

Northside Hospital	2,266
Phoebe Putney Memorial Hospital	1
Piedmont Fayette Hospital	398
Piedmont Henry Hospital	707
Piedmont Hospital	4,174
Piedmont Mountainside Hospital *Page 8*	7
Piedmont Newnan Hospital	25
Regency Hospital	8
Rockdale Hospital	22
Saint Mary's Hospital	2
Shepherd Center	24
South Fulton Medical Center	4
Southern Crescent Hospital	1
Southern Regional Medical Center	20
Spalding Regional Medical Center	2
Tanner Medical Center	4
Athens Regional Medical Center	8
Atlanta Medical Center	185
Barrow Regional Medical Center	1
Children's Healthcare of Atlanta	2
Total	**19,715**

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)	119	33	0
Licensed Practical Nurses (LPNs)	10	2	0
Aides/Assistants	11	0	0
Allied Health/Therapists	140	12	2

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	1,570	33
February	1,445	81
March	1,305	119
April	1,314	153
May	1,165	154
June	1,238	174
July	1,257	213
August	1,093	224
September	1,213	217
October	1,249	285
November	1,069	246
December	1,092	277

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
Barrow	18	130	1,074	56	19	0	93	40	15	148
Bartow	8	37	395	24	2	0	26	15	4	45
Butts	11	85	746	43	15	0	64	29	3	96
Carroll	10	84	1,247	41	10	0	65	22	7	94
Cherokee	44	349	3,272	201	18	0	185	136	72	393
Clayton	101	977	11,135	488	165	0	622	318	138	1,078
Cobb	180	1,436	15,689	795	61	1	728	563	324	1,616
Coweta	34	223	2,691	125	25	0	138	90	29	257
DeKalb	512	3,907	58,519	1,952	424	0	1,738	1,466	1,215	4,419

County									
Douglas	24	178	1,989	99	10	0	102	76	24	202
Fayette	38	349	4,236	194	16	0	176	142	69	387
Floyd	1	8	39	6	0	0	4	5	0	9
Forsyth	55	397	4,627	236	21	0	188	182	82	452
Fulton	570	4,786	71,418	2,520	551	0	2,044	1,851	1,461	5,356
Gwinnett	281	2,467	28,863	1,288	245	0	1,279	928	541	2,748
Hall	9	126	1,057	70	7	0	70	48	17	135
Haralson	1	1	8	1	1	0	2	0	0	2
Henry	62	761	9,024	383	95	0	426	295	102	823
Jasper	1	15	176	10	2	0	9	3	4	16
Newton	23	263	3,558	120	48	0	183	79	24	286
Paulding	9	82	765	40	4	1	55	24	11	91
Pickens	0	15	93	8	1	0	6	6	3	15
Polk	1	5	21	5	0	0	3	3	0	6
Rockdale	21	277	3,661	163	17	0	144	118	36	298
Spalding	7	77	789	49	5	0	46	33	5	84
Walton	22	151	2,345	80	14	0	90	59	24	173
Total by Age	**0**	**0**	**0**	**0**	**0**	**2**	**8,486**	**6,531**	**4,210**	**19,229**

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
Barrow	192,647	175,435	7,672
Bartow	70,335	64,051	808
Butts	131,447	119,703	6,057
Carroll	223,209	203,267	4,038
Cherokee	583,114	531,016	7,268
Clayton	1,960,753	1,785,571	66,622
Cobb	2,771,127	2,523,543	24,630
Coweta	481,372	438,364	10,094
DeKalb	10,272,829	9,355,013	171,197
Douglas	354,600	322,918	4,038
Fayette	751,052	683,950	6,460
Floyd	7,002	6,376	0
Forsyth	818,270	745,163	8,479
Fulton	12,566,476	11,443,738	222,476
Gwinnett	5,082,225	4,628,159	98,923
Hall	189,347	172,430	2,826
Haralson	1,436	1,308	404
Henry	1,557,046	1,417,933	38,358
Jasper	31,597	28,774	808

Newton	623,957	568,210	19,381
Paulding	137,008	124,767	1,615
Pickens	16,696	15,204	404
Polk	3,770	3,433	0
Rockdale	631,864	575,411	6,864
Spalding	141,565	128,917	2,019
Walton	410,738	374,041	5,653
Total	**40,011,482**	**36,436,695**	**717,094**

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: Allen Burke

Date: 03/04/2016

Title: CFO

Comments: