



2016 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 1,2016 - December 31, 2016 (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
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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	14,170	125
Physical Therapy	4,179	175
Home Health Aide	3,702	70
Occupational Therapy	0	0
Medical Social Services	0	0
Speech Pathology	206	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, 2016.

159

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).

1240

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	388
Hispanic/Latino	6
Pacific Islander/Hawaiian	0
White	628
Multi-Racial	12

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	452
Female	584

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	819	18,171	2,298,312	2,159,148
Medicaid	80	1,297	186,565	21,779
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	0	0	0	0
Other Third Party Insurers	123	2,496	350,837	239,707
Self Pay	21	293	39,456	24,902
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 2016.

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.

Clay Campbell, 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 2016 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	2,875,170
Medicare Contractual Adjustments	139,165
Medicaid & Peachcare Contractual Adjustments	164,785
Other Contractual Adjustments	0
Total Contractual Adjustments	303,950
Bad Debt	111,130
Indigent Care Gross Charges	14,554
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	14,554
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	2,445,536
Adjusted Gross Patient Revenue	2,460,090
Other Revenue	1,024
Total Net Revenue	2,446,560
Total Expenses	2,836,757
Adjusted Gross Revenue	2,461,114
Total Uncompensated I/C Care	14,554
Percent Uncompensated Indigent/Charity Care	0.59%

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.

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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)	768
Physicians	332
Other Home Health Agencies	1
All Other Healthcare Providers	141

7. Referral Hospitals

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

Hospital Name	Patients Referred
Westside Terrace	3
Archbold Memorial	117
Archbold Northside	1
Bainbridge Health Care	7
Bainbridge Hospital	113
Brooks County Hospital	1
Capital Regional Medical Center	3
Crisp Regional	1
Crowne Health Care of Eufaula	2
Donalsonville Hospital	96
Pioneer Community Hospital	18
Emory University	6
Flowers Hospital	43
Grady General Hospital	6
Hughston sports Medicine Hosp	4
Jack Hughston Memorial	8
Mayo Clinic	1
Medical Center Barbour	9
Memorial Hospital & Manor	2
Mitchell County Hospital	7
Miller County Hospital	25
Northside Hospital	13
Phoebe Putney	23
SE Alabama Medical	2
Select Specialty Hosp	1
Shands	2

South Alabama Medical	196
South Georgia Medical Center	4
St Francis	2
St Joseph	1
Tallahassee Communisty Hosp	1
Tallahassee Memorial	40
Tampa General	1
University of Alabama Hosp	6
VA Medical	3
Total	768

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 12-31-2016.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	12	1	0
Licensed Practical Nurses (LPNs)	1	0	0
Aides/Assistants	4	0	0
Allied Health/Therapists	4	0	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	30 Days
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	38	46
February	42	50
March	48	56
April	60	53
May	56	52
June	38	43
July	43	56
August	50	61
September	22	37
October	35	34
November	43	34
December	32	56

2A. Patient Origin Part A.

Patient Origin - Report the admissions, visits, and caseload by county for the report period. Caseload totals are for 1/1/2016. 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	73	301	10,132	180	21	2	152	130	90	374
Early	31	94	2,454	65	10	2	41	55	27	125
Miller	9	60	1,483	28	0	1	15	25	28	69
Quitman	9	51	1,238	39	0	0	12	34	14	60
Randolph	6	18	293	14	1	0	6	10	8	24
Seminole	43	260	5,235	148	9	2	83	121	97	303
Baker	2	12	169	8	1	0	1	8	5	14
Clay	14	53	1,253	40	4	0	13	33	21	67
Total by Age	0	0	0	0	0	7	323	416	290	1,036

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	1,308,856	1,119,901	10,437
Early	317,009	271,243	2,834
Miller	191,575	163,918	0
Quitman	159,925	136,837	0
Randolph	37,850	32,386	60
Seminole	676,260	578,630	1,068
Baker	21,832	18,680	12
Clay	161,863	138,495	143
Total	2,875,170	2,460,090	14,554

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: Tara King

Date: 03/01/2017

Title: Staff Accountant

Comments: