GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2014 Home Health Survey

Part A : General Information

1. Identification

UID:HHA017

Facility Name: Home Health Navicent Health

County: Bibb

Street Address: 3780 Eisenhower Parkway, Suite 4

City: Macon

Zip: 31206

Mailing Address: 3780 Eisenhower Parkway,Suite 4

Mailing City: Macon

Mailing Zip: 31206

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.
00697232A

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.
117023

2. Report Period

Report Data for the full twelve month period, January 1,2014 - December 31, 2014 (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: Denise Cauley

Contact Title: Director

Phone: 478-633-5604

Fax: 478-633-4318

E-mail: cauley.denise@mccg.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
Medical Center of Central Georgia, Inc.	Not for Profit	11/01/1995

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Navicent Health	Not for Profit	02/14/1995

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.
Dublin	2400 Bellvue Road Erin Pkwy	Dublin	Laurens	02/02/2004

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	32,668	200
Physical Therapy	17,954	200
Home Health Aide	5,322	85
Occupational Therapy	4,327	200
Medical Social Services	747	200
Speech Pathology	961	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 31,2014.

386

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).

3338

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	7
Asian	8
Black/African American	1,623
Hispanic/Latino	19
Pacific Islander/Hawaiian	0
White	2,138
Multi-Racial	10

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	1,578
Female	2,227

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	1,137	33,026	8,089,962	7,611,093
Medicaid	103	2,893	631,583	135,856
Other Government Payers	33	585	0	0
Managed Care (HMO/PPO)	832	23,144	1,952,096	644,191
Other Third Party Insurers	0	0	0	0
Self Pay	8	213	52,036	12,200
Other Non Government	175	2,118	418,022	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 2014. ☐

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

01/23/2007

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.

Denise Cauley 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 2014 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	11,143,699
Medicare Contractual Adjustments	239,197
Medicaid & Peachcare Contractual Adjustments	495,728
Other Contractual Adjustments	1,446,214
Total Contractual Adjustments	**2,181,139**
Bad Debt	141,198
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**0**
Charity Care Gross Charges	418,022
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**418,022**
Other Free Care	0
Total Net Patient Revenue	**8,403,340**
Adjusted Gross Patient Revenue	**10,267,576**
Other Revenue	0
Total Net Revenue	**8,403,340**
Total Expenses	8,347,500
Adjusted Gross Revenue	**10,267,576**
Total Uncompensated I/C Care	**418,022**
Percent Uncompensated Indigent/Charity Care	**4.07%**

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.

195

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)	3,272
Physicians	520
Other Home Health Agencies	50
All Other Healthcare Providers	609

7. Referral Hospitals

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

Hospital Name	Patients Referred
Atlanta VA Med Center	3
Bleckley County Hospital	1
Monroe County	10
Southern Regional	1
VA Augusta	1
Coliseum Rehab Hospital	10
Emory	25
Grady Memorial	2
Houston Medical Center	57
Jack Hughston	4
Medical Center Peach co.	7
Macon Northside	53
Oconee Regional	5
Perry Hospital	2
Piedmont	6
Regency Hospital	23
Shands	3
Taylor	3
Carl Vinson VA	11
Fairview Park	44
Coliseum Med Center	96
Rehab Hospital Navicent Health	392
Medical Center Navicent Health	2,513
Total	**3,272**

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 12-31-2014.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	41	1	0
Licensed Practical Nurses (LPNs)	5	0	0
Aides/Assistants	5	0	0
Allied Health/Therapists	24	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	no vacancies
Aide/Assistant	2 months
Allied Health/Therapists	no vacancies

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	195	145
February	185	111
March	181	125
April	171	141
May	169	116
June	204	122
July	191	131
August	193	141
September	209	97
October	195	136
November	186	121
December	209	131

2A. Patient Origin Part A.

Patient Origin - Report the admissions, visits, and caseload by county for the report period. Caseload totals are for 1/1/2014. 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
Baldwin	8	83	1,418	48	4	0	41	38	9	88
Bibb	199	1,970	31,604	844	99	0	744	746	578	2,068
Bleckley	7	70	1,135	31	4	0	31	29	12	72
Butts	1	14	180	3	1	0	11	2	4	17
Crawford	10	106	1,711	51	5	0	35	51	22	108
Houston	51	504	8,219	208	25	0	162	180	127	469
Jones	17	169	2,734	85	8	0	62	67	31	160
Lamar	4	39	608	21	2	0	18	17	5	40
Peach	26	259	4,184	109	11	0	83	88	61	232

Twiggs	15	143	2,474	73	8	0	45	62	27	134
Wilkinson	9	89	1,854	28	6	0	43	27	15	85
Laurens	15	156	2,529	56	10	0	66	44	30	140
Monroe	20	208	3,329	84	12	0	65	74	53	192
Total by Age	**0**	**0**	**0**	**0**	**0**	**0**	**1,406**	**1,425**	**974**	**3,805**

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
Baldwin	248,504	229,045	9,321
Bibb	5,756,837	5,302,535	215,956
Bleckley	205,044	188,988	7,691
Butts	33,431	30,813	1,254
Crawford	308,680	284,509	11,579
Houston	1,478,769	1,362,974	55,471
Jones	492,551	453,982	18,476
Lamar	111,437	102,710	4,180
Peach	753,314	694,326	28,258
Twiggs	445,748	410,843	16,720
Wilkinson	254,076	234,180	9,530
Laurens	455,777	420,087	17,097
Monroe	599,531	552,584	22,489
Total	**11,143,699**	**10,267,576**	**418,022**

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: Denise Cauley

Date: 01/29/2016

Title: Director

Comments: