GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2014 Home Health Survey

Part A : General Information

1. Identification

UID:HHA033

Facility Name: Hospital Authority of Wayne County dba Community Home Care

County: Wayne

Street Address: 140 Colonial Way

City: Jesup

Zip: 31545-3521

Mailing Address: P O Box 565

Mailing City: Jesup

Mailing Zip: 31598

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.
000041335A

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.
11-7012

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: Kathy B. Tyre, RN

Contact Title: Agency Administrator

Phone: 912-427-8051

Fax: 912-427-4045

E-mail: ktyre@wmhweb.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
Hospital Authority of Wayne County	Hospital Authority	08/01/2013

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Hospital Authority Of Wayne County dba Community Home Care	Hospital Authority	08/01/2013

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.
Community Home Care/Blackshea	3343 Hwy 84, Suite 103	Blackshear	Pierce	08/01/2013

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	5,825	200
Physical Therapy	3,390	170
Home Health Aide	1,870	85
Occupational Therapy	123	170
Medical Social Services	116	200
Speech Pathology	2	250
	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.

53

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).

610

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	62
Hispanic/Latino	2
Pacific Islander/Hawaiian	0
White	443
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	202
Female	305

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	313	7,408	1,254,460	819,619
Medicaid	25	311	60,560	3,009
Other Government Payers	7	117	21,150	13,899
Managed Care (HMO/PPO)	117	3,025	522,310	288,728
Other Third Party Insurers	39	452	83,780	35,855
Self Pay	6	13	2,600	2,400
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 2014. ☑

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

08/01/2013

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.

Kathy B. Tyre, RN

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	1,944,860
Medicare Contractual Adjustments	663,391
Medicaid & Peachcare Contractual Adjustments	57,124
Other Contractual Adjustments	40,135
Total Contractual Adjustments	**760,650**
Bad Debt	19,165
Indigent Care Gross Charges	1,483
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**1,483**
Charity Care Gross Charges	52
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**52**
Other Free Care	0
Total Net Patient Revenue	**1,163,510**
Adjusted Gross Patient Revenue	**1,205,180**
Other Revenue	0
Total Net Revenue	**1,163,510**
Total Expenses	0
Adjusted Gross Revenue	**1,205,180**
Total Uncompensated I/C Care	**1,535**
Percent Uncompensated Indigent/Charity Care	**0.13%**

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.

4

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)	299
Physicians	138
Other Home Health Agencies	2
All Other Healthcare Providers	70

7. Referral Hospitals

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

Hospital Name	Patients Referred
VAMC Augusta	1
Waycross Health	2
Wayne Memorial Hospital	79
St. Joseph's Candler	15
St. Vincent's	25
Appling HealthCare	3
Bacon County Hospital	3
Brunswick Hospital	1
Candler Hospital	5
Charleston VAMC	1
Cleveland Clinic	1
ColquittRegional	1
Emory University	1
Evans Memorial Hospital	2
Georgia Regional Medical	1
Jack Hughston Hospital	1
Liberty Regional MC	1
Mayo- Waycross	79
Mayo- Jacksonville	9
Medical Center	2
Memorial Health	24
Optim HealthCare	5
Orange Park Medical Center	1
Ortho Pineview	1
Phillips	1
Southeast Georgia Health Systems	31

Satilla Care Center	2
Select Specialty Hospital	1
Total	**299**

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)	9	0	0
Licensed Practical Nurses (LPNs)	2	0	0
Aides/Assistants	2	0	0
Allied Health/Therapists	0	0	9

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	3 months
Licensed Practical Nurse	3 months
Aide/Assistant	6 months
Allied Health/Therapists	Contract

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	48	26
February	46	16
March	32	18
April	33	24
May	32	15
June	40	10
July	36	11
August	26	10
September	37	14
October	49	10
November	39	16
December	38	10

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
Appling	9	28	707	16	0	0	18	11	8	37
Brantley	13	45	1,639	29	0	0	12	28	19	59
Long	1	11	324	5	0	0	2	4	3	9
Pierce	35	160	4,060	98	2	0	56	77	56	189
Tattnall	8	22	463	17	1	0	9	12	8	29
Wayne	13	182	4,133	93	1	0	42	76	66	184
Total by Age	**0**	**0**	**0**	**0**	**0**	**0**	**139**	**208**	**160**	**507**

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
Appling	120,365	58,068	0
Brantley	290,185	175,133	0
Long	55,480	43,565	0
Pierce	691,360	400,173	1,283
Tattnall	79,935	33,403	200
Wayne	707,535	494,838	52
Total	**1,944,860**	**1,205,180**	**1,535**

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: Gregory A. Jones

Date: 02/22/2018

Title: CFO

Comments: