



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2015 Home Health Survey

Part A : General Information

1. Identification

UID:HHA037

Facility Name: SJC Home Health Services, Inc. - Brunswick

County: Glynn

Street Address: 4635 New Jesup Hwy

City: Brunswick

Zip: 31520-1601

Mailing Address: 4635 New Jesup Hwy

Mailing City: Brunswick

Mailing Zip: 31520

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.

00696451

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.

117088

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: Allison Davis

Contact Title: Manager, Strategic Planning

Phone: 912-819-7472

Fax: 912-819-5449

E-mail: davisalli@sjchs.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
SJC Home Health Services, Inc.	Not for Profit	06/30/2001

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
St. Joseph's/Candler Health System, Inc.	Not for Profit	06/30/2001

C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
SJC Home Health Services, Inc.	Not for Profit	06/30/2001

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
St. Joseph's/Candler Health System, Inc.	Not for Profit	06/30/2001

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
US CareNet, LLC.	For Profit	11/01/2015

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.
Alma	111 W 12th St, Suite 1	Alma	Bacon	08/01/2013

Waycross	1711 City Blvd Square, Suite B	Waycross	Ware	08/01/2013
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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	15,571	200
Physical Therapy	12,511	170
Home Health Aide	4,948	85
Occupational Therapy	2,419	170
Medical Social Services	35	200
Speech Pathology	169	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, 2015.

240

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).

1024

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	3
Asian	2
Black/African American	345
Hispanic/Latino	5
Pacific Islander/Hawaiian	0
White	1,144
Multi-Racial	311

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	752
Female	1,058

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	1,477	31,301	4,554,304	4,331,576
Medicaid	133	1,729	366,531	84,505
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	0	0	0	0
Other Third Party Insurers	176	2,537	439,208	169,652
Self Pay	0	0	0	0
Other Non Government	24	86	26,572	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.

11/01/1995

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.

Cheryl Tyson, Administrator

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	5,386,615
Medicare Contractual Adjustments	222,728
Medicaid & Peachcare Contractual Adjustments	282,026
Other Contractual Adjustments	163,379
Total Contractual Adjustments	668,133
Bad Debt	106,177
Indigent Care Gross Charges	26,572
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	26,572
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	4,585,733
Adjusted Gross Patient Revenue	4,775,684
Other Revenue	0
Total Net Revenue	4,585,733
Total Expenses	4,604,425
Adjusted Gross Revenue	4,775,684
Total Uncompensated I/C Care	26,572
Percent Uncompensated Indigent/Charity Care	0.56%

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.

24

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)	976
Physicians	324
Other Home Health Agencies	4
All Other Healthcare Providers	318

7. Referral Hospitals

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

Hospital Name	Patients Referred
Appling Healthcare System	1
East Georgia Regional	2
Emory	2
Grady Hospital	1
Meadows Regional Medical Center	1
St Simons By The Sea	1
University Hospital - Augusta	1
VAMC - Charleston	1
Bacon County Hospital	32
Baptist Downtown, Jacksonville	2
Baptist Nassau, Jacksonville	1
Baptist, Jacksonville	23
Candler Hospital	7
Clinch Memorial Hospital	1
Camden Medical Center	25
Coffee Regional Medical Center	85
Irwin County Hospital	2
Hughston Ortho Hospital	5
Mayo Jacksonville	56
Mayo Waycross	76
Memorial Jacksonville	2
Memorial Hospital	36
Orange Park Medical Center	4
Phoebe Putney	1
Select Specialty	3
South Georgia Medical Center	7

Southeast Georgia Health System	404
Shands, Jacksonville	12
St Joseph's Hospital	16
Specialty Hospital, Jacksonville	5
St Vincent's	10
St Vincent's, Riverside	104
St Vincent's, Southside	2
Tlft Regional	5
University of Florida, St Mary's	1
VAMC - Atlanta	2
VAMC - Augusta	1
VAMC - Dublin	11
VAMC - Gainesville	22
Wayne Memorial Hospital	3
Total	976

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)	16	2	0
Licensed Practical Nurses (LPNs)	1	1	0
Aides/Assistants	5	0	0
Allied Health/Therapists	0	0	22

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	65 days
Licensed Practical Nurse	65 days
Aide/Assistant	30 days
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	96	51
February	77	42
March	83	45
April	96	52
May	92	50
June	83	45
July	96	51
August	82	44
September	79	43
October	98	53
November	81	43
December	92	49

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
Atkinson	1	21	395	13	2	0	8	12	2	22
Bacon	30	122	4,584	76	2	0	34	58	60	152
Brantley	7	74	1,160	48	1	0	38	34	9	81
Camden	29	281	6,187	163	5	0	108	124	74	306
Charlton	8	62	1,304	32	1	0	31	19	20	70
Clinch	4	13	735	8	0	0	8	6	3	17
Coffee	18	135	3,625	77	1	0	57	65	31	153
Glynn	66	676	12,139	359	11	0	237	277	229	743
Ware	28	238	5,524	128	1	0	69	101	96	266

Total by Age	0	0	0	0	0	0	590	696	524	1,810
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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
Atkinson	65,473	58,047	2,214
Bacon	452,357	401,052	2,214
Brantley	241,058	213,718	1,107
Camden	910,665	807,381	5,536
Charlton	208,322	184,695	1,107
Clinch	50,593	44,854	0
Coffee	455,333	403,690	1,107
Glynn	2,211,191	1,960,405	12,179
Ware	791,623	701,842	1,108
Total	5,386,615	4,775,684	26,572

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: Cheryl Tyson, RN

Date: 03/11/2016

Title: Administrator

Comments:

Part F.7: The "Other Non Governmental" line includes self pay patients, self pay visits, and gross revenue with both self pay patients and other indigent patients who fall within other payer categories.