GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2015 Home Health Survey

Part A : General Information

1. Identification

UID:HHA054

Facility Name: Trinity Home Health

County: Richmond

Street Address: 1501 Anthony Road2803 Wrightsboro Road

City: Augusta

Zip: 30904

Mailing Address: 1501 Anthony Road

Mailing City: Augusta

Mailing Zip: 30904

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.
000041346A

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.
117025

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: Nancy Hurlock

Contact Title: Administrator

Phone: 706-729-6000

Fax: 706-729-6103

E-mail: nancyhurlock@homecaretrinity.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
Trinity Home Health	For Profit	

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Community Health Systems	For Profit	01/01/2015

C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Nancy Hurlock	For Profit	01/01/2015

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Community Health Systems	For Profit	01/01/2015

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not applicable	Not Applicable	01/01/2015

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not applicable	Not Applicable	01/01/2015

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.
Trinity Home Health	1501 Anthony Road	Augusta	Richmond	

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	13,670	165
Physical Therapy	7,333	195
Home Health Aide	1,788	100
Occupational Therapy	2,122	195
Medical Social Services	109	220
Speech Pathology	580	205
	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.

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).

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	1
Asian	8
Black/African American	430
Hispanic/Latino	4
Pacific Islander/Hawaiian	27
White	496
Multi-Racial	394

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	517
Female	843

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	651	651	3,488,486	22,134
Medicaid	68	68	197,548	141,246
Other Government Payers	24	24	0	0
Managed Care (HMO/PPO)	408	408	837,760	301,277
Other Third Party Insurers	205	205	0	2,702,961
Self Pay	4	4	18,660	0
Other Non Government	0	0	0	888,152

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.

2015

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.

Nancy Hurlock

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	4,542,454
Medicare Contractual Adjustments	22,134
Medicaid & Peachcare Contractual Adjustments	0
Other Contractual Adjustments	301,277
Total Contractual Adjustments	**323,411**
Bad Debt	163,273
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**0**
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**0**
Other Free Care	0
Total Net Patient Revenue	**4,055,770**
Adjusted Gross Patient Revenue	**4,357,047**
Other Revenue	0
Total Net Revenue	**4,055,770**
Total Expenses	3,207,316
Adjusted Gross Revenue	**4,357,047**
Total Uncompensated I/C Care	**0**
Percent Uncompensated Indigent/Charity Care	**0.00%**

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.

0

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)	771
Physicians	294
Other Home Health Agencies	13
All Other Healthcare Providers	262

7. Referral Hospitals

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

Hospital Name	Patients Referred
Augusta University Medical Center	255
Trinity Hospital of Augusta	131
University Hospital Augusta GA	137
Trinity Hospital Wound Care Center	29
Charlie Norwood VA Medical Center	89
Doctors Hospital- Augusta	130
Total	**771**

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)	4	1	0
Licensed Practical Nurses (LPNs)	5	1	0
Aides/Assistants	1	0	0
Allied Health/Therapists	3	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	10
Licensed Practical Nurse	10
Aide/Assistant	0
Allied Health/Therapists	0

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	73	39
February	77	21
March	83	35
April	71	26
May	65	38
June	74	32
July	83	34
August	88	32
September	88	31
October	87	34
November	82	22
December	80	45

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
Columbia	0	0	0	126	0	0	79	103	87	269
Emanuel	0	0	0	9	0	0	6	7	3	16
Burke	0	0	0	33	0	0	22	27	12	61
Glascock	0	0	0	7	0	0	1	7	2	10
Hancock	0	0	0	7	0	0	6	5	4	15
Jefferson	0	0	0	31	0	0	24	26	9	59
Jenkins	0	0	0	8	0	0	8	6	4	18
Johnson	0	0	0	7	0	0	2	6	1	9
Lincoln	0	0	0	11	0	0	6	9	1	16

McDuffie	0	0	0	41	0	0	31	30	9	70
Screven	0	0	0	25	0	0	13	19	9	41
Warren	0	0	0	6	0	0	6	5	3	14
Washington	0	0	0	14	0	0	6	11	5	22
Wilkes	0	0	0	2	0	0	2	2	2	6
Richmond	0	71	0	360	0	0	0	285	449	734
Total by Age	**0**	**0**	**0**	**0**	**0**	**0**	**212**	**548**	**600**	**1,360**

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
Columbia	302,830	290,469	0
Emanuel	302,830	290,469	0
Burke	302,830	290,469	0
Glascock	302,830	290,469	0
Hancock	302,831	290,470	0
Jefferson	302,830	290,469	0
Jenkins	302,831	290,469	0
Johnson	302,830	290,470	0
Lincoln	302,830	290,469	0
McDuffie	302,831	290,469	0
Screven	302,830	290,478	0
Warren	302,830	290,469	0
Washington	302,830	290,469	0
Wilkes	302,830	290,470	0
Richmond	302,831	290,469	0
Total	**4,542,454**	**4,357,047**	**0**

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: Nancy Hurlock

Date: 11/02/2017

Title: Administrator

Comments: