



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2016 Home Health Survey

Part A : General Information

1. Identification

UID:HHA033

Facility Name: Community Home Care

County: Wayne

Street Address: 140 Colonial Way

City: Jesup

Zip: 31545

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, 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: Denise Hockensmith, RN

Contact Title: Administrator

Phone: 912-427-8051

Fax: 912-427-4045

E-mail: dhockensmith@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
Not Applicable	Not Applicable	

C. Agency Operator

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

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/Blackshear	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	5,732	200
Physical Therapy	3,804	170
Home Health Aide	1,444	85
Occupational Therapy	490	170
Medical Social Services	200	200
Speech Pathology	39	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, 2016.

91

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).

548

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	1
Black/African American	58
Hispanic/Latino	5
Pacific Islander/Hawaiian	0
White	441
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	213
Female	293

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	389	6,300	835,966	800,411
Medicaid	27	349	66,613	19,581
Other Government Payers	13	209	41,690	37,337
Managed Care (HMO/PPO)	0	0	0	0
Other Third Party Insurers	60	4,818	682,421	634,577
Self Pay	3	13	2,710	18
Other Non Government	5	20	3,280	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.

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.

Denise Hockensmith, 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 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	1,632,680
Medicare Contractual Adjustments	35,553
Medicaid & Peachcare Contractual Adjustments	47,033
Other Contractual Adjustments	54,890
Total Contractual Adjustments	137,476
Bad Debt	0
Indigent Care Gross Charges	3,280
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	3,280
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	1,491,924
Adjusted Gross Patient Revenue	1,550,094
Other Revenue	0
Total Net Revenue	1,491,924
Total Expenses	0
Adjusted Gross Revenue	1,550,094
Total Uncompensated I/C Care	3,280
Percent Uncompensated Indigent/Charity Care	0.21%

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)	339
Physicians	127
Other Home Health Agencies	2
All Other Healthcare Providers	100

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	3
Baptist Medical Center Jacksonville	4
Candler Hospital	9
Cleveland Clinic Hospital	1
Emory University Hospital	1
Evans Memorial Hospital	2
Georgia Cancer Center	1
Liberty Regional Medical Center	4
Mayo Clinic Jacksonville	3
Mayo Hospital Waycross (Satilla)	37
Meadows Regional Medical Center	1
Memorial Hospital	31
Memorial Jacksonville	1
Northside Medical Center	1
Optim Medical Center	10
Select Spec	1
South Georgia Medical Center	1
South Georgia Health System	3
Southeast Georgia Health System	30
Specialty Hospital Jacksonville	2
St. Joseph's Hospital	29
St. Vincent's Hospital	28
UF Health	1
VA Augusta	1
VA Charleston	4
VA Dublin	7

VA Gainesville	6
Wayne Memorial Hospital	117
Total	339

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)	9	2	0
Licensed Practical Nurses (LPNs)	3	1	0
Aides/Assistants	2	0	0
Allied Health/Therapists	0	0	11

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	60-90 Days
Licensed Practical Nurse	30-60 Days
Aide/Assistant	0-30 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	54	20
February	35	6
March	48	16
April	41	12
May	37	7
June	36	7
July	42	5
August	47	13
September	36	4
October	35	9
November	49	13
December	46	8

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
Appling	7	36	937	24	0	0	19	16	7	42
Brantley	8	56	1,569	37	0	0	18	33	8	59
Long	4	27	510	11	0	0	13	10	6	29
Pierce	11	103	2,645	52	0	0	35	42	27	104
Tattnall	5	33	653	17	0	0	14	14	4	32
Wayne	25	251	5,384	119	0	0	72	99	69	240
Total by Age	0	0	0	0	0	0	171	214	121	506

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	128,987	114,892	0
Brantley	221,723	221,240	0
Long	88,915	86,107	340
Pierce	330,673	312,914	0
Tattnall	91,460	90,079	1,570
Wayne	770,922	724,862	1,370
Total	1,632,680	1,550,094	3,280

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: Denise Hockensmith, RN

Date: 03/17/2017

Title: Administrator

Comments: