



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2016 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

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.

11-7088

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: 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
Not Applicable	Not for Profit	

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not for Profit	

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.
Waycross	1711 City Blvd Square Ste.B	Waycross	Ware	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	13,992	200
Physical Therapy	11,862	170
Home Health Aide	4,015	85
Occupational Therapy	2,510	170
Medical Social Services	199	200
Speech Pathology	295	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.

204

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).

942

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	5
Black/African American	378
Hispanic/Latino	4
Pacific Islander/Hawaiian	2
White	1,235
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	667
Female	957

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	1,261	28,755	4,621,423	4,161,821
Medicaid	98	1,212	249,997	73,797
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	0	0	0	0
Other Third Party Insurers	187	2,562	576,928	46,984
Self Pay	0	0	0	0
Other Non Government	78	344	18,700	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.

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 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	5,467,048
Medicare Contractual Adjustments	459,602
Medicaid & Peachcare Contractual Adjustments	176,200
Other Contractual Adjustments	149,986
Total Contractual Adjustments	785,788
Bad Debt	379,958
Indigent Care Gross Charges	18,700
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	18,700
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	4,282,602
Adjusted Gross Patient Revenue	4,451,288
Other Revenue	0
Total Net Revenue	4,282,602
Total Expenses	5,250,094
Adjusted Gross Revenue	4,451,288
Total Uncompensated I/C Care	18,700
Percent Uncompensated Indigent/Charity Care	0.42%

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)	1,231
Physicians	461
Other Home Health Agencies	9
All Other Healthcare Providers	207

7. Referral Hospitals

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

Hospital Name	Patients Referred
Candler Hospital - Savannah	13
Clinch Memorial Hospital	7
Coffee Regional Medical Center	70
East Georgia Regional Hospital	2
Emory	4
Jack Hughston Memorial Hospital	1
Jacksonville Rehabilitation Hospital	1
Kindred	1
Landmark	2
Coliseum Medical Center	1
Mayo Hospital -Waycross	77
Mayo Hospital - Jacksonville	21
Memorial Health	37
Memorial Hospital - Jacksonville	5
Neulife Rehab Hospital	1
Optim Medical center - Tattnall	6
Piedmont	1
Rehabilitation Hospital of Savannah	15
Southeast Georgia Health System - Brunswick	536
Southeast georgia Health System - Camden	13
South Georgia Medical Center	1
Specialty Hospital - Jacksonville	6
St. Joseph's Hospital - Savannah	26
St. Vincent's Hospital - Jacksonville	161
Tift Regional Hospital	7
Trinity Hospital	1

UF Health - Jacksonville	30
University Medical Center	1
VAMC - Atlanta	1
VAMC - Dublin	23
VAMC - Gainesville	48
Wayne Memorial Hospital	4
Wellstar Kennestone Hospital	1
Bacon County Hospital	26
Baptist Hospital Downtown - Jacksonville	27
Baptist Hospital Nassau - Jacksonville	2
Brooks Rehabilitation Hospital	52
Total	1,231

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)	12	2	0
Licensed Practical Nurses (LPNs)	0	0	0
Aides/Assistants	3	1	0
Allied Health/Therapists	0	0	20

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	82 Days
Licensed Practical Nurse	N/A
Aide/Assistant	N/A
Allied Health/Therapists	N/A

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	144	55
February	136	37
March	151	50
April	147	60
May	155	42
June	141	39
July	147	51
August	124	44
September	117	43
October	125	44
November	120	50
December	128	40

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
Atkinson	3	19	203	12	1	0	5	11	1	17
Bacon	23	118	2,107	69	3	0	26	53	32	111
Brantley	12	73	1,236	47	6	0	34	32	9	75
Camden	40	297	6,317	169	0	0	92	132	87	311
Charlton	7	49	1,026	27	0	0	16	19	12	47
Clinch	6	18	804	10	0	0	10	6	2	18
Coffee	26	155	2,117	52	4	0	36	35	25	96
Glynn	75	703	13,465	369	12	0	187	304	248	739
Ware	32	192	4,210	105	1	0	53	85	72	210

Total by Age	0	0	0	0	0	0	459	677	488	1,624
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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	57,229	46,596	255
Bacon	373,671	304,244	1,663
Brantley	252,481	205,571	1,124
Camden	1,046,953	852,433	0
Charlton	158,221	128,824	0
Clinch	60,595	49,337	0
Coffee	323,175	263,130	1,438
Glynn	2,487,776	2,025,555	11,073
Ware	706,947	575,598	3,147
Total	5,467,048	4,451,288	18,700

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

Date: 05/23/2017

Title: Administrator

Comments:

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