



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2016 Home Health Survey

Part A : General Information

1. Identification

UID:HHA054

Facility Name: Trinity Home Health

County: Richmond

Street Address: 1501 Anthony 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, 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: 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	01/01/2016

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Community Health Systems	For Profit	01/01/2016

C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Nancy Hurlock	For Profit	01/01/2016

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Community Health Systems	For Profit	01/01/2016

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	01/01/2016

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	01/01/2016

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	12,092	165
Physical Therapy	6,978	195
Home Health Aide	2,276	100
Occupational Therapy	1,980	195
Medical Social Services	99	220
Speech Pathology	625	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, 2016.

24050

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).

13802

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	12
Black/African American	688
Hispanic/Latino	15
Pacific Islander/Hawaiian	0
White	751
Multi-Racial	609

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	848
Female	1,228

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	7,004	7,004	2,501,213	2,083,576
Medicaid	152	152	58,148	48,438
Other Government Payers	224	224	80,257	66,857
Managed Care (HMO/PPO)	1,712	1,712	1,456,299	1,213,135
Other Third Party Insurers	729	729	285,515	237,841
Self Pay	0	0	0	323
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 2016. ☒

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

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 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	4,381,432
Medicare Contractual Adjustments	33,693
Medicaid & Peachcare Contractual Adjustments	47,321
Other Contractual Adjustments	469,329
Total Contractual Adjustments	550,343
Bad Debt	180,919
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	3,650,170
Adjusted Gross Patient Revenue	4,119,499
Other Revenue	0
Total Net Revenue	3,650,170
Total Expenses	0
Adjusted Gross Revenue	4,119,499
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 reported 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)	961
Physicians	360
Other Home Health Agencies	12
All Other Healthcare Providers	303

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	299
Charlie Norwood Medical Center	117
Doctors Hospital	148
Trinity Hospital- University	161
University Hospital	106
University Hospital Mcduffie	19
Optium Medical Center	14
Wills Memorial	2
Optium Medical Center-Jenkins	2
Beaufort Memorial Hospital	1
Burke Medical Center	17
East Georgia Regional Medical Center	10
Fairview Park Hospital	10
Gwinnett Hospital	1
Jefferson Hospital	1
MCCG-Medical Center of Central GA	1
Memorial Health University Med Ctr	4
Norhtside Hospital	1
Optium Medical Center-Tattnall	1
Piedmont Hospital	2
Select Specialty Hospital Augusta	7
Select Specialty Hospital Savannah	1
Candler County Hospital	6
Total	931

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)	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	85	42
February	91	31
March	80	36
April	102	22
May	78	25
June	83	36
July	64	31
August	70	40
September	77	25
October	73	29
November	74	33
December	83	23

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
Columbia	9	79	1,832	7	0	1	128	1	1	131
Emanuel	38	244	4,295	47	0	0	338	21	3	362
Burke	1	11	246	1	0	0	15	0	0	15
Glascock	1	17	234	1	0	0	25	1	0	26
Hancock	2	4	87	0	0	0	6	0	0	6
Jefferson	4	47	764	11	0	0	43	3	1	47
Jenkins	3	19	415	5	0	0	46	3	1	50
Johnson	1	14	221	0	0	0	5	0	0	5
Lincoln	4	18	307	3	0	0	28	1	0	29

McDuffie	14	83	1,479	20	0	0	111	14	1	126
Screven	135	698	11,658	114	0	8	992	58	9	1,067
Warren	5	42	992	12	0	0	57	10	3	70
Washington	0	0	0	0	0	0	0	0	0	0
Wilkes	7	22	458	14	0	0	18	12	0	30
Richmond	4	24	510	7	0	0	35	3	0	38
Total by Age	0	0	0	0	0	9	1,847	127	19	2,002

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	785,214	686,554	0
Emanuel	35,378	30,933	0
Burke	317,010	277,179	0
Glascok	52,197	45,639	0
Hancock	17,361	15,180	0
Jefferson	145,991	127,647	0
Jenkins	72,353	63,262	0
Johnson	38,598	33,748	0
Lincoln	58,893	51,493	0
McDuffie	281,779	246,374	0
Screven	174,304	152,403	0
Warren	27,806	24,313	0
Washington	82,872	72,458	0
Wilkes	82,093	71,779	0
Richmond	2,209,583	1,931,955	0
Total	4,381,432	3,830,917	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 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: Nancy Hurlock, RN

Date: 01/25/2018

Title: Administrator

Comments: