GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2016 Home Health Survey

Part A : General Information

1. Identification

UID:HHA055

Facility Name: Saint Mary's Home Health Services

County: Oconee

Street Address: 1021 Colony Square Suite 213

City: Watkinsville

Zip: 30677

Mailing Address: PO Box 6588

Mailing City: Athens

Mailing Zip: 30604

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.
000041357A

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.
117019

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: Martin Hutson

Contact Title: Vice President and CFO

Phone: 706-389-3938

Fax: 706-389-2299

E-mail: mhutson@stmarysathens.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
St. Marys Health System	Not for Profit	01/01/1970

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Trinity Health System	Not for Profit	07/01/2014

C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
not applicable		

D. Operator's Parent Organization

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

E. Management Contractor

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

F. Management's Parent Organization

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

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	11,219	141
Physical Therapy	12,598	170
Home Health Aide	1,500	135
Occupational Therapy	1,421	170
Medical Social Services	353	199
Speech Pathology	1,104	170
Telehealth	44	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.

188

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).

1534

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	4
Black/African American	361
Hispanic/Latino	26
Pacific Islander/Hawaiian	3
White	1,239
Multi-Racial	145

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	727
Female	1,052

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	720	12,451	2,233,366	2,185,224
Medicaid	119	2,135	286,825	125,906
Other Government Payers	528	8,292	1,485,708	1,325,840
Managed Care (HMO/PPO)	335	3,967	656,654	337,787
Other Third Party Insurers	21	166	26,218	10,823
Self Pay	53	1,200	187,571	91,801
Other Non Government	3	28	4,702	4,702

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.

12/01/2009

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.

Martin Hutson, VP and CFO

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	4,881,044
Medicare Contractual Adjustments	48,142
Medicaid & Peachcare Contractual Adjustments	160,919
Other Contractual Adjustments	580,453
Total Contractual Adjustments	**789,514**
Bad Debt	3,191
Indigent Care Gross Charges	1,726
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**1,726**
Charity Care Gross Charges	4,530
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**4,530**
Other Free Care	0
Total Net Patient Revenue	**4,082,083**
Adjusted Gross Patient Revenue	**4,668,792**
Other Revenue	0
Total Net Revenue	**4,082,083**
Total Expenses	3,265,769
Adjusted Gross Revenue	**4,668,792**
Total Uncompensated I/C Care	**6,256**
Percent Uncompensated Indigent/Charity Care	**0.13%**

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.

9

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)	1,202
Physicians	424
Other Home Health Agencies	21
All Other Healthcare Providers	194

7. Referral Hospitals

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

Hospital Name	Patients Referred
Eastside Medical Center	1
Emory	15
Grady Memorial	1
Gwinnett Medical Center	14
Jack Hughston Memorial Hospital	1
John Hopkins	1
Landmark Hospital	3
Morgan Memorial Hospital	12
Northeast Georgia Medical Center	47
Northridge medical center	11
Piedmont Athens Regional	181
Piedmont Hospital	3
Piedmont Newton Hospital	4
Clearview Regional Medical Center	6
Rockdale medical Center	2
Select Specialty Hospital	1
Shepard Spinal center	4
St Joseph's Hospital	8
St. Marys Hospital	789
Navicent Hospital	1
Kindred Hospital/Atlanta	1
Stephens County Hospital	1
Northside Hospital	2
St Marys Sacred Heart	5
Barrow Regional Medical Center	29
Georgia Regents University Health System	5

Good Samaritan	54
Total	**1,202**

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)	10	0	0
Licensed Practical Nurses (LPNs)	3	0	0
Aides/Assistants	2	0	0
Allied Health/Therapists	10	2	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	1-2 months
Licensed Practical Nurse	1-2 months
Aide/Assistant	1-2 months
Allied Health/Therapists	6-12 months

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	147	6
February	124	1
March	133	3
April	149	1
May	157	7
June	163	9
July	152	3
August	144	2
September	148	5
October	172	3
November	147	7
December	205	3

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
Banks	0	1	7	0	0	0	0	0	1	1
Barrow	23	239	3,691	132	0	1	97	98	48	244
Clarke	36	508	7,784	191	3	1	179	191	126	497
Franklin	0	57	239	9	0	0	9	7	3	19
Greene	13	167	2,188	69	0	0	43	51	33	127
Jackson	8	217	2,407	79	0	1	51	66	27	145
Madison	9	182	2,272	75	0	0	62	55	28	145
Morgan	12	90	1,707	55	0	1	38	43	19	101
Oconee	16	174	2,521	63	2	0	51	50	65	166

Oglethorpe	7	155	1,304	43	0	0	28	36	20	84
Walton	16	256	4,119	146	4	0	91	120	39	250
Total by Age	**0**	**0**	**0**	**0**	**0**	**4**	**649**	**717**	**409**	**1,779**

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
Banks	1,303	1,276	0
Barrow	646,734	601,507	0
Clarke	1,340,691	1,277,989	2,276
Franklin	40,953	40,772	0
Greene	373,866	359,077	0
Jackson	413,923	395,029	0
Madison	391,311	373,602	0
Morgan	289,197	280,752	0
Oconee	438,503	432,038	754
Oglethorpe	223,721	217,716	0
Walton	720,842	689,034	3,226
Total	**4,881,044**	**4,668,792**	**6,256**

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: Martin Hutson

Date: 03/02/2017

Title: Vice President and CFO

Comments: