



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2016 Home Health Survey

Part A : General Information

1. Identification

UID:HHA060

Facility Name: SJC Home Health Services, Inc. - Hinesville

County: Liberty

Street Address: 401 N. Main Street

City: Hinesville

Zip: 31313

Mailing Address: 401 N. Main Street

Mailing City: Hinesville

Mailing Zip: 31313

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.

00696418A

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.

11-7082

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 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.
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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	14,854	200
Physical Therapy	12,423	170
Home Health Aide	5,339	85
Occupational Therapy	3,204	170
Medical Social Services	599	200
Speech Pathology	398	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.

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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).

1152

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	3
Asian	9
Black/African American	486
Hispanic/Latino	4
Pacific Islander/Hawaiian	2
White	1,072
Multi-Racial	147

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	707
Female	1,016

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	1,360	31,460	4,938,044	4,341,352
Medicaid	91	1,441	293,932	91,088
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	0	0	0	0
Other Third Party Insurers	199	3,437	714,488	358,332
Self Pay	0	0	0	0
Other Non Government	73	479	92,615	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.

Patricia Newberry, RN 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	6,039,079
Medicare Contractual Adjustments	596,692
Medicaid & Peachcare Contractual Adjustments	202,844
Other Contractual Adjustments	204,170
Total Contractual Adjustments	1,003,706
Bad Debt	151,986
Indigent Care Gross Charges	92,615
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	92,615
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	4,790,772
Adjusted Gross Patient Revenue	5,087,557
Other Revenue	0
Total Net Revenue	4,790,772
Total Expenses	5,193,421
Adjusted Gross Revenue	5,087,557
Total Uncompensated I/C Care	92,615
Percent Uncompensated Indigent/Charity Care	1.82%

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)	1,558
Physicians	373
Other Home Health Agencies	10
All Other Healthcare Providers	485

7. Referral Hospitals

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

Hospital Name	Patients Referred
Candler County Hospital	6
Jack Hughston Memorial Hospital	1
Landmark Hospital	9
Liberty Regional	28
Mayo - Waycross	4
Mayo - Jacksonville	12
Meadows Regional	1
Memorial Health	121
Memorial Hospital - Jacksonville	43
Medical College of Georgia	2
Appling County Hospital	1
John Archbold Memorial Hospital	1
Baptist Hospital Downtown - Jacksonville	1
Brooks Rehabilitation Hospital	2
Candler Hospital	377
Coffee Regional Medical Center	1
Doctors Hospital	2
East Georgia Regional Hospital	59
Effingham Hospital	7
Emory	8
Fairview Park Hospital	1
Georgia Regents Medical Center	1
Huntsville Hospital	1
Optim Medical Tattnall	12
Piedmont	1
Rehabilitation Hospital of Savannah	35

Southeast Georgia Health System - Brunswick	86
St. Joseph's Hospital - Savannah	649
St. Simon's by the Sea	1
St. Vincent's Hospital - Jacksonville	20
UF Health Jacksonville	2
University Hospital	1
VAMC - Augusta	9
VAMC - Charleston	20
VAMC- Dublin	9
VAMC - Gainesville	4
Wayne Memorial Hospital	19
Winn Army Hospital	1
Total	1,558

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)	8	1	0
Licensed Practical Nurses (LPNs)	1	0	0
Aides/Assistants	3	0	0
Allied Health/Therapists	0	0	5

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	80 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	174	51
February	175	51
March	178	57
April	185	49
May	155	50
June	153	49
July	145	55
August	156	51
September	108	60
October	99	55
November	89	50
December	104	31

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
Bryan	20	195	4,565	0	20	0	57	64	51	172
Bulloch	11	112	2,193	57	14	0	43	40	28	111
Candler	4	36	411	15	1	0	11	11	3	25
Chatham	52	517	9,065	247	46	0	136	203	144	483
Effingham	22	222	5,031	127	18	0	61	104	43	208
Evans	5	51	621	24	1	0	12	19	9	40
Jeff Davis	2	20	247	4	3	0	9	3	5	17
Liberty	46	457	5,650	163	18	0	143	112	128	383
McIntosh	23	225	4,588	100	12	0	46	79	38	163

Toombs	3	33	651	13	2	0	9	8	4	21
Wayne	14	142	2,768	58	8	0	46	44	10	100
Total by Age	0	0	0	0	0	0	573	687	463	1,723

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
Bryan	601,809	506,987	9,229
Bulloch	388,376	327,184	5,956
Candler	87,472	73,690	1,341
Chatham	1,689,962	1,423,691	25,917
Effingham	727,769	613,101	11,161
Evans	139,955	117,904	912
Jeff Davis	59,481	50,109	2,146
Liberty	1,340,074	1,128,931	20,551
McIntosh	570,319	480,459	8,746
Toombs	73,477	61,900	1,127
Wayne	360,385	303,601	5,529
Total	6,039,079	5,087,557	92,615

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: Patricia Newberry, RN

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.