



Competitive Comments
Submitted by NHRMC Home Care (O-10117-13)
May 30, 2013

O-10118-13
Advanced Home Care

O-10120-13
Maxim Healthcare Services

O-10122-13
Continuum Home Care of Brunswick County

O-10113-13
UniHealth Home Health

O-10121-13
Gentiva Health Services

O-10119-13
HealthKeepers of Brunswick

Pursuant to NCGS § 131E-185, NHRMC Home Care submits these comments in opposition to the previous CON applications for a Medicare-certified home health agency in Brunswick County.

Overview

The *2013 State Medical Facilities Plan* identifies a need for one (1) Medicare-certified home health agency in Brunswick County. The term "Medicare-certified" is important because the need determination is for a "Medicare-certified" home health agency, not just a "North Carolina licensed" home health agency; as such, the Agency must take into consideration the issues regarding the process to become "Medicare-certified." NHRMC Home Care's projections, staffing, and revenues are based on the "reality" of developing a Medicare-certified home health agency. It would continue to appear that the Agency is unfamiliar with the actual requirements and/or the actual process and time requirements to become a Medicare-certified home health agency.

The following comments are pertinent to the identified Medicare-certified home health agency CON applications included in the CON review batch with NHRMC Home Care. The errors each of the competing Medicare-certified home health agency CON applicants made in these areas makes each of the CON applications UNAPPROVABLE and the associated pro forma statements unfeasible. The errors made by the competing CON applicants in each of these areas indicates that the applicants are not familiar with the requirements of becoming a Medicare-certified home health agency and/or the applicants felt that no applicant would make "real/actual" assumptions in the development and operation of a Medicare-certified home health agency in this review and/or the applicants believe that the Agency will continue to overlook the actual requirements to become a Medicare-certified home health agency in North Carolina.

1. The North Carolina licensure process for a home health agency is between six (6) to twelve (12) months. Two of the six competing Medicare-certified home health agency CON applications propose to receive initial North Carolina "licensure" as a home health agency in less than six (6) months and one of the competing Medicare-certified home health agency CON applications does not even propose to receive North Carolina "licensure". These are unreasonable assumptions.
2. A North Carolina-licensed home health agency must receive accreditation through one of several accreditation agencies, including:
 - i. JCAHO (Joint Commission)
 - ii. The Community Health Accreditation Program (CHAP)
 - iii. Accreditation Commission for Health Care, Inc. (ACHC)

Three of the six competing Medicare-certified home health agency CON applications propose to receive accreditation through an approved Medicare accreditation agency. This is a reasonable assumption. However, three of the competing Medicare-certified home health agency CON applications do NOT propose to receive accreditation through an approved Medicare accreditation agency. This is an unreasonable assumption.

3. The on-site survey, which is a single part of the accreditation process, is scheduled from six (6) to nine (9) months after a licensed home health agency has initiated services and contracted with one of the accreditation agencies. The remaining activities of the accreditation agency, as well as clearance through the CMS Regional office in Atlanta and the intermediary, takes six (6) to nine (9) months to complete before the home health agency can become Medicare-certified, and begin receiving Medicare and Medicaid reimbursements. Three of six competing Medicare-certified home health agency CON applications propose to receive Medicare-certification within six (6) months of initiation of services. This is an unreasonable assumption.
4. A Medicaid patient cannot receive home health services from a non-Medicare-certified home health agency. All six competing Medicare-certified home health agency CON applications propose to begin serving Medicaid patients from the initial "licensure" of the home health agency. This is an unreasonable assumption.
5. The need determination in the *2013 State Medical Facilities Plan* is for a Medicare-certified home health agency, not merely a North Carolina-licensed home health agency; as such, neither Medicare nor Medicaid will make any financial payments to a home health agency until it becomes a "Medicare-certified" home health agency. Each of the six competing Medicare-certified home health agency CON

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applications proposes to receive reimbursements from the initial "licensure" of the home health agency from both Medicare and Medicaid. This is an unreasonable assumption.

6. Combining all five of the previous comments, it is unreasonable for any CON applicant to assume that it will obtain Medicare-certification within twelve (12) months of operation; as such, no revenue can be projected for any Medicare or Medicaid patients projected in the first year of operation unless, like NHRMC Home Care, services can be performed and billed through an existing Medicare-certified home health agency within the service area.

Each of these general comments is detailed in the following points:

1. The North Carolina licensure process for a home health agency is between six (6) to twelve (12) months. The licensure process requires the meeting between the Licensure Section and the staff of the proposed licensed home health agency; as such, the proposed licensed home health agency must have staff to meet with the Licensure Section.
 - Four of the six competing Medicare-certified home health agency CON applicants (Continuum Health Care, Gentiva Health Services, HealthKeeperz, and Maxim Healthcare Services) propose to receive North Carolina “licensure” as a home health agency within three months after recruiting their core staff. This is an unreasonable assumption.
 - Two of the six competing Medicare-certified home health agency CON applicants (Gentiva Health Services and Maxim Healthcare) propose to receive North Carolina “licensure” as a home health agency within or less than three months after receiving the Certificate of Need. This is an unreasonable assumption.
 - Advanced Home Care proposes to become a Medicare-certified home health agency (02/05/2014) prior to becoming a North Carolina licensed home health agency (unknown). This is impossible and is an unreasonable assumption. However, if Advanced Home Care actually expected to become a North Carolina licensed home health agency prior to 02/05/2014, an assumption that the Agency CANNOT make in its review of the CON application, Advanced Home Care would still project to become licensed just two or three months after receiving the Certificate of Need. This would be an unreasonable assumption.

	Issuance of Certificate of Need	Recruitment of Core Staff	Licensure Date	Months from Issuance of Certificate of Need to Licensure Date	Months from Recruitment of Core Staff to Licensure Date
NHRMC Home Care	10/29/2013	NA	10/01/2014	12	NA
Advanced Home Care	11/01/2013	NA	NA	0	NA
Continuum Home Care	10/29/2013	01/01/2014	04/01/2014	5	3
Gentiva Health Services	10/01/2013	11/01/2013	01/01/2014	3	2
HealthKeeperz	10/30/2013	04/01/2014	07/01/2013	8	3
Maxim Healthcare	10/28/2013	11/15/2013	01/01/2014	2	1.5
UniHealth Home Health	10/29/2013	03/01/2014	07/01/2014	8	4

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- 2. A North Carolina-licensed home health agency must receive accreditation through one of several accreditation agencies, including:
 - i. JCAHO (Joint Commission)
 - ii. The Community Health Accreditation Program (CHAP)
 - iii. Accreditation Commission for Health Care, Inc. (ACHC)

Three of the six competing Medicare-certified home health agency CON applications propose to receive accreditation through an approved Medicare accreditation agency. This is a reasonable assumption. However, the remaining three competing Medicare-certified home health agency CON applications (Continuum Home Care, Gentiva Health Services, and HealthKeeperz) do NOT propose to receive accreditation through an approved Medicare accreditation agency. This is an impossible and unreasonable assumption if either “agency” proposes to serve Medicare and Medicaid patients and receive reimbursement for their services.

	Accreditation Agency
NHRMC Home Care	Joint Commission
Advanced Home Care	ACHC
Continuum Home Care	No Accreditation
Gentiva Health Services	No Accreditation
HealthKeeperz	No Accreditation
Maxim Healthcare	ACHC
UniHealth Home Health	Joint Commission

3. The on-site survey, which is a single part of the accreditation process, is scheduled from six (6) to nine (9) months after a licensed home health agency has initiated services and contracted with one of the accreditation agencies. The remaining activities of the accreditation agency, as well as clearance through the CMS Regional office in Atlanta and the intermediary takes six (6) to nine (9) months to complete before the home health agency can become Medicare-certified and begin receiving Medicare and Medicaid reimbursements. Five of the six competing Medicare-certified home health agency CON applications propose to receive Medicare-certification within twelve (12) months of issuance of the Certificate of Need. The initial operating period before the scheduled on-site survey and the additional activities required of the accreditation agency and the CMS Regional office in Atlanta and the intermediary results in a certification process of between twelve (12) months and eighteen (18) months.
- Two of the competing Medicare-certified home health agency CON applicants (Advanced Home Care and Gentiva Health Services,) propose to receive "Medicare-certification" in less time than it is currently taking to just schedule an on-site survey with an accreditation agency. This is an unreasonable assumption.
 - Further, two of the competing Medicare-certified home health agency CON applicants (Continuum Home Care and HealthKeeperz) propose to receive "Medicare-certification" in less than twelve (12) months. This is an unreasonable assumption.
 - Advanced Home Care proposes to become a Medicare-certified home health agency (02/02/2014) prior to becoming a North Carolina licensed home health agency (unknown). This is impossible and is an unreasonable assumption.

	Issuance of Certificate of Need	Medicare Certification Date	Months from Issuance of Certificate of Need to Licensure Date
NHRMC Home Care	10/29/2013	04/01/2015	17
Advanced Home Care	11/01/2013	02/05/2014	4
Continuum Home Care	10/29/2013	10/01/2014	11
Gentiva Health Services	10/01/2013	04/01/2014	6
HealthKeeperz	10/30/2013	10/01/2014	11
Maxim Healthcare	10/28/2013	07/01/2014	8
UniHealth Home Health	10/29/2013	04/01/2015	17

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4. A Medicaid patient cannot receive home health services from a non-Medicare-certified home health agency. Each of the competing Medicare-certified home health agency CON applications proposes to begin serving Medicaid patients prior to becoming a Medicare-certified home health agency. This is an unreasonable assumption.

A North Carolina requirement for the delivery of home health services (not to be mistaken for home care services) to a Medicaid patient is that the service must be provided by a Medicare-certified home health agency; as such, no Medicaid patients can be included in any volume projections until the home health agency has become "Medicare-certified". Even if a Medicaid patient is projected prior to "Medicare-certification," the home health agency WILL NOT be reimbursed by Medicaid for the services provided.

At a minimum, none of the competing Medicare-certified home health agency CON applications can include reimbursement from Medicaid prior to the home health agency becoming "Medicare-certified." As previously discussed all six (6) competing Medicare-certified home health agency CON applications propose to receive Medicare-certification before it is reasonably possible for them to complete any accreditation process with any accreditation agency. It should be noted that no reimbursement can be received by the proposed Medicare-certified home health agencies for Medicaid patients receiving care prior to the home health agency becoming "Medicare-certified." Medicare-certification and thus reimbursement is NOT always retroactive.

- Advanced Home Care proposes to become a Medicare-certified home health agency (02/05/2014) prior to becoming a North Carolina licensed home health agency (unknown); as such, the pro forma financial statements provided are completely in error and unreliable.

5. The need determination in the *2013 State Medical Facilities Plan* is for a Medicare-certified home health agency, not merely a North Carolina-licensed home health agency; as such, neither Medicare nor Medicaid will make any financial payments to a home health agency until it becomes a "Medicare-certified" home health agency. Each of the competing Medicare-certified home health agency CON applications propose to receive reimbursements from the initial "licensure" of the home health agency from both Medicare and Medicaid. This is an unreasonable assumption.

A requirement for the delivery of home health services (not to be mistaken for home care services) to a Medicare patient is that the service must be provided by a Medicare-certified home health agency to be reimbursed; as such, Medicare patients can be included in volume projections until the home health agency has become "Medicare-certified" but with the understanding that NO reimbursement will be received from Medicare. In fact, it is an accreditation requirement that some care be delivered to Medicare patients in order for the accreditation agency to survey the quality of services provided to the Medicare patients.

At a minimum, none of the competing Medicare-certified home health agency CON applications can include reimbursement from Medicare prior to the home health agency becoming "Medicare-certified." It should be noted that no reimbursement will be received by the proposed Medicare-certified home health agencies for Medicare patients receiving care prior to the home health agency becoming "Medicare-certified." Medicare-certification and thus reimbursement is NOT always retroactive.

- Advanced Home Care proposes to become a Medicare-certified home health agency (02/05/2014) prior to becoming a North Carolina licensed home health agency (unknown); as such, the pro forma financial statements provided are completely in error and unreliable.

6. Combining all five of the previous comments, it is unreasonable for any applicant to assume that it will obtain Medicare-certification within twelve (12) months of operation; as such, no revenue can be projected for any Medicare or Medicaid patients projected in the first year of operation.

A requirement for the delivery of home health services (not to be mistaken for home care services) to a Medicare or Medicaid patient is that the service must be provided by a Medicare-certified home health agency to be reimbursed; as such, Medicare and Medicaid patients can be included in volume projections until the home health agency has become "Medicare-certified" but with the understanding that NO reimbursement will be received from Medicare.

As previously discussed all competing Medicare-certified home health agency CON applications propose to receive Medicare-certification before it is reasonably possible for them to complete any accreditation process with any accreditation agency. It should be noted that no reimbursement will be received by the proposed Medicare-certified home health agencies for Medicare or Medicaid patients receiving care prior to the home health agency becoming "Medicare-certified." Medicare-certification and thus reimbursement is NOT always retroactive.

- Advanced Home Care proposes to become a Medicare-certified home health agency (02/05/2014) prior to becoming a North Carolina licensed home health agency (unknown); as such, the pro forma financial statements provided are completely in error and unreliable.

None of the competing Medicare-certified home health agency CON applications provides a letter for the revenue shortfall that would occur when Medicare and Medicaid revenues are eliminated from the pro forma statements due to the unreasonable assumptions that the applicants used in projecting when they would become Medicare-certified home health agencies.

Additional CON Application Comments:

O-10118-13 Advanced Home Care

- Criterion 3

Advanced Home Care relies on 43.3 percent or 231 unduplicated patients to originate from outside of Brunswick County in order to reach the minimum required unduplicated patient performance standard of 325 unduplicated patients. As a result, Advanced Home Care is not meeting the need identified in the State Medical Facilities Plan to serve 325 patients from Brunswick County.

O-10120-13 Maxim Healthcare Services

- Criterion 3

In response to Section I.5.(b), Maxim states that "(Maxim) does not currently operate a Medicare-certified home health agency in North Carolina." As such, all though Maxim identifies its service area as Brunswick County and projects 387 non-duplicated admissions, it fails to identify a network of providers who are willing to refer patients to Maxim.

In response to Section VI.8.(b), Maxim identifies 20 possible referral sources and refers the Agency to Exhibit 19 for letters of support from some of the referral sources. Exhibit 19 contains five (5) letters of support from two physicians, two social workers, and two other healthcare providers. None of the letters contain estimates of historical or projected referrals that the writers are willing to refer to Maxim.

O-10122-13 Continuum Home Care of Brunswick County

- Criterion 5

Section I.1 requires the applicant to be identified and Section I.1 states, "The applicants are the legal entities (i.e., persons or organizations) that will own the facility and any other persons who will offer, develop or **incur an obligation for a capital expenditure for the proposed new institutional health service.**" In response to Section I.1, the applicant is identified as Continuum II Home Care and Hospice, Inc.

However, in response to Sections VIII.2 and IX.3, Principle Long Term care, Inc. is identified as the source of funds. Furthermore, in Appendix L, page 598, the funding letter clearly states that "This is to certify that **Principle Long Term care, Inc. will fund** from current assets, \$102,200.32 for equity contribution and \$295,567.88 for initial operating losses and start-up costs for a total of \$397,768.20 for the proposed development and implementation of a new certified home health agency in Brunswick County..." As such, the identified applicant, Continuum II Home Care and Hospice, Inc. will not "**incur an obligation for a capital expenditure for the proposed new institutional health service.**"

O-10113-13 UniHealth Home Health

- Criterion 3
- Criterion 5

In Step 5 of its need methodology, UniHealth identifies a Medicare episode rate of 1.35 episodes per Medicare admission; it is this rate that is multiplied by 386 Medicare admissions to generate 520 Medicare episodes. UniHealth identifies the 2012 Brunswick County Medicare episode rate as 1.22 episodes, a decrease from the 2011 rate of 1.27 episodes, yet states that 1.35 episodes is reasonable because the North Carolina Medicare episode rate is 1.59 episodes.

1.35 episodes per Medicare admission is not reasonable when compared to the actual Brunswick County Medicare episode rate of 1.22 episodes. Since UniHealth does not have experience operating in Brunswick County, as NHRMC Home Care does, using the actual Brunswick County episode rate of 1.22 was the only reasonable rate to use. This rate results in 49 fewer Medicare episodes [1.22 episodes per admission x 386 admissions = 471 episodes; 520 episodes – 471 episodes = 49 episodes] or 9.4 percent fewer Medicare episodes, which should result in a similar decrease in net Medicare revenues of 9.4 percent or \$109,709. A decrease of \$109,709 would result in a negative net income in Year 2.

Even if UniHealth would have used NHRMC Home Care's Medicare episode rate of 1.30 episodes. This rate results in 18 fewer Medicare episodes [1.30 episodes per admission x 386 admissions = 502 episodes; 520 episodes – 502 episodes = 18 episodes] or 3.5 percent fewer Medicare episodes, which should result in a similar decrease in net Medicare revenues of 3.5 percent or \$40,382. A decrease of \$40,382 would result in a negative net income in Year 2.

O-10121-13 Gentiva Health Services

- Criterion 3
- Criterion 5

Per page 67 of the application, it is unusual for an unduplicated patient to be admitted to speech therapy, occupational therapy, medical social worker services, and home health aide services at 29.0 percent of unduplicated patient admissions $[(9 + 145 + 41 + 41) / 813 = 29.0 \text{ percent}]$.

In response to 10A NCAC 14C .2002(a)(10), Gentiva states that "all assumptions, including the specific methodology by which patient utilization are projected are stated in response to Section IV.3 of the application. In response to Section IV.3, page 66 of the application, Gentiva states that "Gentiva then used the projected duplicated patients across disciplines and spread them out by discipline. The projected patients and visits are based on the experience of its existing licensed home health agencies in eastern North Carolina, as well as a review of the utilization of the Medicare-certified home health agencies serving Brunswick County in 2012." Gentiva may believe that this discussion qualifies as a "specific methodology by which patient utilization are projected"; however, the Agency cannot, with any data provided in either the application or an Exhibit, duplicate the results identified in Tables IV.1 or IV.2. No data is provided to show how visits are generated by admissions.

Gentiva relies on 20.2 percent or 79 unduplicated patients to originate from outside of Brunswick County in order to reach the minimum required unduplicated patient performance standard of 325 unduplicated patients.

Comparative Analysis

Projected Access by Medicare Recipients

Agency	Project Year 2		
	Unduplicated Patients	Unduplicated Medicare Patients	% of Unduplicated Medicare Patients
NHRMC Home Care	1,328	1,113	83.8%
Advanced Home Care	533	394	73.9%
Maxim Healthcare	503	358	71.2%
Continuum Home Care	474	336	70.9%
UniHealth Home Health	508	358	70.5%
Gentiva Health Services	391	269	68.8%
HealthKeepers	582	398	68.4%

NHRMC Home Care is the most effective alternative with the highest Medicare percentage.

Projected Access by Medicaid Recipients

Agency	Project Year 2		
	Unduplicated Patients	Unduplicated Medicaid Patients	% of Unduplicated Medicaid Patients
Gentiva Health Services	391	100	25.6%
UniHealth Home Health	508	112	22.0%
Continuum Home Care	474	86	18.1%
HealthKeepers	582	104	17.9%
Maxim Healthcare	503	87	17.3%
Advanced Home Care	533	83	15.6%
NHRMC Home Care	1,328	200	15.1%

Although NHRMC Home Care has the lowest Medicaid percentage, its Medicaid percentage is based on historical utilization from the service area and still serves twice as many Medicaid patients as every other applicant.

Projected Access by Medicare and Medicaid Recipients

Agency	Project Year 2		
	Unduplicated Patients	Unduplicated Medicare and Medicaid Patients	% of Unduplicated Medicare and Medicaid Patients
NHRMC Home Care	1,328	1,313	98.9%
Gentiva Health Services	391	369	94.4%
UniHealth Home Health	508	470	92.5%
Advanced Home Care	533	477	89.5%
Continuum Home Care	474	422	89.0%
Maxim Healthcare	503	445	88.5%
HealthKeepers	582	502	86.3%

NHRMC Home Care is the most effective alternative when Medicare and Medicaid unduplicated patients are combined.

Average Number of Visits per Unduplicated Patient

Agency	Project Year 2		
	Unduplicated Patients	# of Visits	Average # of Visits per Patient
Continuum Home Care	474	11,162	23.5
UniHealth Home Health	508	11,576	22.8
Advanced Home Care	533	11,123	20.9
Gentiva Health Services	391	7,706	19.7
HealthKeepers	582	10,935	18.8
Maxim Healthcare	503	9,405	18.7
NHRMC Home Care	1,328	23,022	17.3

NHRMC Home Care has the lowest average number of visits per unduplicated patient, which is in line with presumably any home health agency of seeking to accomplish its patient treatment goals in the least number of visits.

Average Net Patient Revenue per Visit

Agency	Project Year 2		
	# of Visits	Net Patient Revenue	Average Net Patient Revenue per Visits
UniHealth Home Health	11,576	\$1,430,501	\$123.57
Advanced Home Care	11,123	\$1,541,982	\$138.63
Gentiva Health Services	7,706	\$1,099,399	\$142.67
HealthKeepers	10,935	\$1,595,709	\$145.93
Continuum Home Care	11,162	\$1,636,041	\$146.57
NHRMC Home Care	23,022	\$3,564,820	\$154.84
Maxim Healthcare	9,405	\$1,518,518	\$161.46

Although NHRMC Home Care has the second highest average net patient revenue per visits, its reimbursements are based on historical reimbursements from the service area.

Average Net Revenue per Unduplicated Patient

Agency	Project Year 2		
	Unduplicated Patients	Net Patient Revenue	Average Net Revenue per Unduplicated Patient
NHRMC Home Care	1,328	\$3,564,820	\$2,684.35
HealthKeepers	582	\$1,595,709	\$2,741.77
Gentiva Health Services	391	\$1,099,399	\$2,811.76
UniHealth Home Health	508	\$1,430,501	\$2,815.95
Advanced Home Care	533	\$1,541,982	\$2,893.02
Maxim Healthcare	503	\$1,518,518	\$3,018.92
Continuum Home Care	474	\$1,636,041	\$3,451.56

NHRMC Home Care is the most effective alternative with the lowest average net revenue per unduplicated patient.

Average Total Operating Cost per Visit

Agency	Project Year 2		
	# of Visits	Total Operating Cost	Average Total Operating Cost per Visit
NHRMC Home Care	23,022	\$2,041,650	\$88.68
Advanced Home Care	11,123	\$1,306,201	\$117.43
UniHealth Home Health	11,576	\$1,410,200	\$121.82
Continuum Home Care	11,162	\$1,455,998	\$130.44
HealthKeepers	10,935	\$1,445,606	\$132.20
Gentiva Health Services	7,706	\$1,056,821	\$137.14
Maxim Healthcare	9,405	\$1,305,747	\$138.84

NHRMC Home Care is the most effective alternative with the lowest average total operating cost per visit.

Average Direct Care Operating Cost per Visit

Agency	Project Year 2		
	# of Visits	Total Direct Care Cost	Average Direct Care Cost per Visit
NHRMC Home Care	23,022	\$1,473,222	\$63.99
Gentiva Health Services	7,706	\$594,516	\$77.15
Advanced Home Care	11,123	\$883,641	\$79.44
Maxim Healthcare	9,405	\$811,259	\$86.26
UniHealth Home Health	11,576	\$1,015,571	\$87.73
HealthKeepers	10,935	\$975,508	\$89.21
Continuum Home Care	11,162	\$1,095,989	\$98.19

NHRMC Home Care is the most effective alternative with the lowest average direct care cost per visit.

Average Administrative Operating Cost per Visit

Agency	Project Year 2		
	# of Visits	Administrative Cost	Average Administrative Cost per Visit
NHRMC Home Care	23,022	\$568,428	\$24.69
Continuum Home Care	11,162	\$360,009	\$32.25
UniHealth Home Health	11,576	\$394,629	\$34.09
Advanced Home Care	11,123	\$422,560	\$37.99
HealthKeepers	10,935	\$470,098	\$42.99
Maxim Healthcare	9,405	\$494,488	\$52.58
Gentiva Health Services	7,706	\$462,305	\$59.99

NHRMC Home Care is the most effective alternative with the lowest average administrative cost per visit.

Ratio of Average Net Revenue per Visit to Average Total Operating Cost per Visit

Agency	Project Year 2		
	Average Net Revenue per Visit	Average Total Operating Cost per Visit	Ratio
UniHealth Home Health	\$123.57	\$121.82	1.01
Gentiva Health Services	\$142.67	\$137.14	1.04
HealthKeepers	\$145.93	\$132.20	1.10
Continuum Home Care	\$146.57	\$130.44	1.12
Maxim Healthcare	\$161.46	\$138.84	1.16
Advanced Home Care	\$138.63	\$117.43	1.18
NHRMC Home Care	\$154.84	\$88.68	1.75

Although NHRMC Home Care has the highest ratio, the ratio is calculated using reimbursements and operating costs that are based on historical reimbursements and operating costs.

Average Direct Care Operating Cost per Visit as a Percentage of Average Total Operating Cost per Visit

Agency	Project Year 2		
	Average Total Operating Cost per Visit	Average Direct Care Operating Cost per Visit	Percentage
Continuum Home Care	\$130.44	\$98.19	75.3%
NHRMC Home Care	\$88.68	\$63.99	72.2%
UniHealth Home Health	\$121.82	\$87.73	72.0%
Advanced Home Care	\$117.43	\$79.44	67.6%
HealthKeepers	\$132.20	\$89.21	67.5%
Maxim Healthcare	\$138.84	\$86.26	62.1%
Gentiva Health Services	\$137.14	\$77.15	56.3%

NHRMC Home Care is the second most effective alternative with the second lowest average direct care operating cost per visit as a percentage of average total operating costs per visit.

Year 2 Salaries

Agency	Registered Nurse
UniHealth Home Health	\$76,500
NHRMC Home Care	\$73,329
HealthKeepers	\$70,627
Maxim Healthcare	\$69,215
Advanced Home Care	\$67,600
Continuum Home Care	\$67,172
Gentiva Health Services	\$47,736

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HealthKeepers	\$48,269
NHRMC Home Care	\$47,386
Advanced Home Care	\$46,800
UniHealth Home Health	\$46,155
Continuum Home Care	\$43,497
Maxim Healthcare	NA
Gentiva Health Services	NA

Agency	Home Health Aide
UniHealth Home Health	\$35,037
Continuum Home Care	\$31,552
HealthKeepers	\$30,810
Maxim Healthcare	\$30,320
Advanced Home Care	\$30,160
NHRMC Home Care	\$26,237
Gentiva Health Services	\$21,060

NHRMC Home Care is the second most effective alternative when considering the Year 2 salaries for registered nurses and LPNs. Although NHRMC Home Care has the second lowest Year 2 salary for home health aides, the Year 2 salary is based on current home health aide salaries.