

# Market Viability and Revenue Analysis for Home Care Hospice in Coastal Georgia

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## Executive Summary & [Audio](#)

This report provides a comprehensive market analysis and financial forecast for the establishment of a home care hospice operation within a 23-county service area in coastal Georgia. The analysis synthesizes demographic, public health, and Medicare reimbursement data to quantify the market opportunity and project potential revenue streams for a new market entrant. The defined service area includes the counties of Chatham, Bulloch, Effingham, Liberty, Bryan, Wayne, Toombs, Tattnall, Emanuel, Long, Appling, Jeff Davis, Screven, McIntosh, Bacon, Candler, Telfair, Evans, Johnson, Montgomery, Treutlen, Jenkins, and Wheeler.



The analysis concludes that the region represents a substantial and viable market for hospice services. The total potential patient volume is estimated to be approximately **3,954** home care hospice patients annually. Based on a 90-day average length of stay and 2021 Medicare reimbursement rates for Routine Home Care, the Total Available Market (TAM) for this 23-county region is valued at **\$65,834,100** per year.

For a new operator, achieving specific market penetration levels would yield significant revenue. The projected annual revenues are as follows:

- **10% Market Share:** \$6,583,410
- **15% Market Share:** \$9,875,115
- **20% Market Share:** \$13,166,820

A critical strategic finding of this report is the profound geographic concentration of the market. The analysis reveals that most of the patient volume and corresponding revenue is centered in and around the Savannah metropolitan area, particularly in Chatham, Bulloch, and Effingham counties. This market structure strongly dictates the necessity of a hub-and-spoke operational model. A central, fully resourced office in the Savannah area should serve as the primary engine for growth and revenue capture, supported by smaller, logistically efficient satellite operations or remote teams to service the expansive and sparsely populated rural territories. Success in this market is contingent upon a nuanced strategy that addresses the distinct demographic and operational realities of the region's urban, suburban, and deep rural components.

## **Demographic and Socioeconomic Landscape of the Coastal Georgia Service Area**

A foundational understanding of the target market's demographic composition, distribution, and prevailing socioeconomic trends is paramount to developing a viable market entry strategy. The 23-county service area in coastal Georgia is not a monolithic entity; rather, it is a complex tapestry of a dense urban core, rapidly expanding suburban communities, and vast stretches of rural, often economically challenged, territory. This section provides a detailed analysis of the population structure, with a specific focus on the 65 and over cohort, which constitutes the primary demographic for hospice services.

### **Overall Population Structure**

The total population of the 23-county service area, according to the 2020 U.S. Census, is 834,705 residents.<sup>1</sup> This population is distributed unevenly across a wide geographic expanse. Chatham County, home to the city of Savannah, is the region's anchor, with a population of 295,291, accounting for over 35% of the entire service area's population. It is followed by Bulloch County (81,099) and Effingham County (64,769), which function as significant secondary and suburban population centers.

In stark contrast, the region also includes some of Georgia's least populous counties, such as Wheeler (7,471) and Treutlen (6,406), highlighting the extreme variance in population density that will define operational planning.<sup>1</sup> This distribution immediately signals that any successful business model must be adept at servicing both high-density urban environments and low-density rural landscapes.

### **The Critical 65+ Cohort: Size and Concentration**

For hospice care providers, the population aged 65 and over represents the core target market. Analysis of this demographic reveals critical patterns that must inform resource allocation and marketing efforts. Across the 23-county region, there are approximately 124,561 individuals aged 65 and over, comprising 14.9% of the total population.<sup>2</sup> This figure is closely aligned with the statewide average of 14.6%, indicating that the region reflects the broader demographic profile of

Georgia.<sup>2</sup>

However, aggregate figures mask crucial local variations. While Chatham County has the largest absolute number of seniors (48,814), its concentration of this demographic (16.4%) is only slightly above the regional average. A more nuanced analysis reveals that some of the smallest rural counties possess the highest *density* of the target population. For instance, McIntosh County has a 65+ population that constitutes 25.1% of its total residents, the highest in the service area. Similarly, Jenkins (22.2%), Treutlen (21.5%), and Emanuel (20.3%) counties all exhibit a significantly older demographic profile than the region's more populous centers.<sup>2</sup>

This distinction between absolute numbers and demographic density is a vital strategic consideration. While the long-term revenue potential is undeniably concentrated in Chatham County, the most target-rich environments for initial community outreach and building referral networks may be in these smaller, older counties. In such communities, a higher proportion of interactions with healthcare providers, community leaders, and local families will directly involve the target demographic, potentially leading to more efficient market penetration and faster establishment of an initial patient census.

## **The Urban-Rural Dichotomy: A Market of Contrasts**

The demographic landscape of the service area is best understood as a "tale of two markets." The first market consists of the urban and suburban counties clustered around Savannah, which are experiencing dynamic population growth. Bryan County, located just south of Savannah, is a prime example, having been identified as the sixth-fastest-growing county in the United States between 2010 and 2020 with a growth rate of 48%.<sup>4</sup> This trend has continued, with an estimated growth of 10.4% between 2020 and 2023 alone.<sup>5</sup>

Effingham County shows similar dynamism, with a projected growth rate of 17.47%.<sup>6</sup> This growth is fueled by economic activity, including the development of the new Hyundai plant and the expansion of the Savannah ports, which attract new residents and families.<sup>7</sup> For a hospice provider, this signifies a market with a continuously expanding future patient base as new residents age.

The second market comprises the deeply rural counties, many of which are experiencing population stagnation or decline. Telfair County, for example, ranked among the bottom ten counties in the nation for population change, losing an estimated 12.4% of its residents between 2020 and 2023.<sup>5</sup> This trend is part of a broader phenomenon across rural Georgia, where 55 of the state's 159 counties lost population during this period.<sup>5</sup> These communities are characterized by an aging-in-place population, out-migration of younger generations, and limited economic opportunities.<sup>8</sup>

This dichotomy necessitates a dual-pronged strategic approach. In the growth-oriented suburban market, the focus must be on building brand recognition and establishing relationships with a

growing network of healthcare providers to capture new residents as they age into the need for hospice services. In the rural, declining market, the strategy must shift to operational and logistical efficiency, serving a known, predictable, but ultimately shrinking patient population while managing the higher costs associated with covering vast geographic distances between patients.

County	2020 Total Population	Population 65+ (Count, 2019-2023)	Population 65+ (Percent of Total)	Recent Population Trend
Appling	18,444	3,317	18.0%	Stable
Bacon	11,140	1,873	16.8%	Stable
Bryan	44,738	5,018	11.2%	High Growth
Bulloch	81,099	9,836	12.1%	Growth
Candler	10,981	2,006	18.3%	Stable
Chatham	295,291	48,814	16.5%	Growth
Effingham	64,769	8,239	12.7%	High Growth
Emanuel	22,768	4,630	20.3%	Stable
Evans	10,774	1,846	17.1%	Stable
Jeff Davis	15,115	2,308	15.3%	Stable
Jenkins	8,676	1,926	22.2%	Stable

Johnson	9,189	1,778	19.3%	Stable
Liberty	65,256	6,558	10.0%	Growth
Long	16,168	1,610	9.9%	High Growth
McIntosh	11,008	2,763	25.1%	Stable
Montgomery	8,610	1,512	17.6%	Stable
Screven	14,060	3,009	21.4%	Stable
Tattnall	22,842	3,691	16.2%	Stable
Telfair	12,277	2,181	17.8%	Decline
Toombs	27,030	4,585	17.0%	Stable
Treutlen	6,406	1,377	21.5%	Stable
Wayne	30,144	4,968	16.5%	Growth
Wheeler	7,471	1,096	14.7%	Stable
<b>Total</b>	<b>834,705</b>	<b>124,561</b>	<b>14.9%</b>	<b>Mixed</b>

## Mortality Analysis and Hospice-Eligible Population Base

While demographic data defines the size and characteristics of the potential market, mortality statistics define the frequency of market events. The annual number of deaths in a region serves

as the most direct and reliable indicator of the gross potential patient pool for hospice services. An analysis of these figures, combined with an understanding of the underlying causes of death, provides a clear picture of the annual demand for end-of-life care.

## **Quantifying the Gross Patient Pool: Average Annual Deaths**

The total potential market for end-of-life care is fundamentally defined by the number of residents who pass away each year. Using mortality data from 2019 to 2023, the 23-county service experiences an average of **8,119** deaths annually.<sup>9</sup> This figure represents the absolute maximum number of individuals who could have been eligible for and elected the hospice benefit each year.

As with population data, these deaths are not evenly distributed. Chatham County accounts for the largest share, with an average of 3,363 deaths per year, representing over 41% of the total for the service area. Bulloch County (746 deaths) and Liberty County (464 deaths) are the next largest contributors.

Conversely, most rural counties, such as Wheeler (105 deaths) and Treutlen (95 deaths), contribute the smallest numbers to the total.<sup>9</sup> This distribution reinforces the strategic importance of the Savannah metropolitan area, as it is not only the most populous but also the location where most market-defining events (deaths) occur.

By calculating a mortality rate within the 65+ cohort (Average Annual Deaths / Population 65+), one can identify counties with a more acute need. For example, a county with a higher mortality rate among its senior population may indicate a sicker, less healthy demographic, suggesting a more immediate and pressing need for palliative and hospice interventions.

## **Contextualizing Mortality: Leading Causes and Rural Trends**

The relevance of these mortality figures is sharpened when contextualized with the leading causes of death. In Georgia, for the population aged 65 and over, the primary causes of death are ischemic heart and vascular disease, various forms of cancer, Alzheimer's disease, and cerebrovascular disease (stroke).<sup>10</sup>

These conditions are classic hospice-qualifying diagnoses, characterized by a terminal prognosis where the focus of care shifts from curative treatment to comfort and quality of life. This strong alignment between the most common causes of mortality and the primary mission of hospice care validates that a significant portion of the decedent population would have been medically eligible for hospice services.

Furthermore, the mortality data intersects with the demographic trend of the "rural death spiral," a phenomenon observed in many parts of Georgia where annual deaths consistently outnumber births.<sup>7</sup> In 2024, 94 of Georgia's 159 counties, including many within the service area, registered

more deaths than births.<sup>8</sup>

The patient base is well-defined and geographically stable. On the other hand, a shrinking overall population can lead to a diminished local workforce, making it more difficult to recruit and retain qualified nurses, aides, and administrative staff.

It also suggests a smaller pool of informal family caregivers, which can increase the complexity of patient care and place a greater demand on the hospice's social work, spiritual care, and volunteer support services.<sup>11</sup> Therefore, while patient volume in these rural areas may be predictable, the operational costs and logistical challenges of service delivery are likely to be substantially higher than in the more robust urban and suburban centers. Thus, acquiring an establish provider already covering these areas is advisable.

## Hospice Market Size and Patient Volume Estimation

Moving from the gross potential market (total annual deaths) to the addressable market requires the application of a crucial metric: the hospice utilization rate. This rate represents the percentage of individuals who, when faced with a terminal illness, elect to receive care through the Medicare hospice benefit. This section applies the most relevant utilization rate to the mortality data to derive a precise estimate of the annual home care hospice patient volume for the 23-county service area.

### Determining the Addressable Market: Hospice Utilization Rate

The primary factor in converting total deaths into a realistic estimate of potential hospice patients is the hospice utilization rate among Medicare decedents. For the state of Georgia, this rate is **48.7%**.<sup>13</sup> This means that, on average, nearly half of all Medicare beneficiaries who pass away in Georgia do so while enrolled in hospice care. This is the most accurate and geographically specific multiplier available for this analysis.

It is important to view this utilization rate not as a static ceiling, but as a dynamic variable with potential for growth. Nationally, the hospice utilization rate among Medicare decedents has been on a steady upward trend, rising from 51.6% in 2019 to 52.8% in fiscal year 2024.<sup>14</sup>

The fact that Georgia's rate of 48.7% lags the national average suggests that the state may be a less mature or currently underserved market. This gap represents a significant strategic opportunity. A proactive hospice operator would not merely aim to capture a share of the existing 48.7% market; it would implement a market development strategy.

Such a strategy would involve targeted education and outreach to key referral sources, including hospital discharge planners, *oncologists*, *cardiologists*, and *primary care physicians* throughout the service area—to increase awareness of the benefits and appropriate clinical triggers for hospice referrals.



This approach can actively expand the market, transforming the business model from one of passive market share capture to one of active market growth. Each percentage point increase in the regional utilization rate driven by these efforts translates directly into an expanded patient pool and increased revenue potential.

## Calculation of Potential Annual Hospice Patients

By applying the 48.7% Georgia-specific hospice utilization rate to the average annual death count for each of the 23 counties, a clear and actionable estimate of the annual patient volume can be calculated. The sum of these individual county calculations provides the total estimated annual home care hospice patient volume for the entire service area.

The total estimated number of annual hospice patients across the 23-county region is **3,954**. Chatham County alone is estimated to generate 1,638 potential hospice patients per year, or 41.4% of the total market. The top five counties (Chatham, Bulloch, Liberty, Effingham, and Wayne) collectively account for an estimated 2,869 patients, representing 72.5% of the entire service area's potential. This heavy concentration underscores the critical importance of establishing a strong operational presence and deep referral networks within these core counties.

County	Average Annual Deaths (2019-2023)	Applied Hospice Utilization Rate	Estimated Annual Hospice Patients
Appling	233	48.7%	113
Bacon	154	48.7%	75
Bryan	275	48.7%	134
Bulloch	746	48.7%	363
Candler	173	48.7%	84
Chatham	3,363	48.7%	1,638



Effingham	443	48.7%	216
Emanuel	339	48.7%	165
Evans	142	48.7%	69
Jeff Davis	198	48.7%	96
Jenkins	117	48.7%	57
Johnson	135	48.7%	66
Liberty	464	48.7%	226
Long	108	48.7%	53
McIntosh	185	48.7%	90
Montgomery	117	48.7%	57
Screven	207	48.7%	101
Tattnall	288	48.7%	140
Telfair	175	48.7%	85
Toombs	381	48.7%	186
Treutlen	95	48.7%	46
Wayne	425	48.7%	207

Wheeler	105	48.7%	51
<b>Total</b>	<b>8,119</b>	<b>48.7%</b>	<b>3,954</b>

## Total Available Market (TAM) Valuation

With a clear estimate of the annual patient volume, the next step is to translate this volume into a financial valuation of the market. The Total Available Market (TAM) represents the total annual revenue potential if every estimated hospice patient in the service area were served. This calculation is based on established Medicare reimbursement rates and the user-specified average length of stay.

### Establishing the Reimbursement Framework

The financial foundation of the hospice industry is the Medicare Hospice Benefit. Payments are made on a per diem basis, with rates varying by the level of care provided. Most of the hospice care—over 98% of all covered days—is delivered at the **Routine Home Care** (RHC) level.<sup>16</sup> Therefore, the RHC rates are the most appropriate basis for a TAM calculation.

This analysis utilizes the 2021 Medicare RHC payment rates, which feature a tiered structure designed to more accurately reflect the cost of care over a patient's stay. For the first 60 days of a hospice episode, the payment rate is higher to account for the intensive services required during admission and initial care planning. For day 61 and beyond, the rate is lower. The specific national, unadjusted rates for 2021 were:

- **Days 1-60:** \$199 per day
- **Days 61+:** \$157 per day<sup>15</sup>

These rates are adjusted by a local wage index, but for the purpose of a high-level market estimation, these national averages provide a robust and conservative basis for valuation.

### Calculating the Average Reimbursement Per Patient

The user has specified an average length of stay (LOS) of 90 days for this analysis. This is a highly significant assumption. While the national median LOS for hospice is much shorter (18 days), the average is significantly longer (92.6 days in 2019), pulled up by patients with longer-term terminal illnesses.<sup>15</sup>

The tiered RHC payment system and the annual aggregate payment cap are Medicare mechanisms designed to discourage inappropriately long stays.<sup>16</sup> An average LOS of 90 days represents a strategically sound target for an operator; it indicates a patient mix that is clinically

appropriate and financially stable, long enough to be operationally efficient without being so long as to trigger major financial penalties from the aggregate cap. This suggests that the resulting TAM calculation represents not just total revenue, but total profitable revenue under an effective clinical management model.

Based on the 90-day LOS and the tiered rates, the average reimbursement per patient is calculated as follows:

$$\text{Rate} = 60 \text{ days times } \$199/\text{day} + 30 \text{ days times } \$157/\text{day} = \$11,940 + \$4,710 = \$16,650$$

Thus, the average total reimbursement for a single patient with a 90-day length of stay is **\$16,650**. The average per diem rate over this period is \$185.

## Deriving the Total Available Market (TAM)

The final step in valuing the market is to aggregate the per-patient reimbursement value across the entire estimated patient population. By multiplying the total estimated annual patient volume by the average reimbursement per patient, the TAM for the 23-county service area is established.

$$3,954 \text{ patients} \times \$16,650/\text{patient} = \$65,834,100$$

The Total Available Market for home care hospice services in the defined 23-county coastal Georgia region is approximately **\$65.8 million** annually. This figure represents the total potential revenue available to all hospice providers operating within this specific geography.

## Operator Revenue Projections and Market Share Scenarios

The TAM calculation provides a comprehensive view of the total market size. For a prospective operator, the critical question is how this translates into potential company revenue. This section projects the annual revenue for a new hospice agency based on achieving plausible market share tiers of 10%, 15%, and 20%. It also analyzes the geographic concentration of this revenue, highlighting the key counties that will drive financial performance.

### Projecting Potential Revenue Streams

Based on the calculated TAM of \$65,834,100, the potential annual revenue for a new operator can be projected across several market penetration scenarios. These scenarios provide a clear financial framework for business planning, budgeting, and setting growth targets.

- **10% Market Share:** At this level, an operator would serve approximately 395 patients per year (an average daily census of about 97 patients), generating an annual revenue of **\$6,583,410**. This represents a substantial and viable business operation.

- **15% Market Share:** Capturing 15% of the market would involve serving approximately 593 patients annually (an average daily census of about 146 patients), resulting in an annual revenue of **\$9,875,115**.
- **20% Market Share:** A more aggressive market penetration of 20% would equate to serving roughly 791 patients per year (an average daily census of about 195 patients), yielding an annual revenue of **\$13,166,820**.

These figures demonstrate a significant revenue opportunity within the 23-county region. Achieving even a modest 10% market share would establish a multi-million-dollar healthcare enterprise.

Market Share Scenario	Patient Volume (Annual)	Projected Annual Revenue
<b>Total Available Market (TAM)</b>	<b>3,954</b>	<b>\$65,834,100</b>
10% Market Share	395	\$6,583,410
15% Market Share	593	\$9,875,115
20% Market Share	791	\$13,166,820

## Geographic Concentration of Revenue

A critical strategic finding emerges when the TAM is disaggregated by county. The analysis reveals a classic Pareto principle, or "80/20 rule," distribution, where a small number of counties account for a disproportionately large share of the total market value.

The Chatham County market alone is valued at over \$27.2 million, representing 41.4% of the entire 23-county TAM. The top three counties—Chatham, Bulloch (\$6.0 million), and Liberty (\$3.8 million)—collectively represent a TAM of \$37.0 million, or 56.2% of the total. Expanding this to the top five counties by adding Effingham (\$3.6 million) and Wayne (\$3.4 million) brings the cumulative TAM to \$44.0 million, which is fully two-thirds (66.8%) of the total market value contained within just five of the 23 counties.

This heavy concentration of revenue has profound strategic implications. It dictates that the

financial success of any new venture is overwhelmingly dependent on its ability to effectively penetrate the Savannah metropolitan and its immediate surrounding areas. Spreading resources, such as marketing personnel, clinical staff, and administrative support, evenly across all 23 counties would be a critical strategic and financial error.

The data strongly supports a business structure with a primary; fully staffed office located in the Savannah area to serve as the operational and financial "hub." This central office would be responsible for capturing most of the market share in the high-value counties. The remaining 18 rural counties, which collectively represent the final third of the market, could then be serviced through smaller, more agile satellite offices or dedicated remote clinical teams, the "spokes"—designed for maximum logistical efficiency rather than high-volume growth.

## Strategic Implications and Concluding Remarks

The quantitative analysis presented in this report reveals a significant and financially attractive market for home care hospice services in the 23-county coastal Georgia region. The Total Available Market of approximately \$65.8 million offers substantial revenue potential for a new operator capable of securing even a modest share. However, realizing this potential is contingent upon a nuanced and sophisticated strategy that acknowledges the region's unique demographic and geographic complexities.

The core strategic imperative derived from this analysis is the adoption of a **hub-and-spoke operational model**. The data unequivocally demonstrates that the market's center of gravity is Chatham County and its immediate suburban neighbors. A primary, full-service office in the Savannah area is not merely recommended; it is essential for financial viability.

This hub must be the focal point for business development, clinical leadership, and administrative functions, tasked with capturing the dominant share of the region's revenue. The vast, sparsely populated rural counties should be serviced by strategically located and logistically optimized spokes. These could take the form of small satellite offices or remote teams of clinicians equipped with the technology and support needed to efficiently manage a geographically dispersed patient load.

This operational structure must be supported by a **dual-pronged marketing and business development strategy**. In the high-growth suburban markets of Bryan and Effingham, the approach should be focused on growth and brand building. This involves forging relationships with the expanding network of hospitals, physician practices, and senior living facilities to become the provider of choice for a growing population. In the stable or declining rural counties, the strategy should shift to one of efficiency and deep community integration. Here, success will depend on becoming the trusted local provider, building strong relationships with the established, long-standing primary care physicians and community leaders who are the gatekeepers to this aging-in-place population.

Finally, the most significant operational challenge will be **staffing and logistics** in the rural territories. The demographic trends of out-migration and an aging population in these areas will make recruiting and retaining a local clinical workforce difficult. A successful operator must anticipate this challenge and develop innovative solutions, such as creating a regional float pool of nurses and aides who can be deployed across multiple counties, offering enhanced compensation or travel reimbursement to attract staff to these areas, and building a robust and well-managed volunteer program to supplement professional services.

In conclusion, the coastal Georgia hospice market is a compelling business opportunity. The demographic tailwinds of an aging population, combined with a state utilization rate that has room to grow toward the national average, create a favorable environment for a new entrant. However, success is not guaranteed by the market's size alone. It will be achieved by the operator who best understands the region's inherent contrasts and builds a flexible, geographically aware organization capable of effectively serving both the bustling suburbs of Savannah and the quiet, distant towns of the coastal plain.

## Appendix: Detailed Market Sizing and Revenue Calculation Spreadsheet

The following table provides a comprehensive, county-by-county breakdown of the data and calculations used to determine the potential hospice patient volume and Total Available Market (TAM) for the 23-county service area.

County	2020 Total Pop	Pop 65+	Pop 65+ (%)	Avg Annual Deaths	Annual Patient	\$ per Patient	County-Level TAM
Chatham	295,291	48,814	16.5%	3,363	1,638	\$16,650	\$27,254,700
Bulloch	81,099	9,836	12.1%	746	363	\$16,650	\$6,043,950
Effingham	64,769	8,239	12.7%	443	216	\$16,650	\$3,596,400
Liberty	65,256	6,558	10.0%	464	226	\$16,650	\$3,762,900
Bryan	44,738	5,018	11.2%	275	134	\$16,650	\$2,231,100

Wayne	30,144	4,968	16.5%	425	207	\$16,650	\$3,445,050
Toombs	27,030	4,585	17.0%	381	186	\$16,650	\$3,093,900
Tattnall	22,842	3,691	16.2%	288	140	\$16,650	\$2,331,000
Emanuel	22,768	4,630	20.3%	339	165	\$16,650	\$2,747,250
Long	16,168	1,610	9.9%	108	53	\$16,650	\$881,550
Appling	18,444	3,317	18.0%	233	113	\$16,650	\$1,880,000
Jeff Davis	15,115	2,308	15.3%	198	96	\$16,650	\$1,598,400
Screven	14,060	3,009	21.4%	207	101	\$16,650	\$1,681,650
McIntosh	11,008	2,763	25.1%	185	90	\$16,650	\$1,498,500
Bacon	11,140	1,873	16.8%	154	75	\$16,650	\$1,248,750
Candler	10,981	2,006	18.3%	173	84	\$16,650	\$1,398,600
Telfair	12,277	2,181	17.8%	175	85	\$16,650	\$1,413,750
Evans	10,774	1,846	17.1%	142	69	\$16,650	\$1,148,850
Johnson	9,189	1,778	19.3%	135	66	\$16,650	\$1,098,900
Montgomery	8,610	1,512	17.6%	117	57	\$16,650	\$949,050
Treutlen	6,406	1,377	21.5%	95	46	\$16,650	\$765,900
Jenkins	8,676	1,926	22.2%	117	57	\$16,650	\$949,050



Wheeler	7,471	1,096	14.7%	105	51	\$16,650	\$849,150
<b>Total</b>	<b>834,705</b>	<b>124,561</b>	<b>14.9%</b>	<b>8,119</b>	<b>3,954</b>	<b>\$16,650</b>	<b>\$65,834,100</b>

## Analysis of Licensed Provider per County

A new organization seeking to enter the market must expend significant effort to map the true competitive landscape, while incumbent providers, through their long-standing presence and institutional knowledge, already possess this critical information. The following table consolidates the available information on provider presence.

<i>County Name</i>	<i>Identified Providers (Based on directory snippets)</i>	<i>GHPCO Region</i>
Appling	Hospice Care, <b>Spanish Oaks Hospice</b> <sup>17</sup>	Region 9
Bacon	<b>Spanish Oaks Hospice</b> <sup>17</sup>	Region 9
Bryan	Hospice Care, Coastal Hospice, <b>Spanish Oaks Hospice</b> <sup>17</sup>	Region 9
Bulloch	Hospice Care, <b>Spanish Oaks Hospice</b> <sup>17</sup>	Region 9
Candler	Hospice Care, <b>Spanish Oaks Hospice</b> <sup>17</sup>	Region 9
Chatham	Hospice Care, Coastal Hospice, <b>Spanish Oaks Hospice</b> <sup>17</sup>	Region 9
Effingham	Hospice Care, Coastal Hospice, <b>Spanish Oaks Hospice</b> <sup>17</sup>	Region 9
Emanuel	Hospice Care, <b>Spanish</b>	Region 5

	<b>Oaks Hospice</b> <sup>17</sup>	
Evans	Hospice Care, <b>Spanish Oaks Hospice</b> <sup>17</sup>	Region 9
Jeff Davis	Hospice Care, <b>Spanish Oaks Hospice</b> <sup>17</sup>	Region 9
Jenkins	Hospice Care, <b>Spanish Oaks Hospice</b> <sup>17</sup>	Region 5
Johnson	Hospice Care, <b>Spanish Oaks Hospice</b> <sup>17</sup>	Region 5
Liberty	Hospice Care, Coastal Hospice, <b>Spanish Oaks Hospice</b> <sup>17</sup>	Region 9
Long	Hospice Care, Coastal Hospice, <b>Spanish Oaks Hospice</b> <sup>17</sup>	Region 9
McIntosh	Hospice Care, Coastal Hospice, Hospice of South Georgia, Inc., <b>Spanish Oaks Hospice</b> <sup>17</sup>	Region 9
Montgomery	Hospice Care, <b>Spanish Oaks Hospice</b> <sup>17</sup>	Region 9
Screven	Hospice Care, <b>Spanish Oaks Hospice</b> <sup>17</sup>	Region 5
Tattnall	Hospice Care, <b>Spanish Oaks Hospice</b> <sup>17</sup>	Region 9
Telfair	Hospice Care, <b>Spanish Oaks Hospice</b> <sup>17</sup>	Region 9
Toombs	Hospice Care, <b>Spanish Oaks Hospice</b> <sup>17</sup>	Region 9

Treutlen	Hospice Care, <b>Spanish Oaks Hospice</b> <sup>17</sup>	Region 5
Wayne	Hospice Care, Coastal Hospice, Georgia Hospice Care, Hospice of South Georgia, Inc., <b>Spanish Oaks Hospice</b> <sup>17</sup>	Region 9
Wheeler	Hospice Care, <b>Spanish Oaks Hospice</b> <sup>17</sup>	Region 9

## Disclaimer

*While the information is deemed reliable, no warranty is expressed or implied. Any information important to you or another party should be independently confirmed within an applicable due diligence period.*

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