GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2014 Home Health Survey

Part A : General Information

1. Identification

UID:HHA042

Facility Name: Gentiva Health Services

County: Fulton

Street Address: 1575 Northside Drive NW Suite 470

City: Atlanta

Zip: 30318

Mailing Address: Suite 470 1575 Northside Drive NW

Mailing City: Atlanta

Mailing Zip: 30318

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.
000181706A

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.
11-7027

2. Report Period

Report Data for the full twelve month period, January 1,2014 - December 31, 2014 (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: Terry Linboom

Contact Title: Reimbursement Accountant

Phone: 913-814-2937

Fax: 913-814-4752

E-mail: Terry.Linboom@gentiva.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
Healthfield Home Health	For Profit	03/06/2002

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Gentiva Health Services Inc.	For Profit	09/07/2001

C. Agency Operator

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

D. Operator's Parent Organization

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

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.
Lawrenceville	1075 Old Northcross Road Suite S	Lawrenceville	Gwinnett	

Rome	504 Riverside Parkway Suite 500	Rome	Floyd	
Marietta	1395 S. Marietta Pkwy Suite 910	Marietta	Cobb	
Stockbridge	200 Business Center Drive Suite 2	Stockbridge	Henry	

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	55,905	140
Physical Therapy	44,378	165
Home Health Aide	8,863	75
Occupational Therapy	15,201	165
Medical Social Services	589	175
Speech Pathology	2,989	165
	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 31,2014.

818

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).

1536

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	45
Asian	73
Black/African American	1,418
Hispanic/Latino	124
Pacific Islander/Hawaiian	9
White	3,874
Multi-Racial	152

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	2,126
Female	3,569

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	3,806	94,408	27,363,967	14,454,198
Medicaid	92	1,186	85,372	80,851
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	121	2,278	169,390	147,020
Other Third Party Insurers	623	7,905	1,245,504	1,054,648
Self Pay	271	3,341	446,452	141,545
Other Non Government	782	18,807	5,871,322	3,178,832

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 2014. ☐

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.

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 2014 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	35,182,007
Medicare Contractual Adjustments	12,909,769
Medicaid & Peachcare Contractual Adjustments	1,940
Other Contractual Adjustments	2,860,854
Total Contractual Adjustments	**15,772,563**
Bad Debt	203,732
Indigent Care Gross Charges	148,618
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**148,618**
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**0**
Other Free Care	0
Total Net Patient Revenue	**19,057,094**
Adjusted Gross Patient Revenue	**22,066,566**
Other Revenue	0
Total Net Revenue	**19,057,094**
Total Expenses	0
Adjusted Gross Revenue	**22,066,566**
Total Uncompensated I/C Care	**148,618**
Percent Uncompensated Indigent/Charity Care	**0.67%**

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.

87

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)	3,170
Physicians	1,513
Other Home Health Agencies	16
All Other Healthcare Providers	996

7. Referral Hospitals

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

Hospital Name	Patients Referred
ATLANTA MEDICAL CENTER	18
ATLANTA VA MEDICAL CENTER	9
CARTERSVILLE MEDICAL CENTER	96
DEKALB MEDICAL CTR AT DECATUR	235
DEKALB MEDICAL CTR-DOWNTOWN	9
DUKE UNIVERSITY HOSPITAL	1
EASTSIDE MED CENTER	3
EASTSIDE MEDICAL CENTER SNELLVILLE	240
EMORY ADVENTIST HOSPITAL	15
EMORY JOHN'S CREEK HOSPITAL	7
EMORY UNIV HOSPITAL-MAIN	46
EMORY UNIV HOSPITAL-MIDTOWN	19
FAYETTE COMMUNITY HOSPITAL	22
FLOYD MEDICAL CTR	49
GORDON HOSPITAL	14
GWINNETT MED CTR-DULUTH	89
GWINNETT MED CTR-LAWRENCEVILLE	545
HAMILTON MEDICAL CENTER	1
KENNETH HOSPITAL	1
KINDRED HOSPITAL	3
MEMORIAL HEALTH UNIV HOSPITAL	1
MEMORIAL HOSPITAL	2
MORGAN MEMORIAL HOSPITAL	1
NORTH GEORGIA MED CENTER	2
NORTHSIDE ATLANTA HOSPITAL	77
NORTHSIDE CHEROKEE HOSPITAL	47

NORTHSIDE FORSYTH HOSPITAL	22
PARKRIDGE EAST HOSPITAL	6
PIEDMONT FAYETTE HOSPITAL	82
PIEDMONT HENRY MED CTR	369
PIEDMONT HOSPITAL ATLANTA	200
PIEDMONT NEWNAN HOSPITAL	2
REDMOND REG MED CTR	80
ROCKDALE MEDICAL CENTER	281
SAINT JOSEPH HOSP OF ATLANTA	14
SOUTHEASTERN REGL MED CENTER	3
SOUTHERN CRESCENT HOSPITAL	6
SOUTHERN REGIONAL HOSPITAL	100
ST JOSEPH HOSPITAL TAMPA	1
SYLVAN GROVE HOSPITAL	13
TANNER MEDICAL CENTER	7
VA MEDICAL CENTER	30
WELLSTAR COBB HOSPITAL	110
WELLSTAR DOUGLAS HOSPITAL	8
WELLSTAR KENNESTONE HOSPITAL	248
WELLSTAR PAULDING HOSP	33
WELLSTAR PWDR SPRINGS MED CNTR	1
WELLSTAR WINDY HILL HOSPITAL	2
Total	**3,170**

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 12-31-2014.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	39	0	0
Licensed Practical Nurses (LPNs)	0	0	0
Aides/Assistants	4	0	0
Allied Health/Therapists	38	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	6 weeks
Licensed Practical Nurse	4 weeks
Aide/Assistant	2 weeks
Allied Health/Therapists	12 weeks

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	497	52
February	509	54
March	558	59
April	452	47
May	432	45
June	404	42
July	434	45
August	443	46
September	422	44
October	461	48
November	436	47
December	420	44

2A. Patient Origin Part A.

Patient Origin - Report the admissions, visits, and caseload by county for the report period. Caseload totals are for 1/1/2014. 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
Bartow	54	303	9,676	156	7	0	67	4	228	299
Butts	15	50	1,436	32	1	0	9	1	51	61
Carroll	0	7	138	5	0	0	1	0	6	7
Catoosa	11	46	2,972	10	2	0	3	1	37	41
Chattooga	4	25	849	11	1	0	5	0	22	27
Cherokee	0	4	45	2	0	0	1	0	2	3
Clayton	83	503	11,755	259	8	0	171	12	333	516
Cobb	135	1,069	26,553	454	18	0	226	26	819	1,071
DeKalb	86	324	6,766	183	5	0	100	10	283	393

Douglas	3	23	739	10	1	0	6	0	16	22
Fayette	1	9	126	3	0	0	2	0	6	8
Floyd	44	200	7,506	104	5	0	44	6	169	219
Fulton	43	128	3,188	81	2	0	32	2	133	167
Gilmer	2	21	644	15	0	0	2	2	17	21
Gordon	38	100	4,425	56	3	0	25	4	85	114
Gwinnett	143	1,441	25,292	652	17	0	448	32	998	1,478
Henry	72	580	12,306	311	8	0	159	12	436	607
Murray	0	1	14	1	0	0	0	0	1	1
Newton	12	83	1,892	44	1	0	32	0	55	87
Paulding	20	151	3,789	94	3	0	35	1	119	155
Pickens	4	55	812	38	1	0	11	4	39	54
Polk	1	4	40	2	0	0	3	0	2	5
Spalding	0	2	6	0	0	0	1	0	1	2
Walton	2	45	612	29	0	0	13	3	30	46
Rockdale	27	294	6,344	133	4	0	77	3	211	291
Total by Age	**0**	**0**	**0**	**0**	**0**	**0**	**1,473**	**123**	**4,099**	**5,695**

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
Bartow	2,661,099	1,669,072	11,958
Butts	394,930	247,704	1,708
Carroll	37,953	23,804	0
Catoosa	817,361	512,658	3,416
Chattooga	233,492	146,449	1,708
Cherokee	12,376	7,762	0
Clayton	3,232,867	2,027,692	13,666
Cobb	7,302,621	4,580,289	30,750
DeKalb	1,860,789	1,167,109	8,541
Douglas	203,240	127,475	1,708
Fayette	34,653	21,735	0
Floyd	2,064,304	1,294,756	8,541
Fulton	876,766	549,918	3,416
Gilmer	177,113	111,088	0
Gordon	1,216,966	763,295	5,125
Gwinnett	6,955,820	4,362,772	29,041
Henry	3,384,403	2,122,737	13,666
Murray	3,850	2,415	0
Newton	520,339	326,363	1,708
Paulding	1,042,053	653,588	5,125

Pickens	223,317	140,067	1,708
Polk	11,001	6,900	0
Spalding	1,650	1,035	0
Walton	168,313	105,568	0
Rockdale	1,744,731	1,094,315	6,833
Total	**35,182,007**	**22,066,566**	**148,618**

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: David L. Gieringer

Date: 02/16/2015

Title: Sr. VP, Controller and Chief Accounting Officer

Comments: