



2014 Home Health Survey

Part A : General Information

1. Identification

UID:HHA048

Facility Name: Gentiva Health Services

County: Bulloch

Street Address: 1525 Fair Road, Suite 106

City: Statesboro

Zip: 30458

Mailing Address: 1525 Fair Road, Suite 106

Mailing City: Statesboro

Mailing Zip: 30458

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.

000708078A

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.

11-7033

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 of Statesboro	For Profit	11/14/2006

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Gentiva Health Services	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.
Augusta	2826 Hillcreek Drive Suite A	Augusta	Richmond	11/14/2006

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	31,979	140
Physical Therapy	24,486	165
Home Health Aide	2,959	75
Occupational Therapy	7,029	165
Medical Social Services	939	175
Speech Pathology	1,812	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.

428

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).

639

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	2
Asian	24
Black/African American	756
Hispanic/Latino	47
Pacific Islander/Hawaiian	0
White	1,625
Multi-Racial	101

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	954
Female	1,601

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	1,610	44,914	12,546,935	6,498,481
Medicaid	111	2,574	121,513	119,461
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	33	856	99,948	85,283
Other Third Party Insurers	200	3,689	542,205	451,665
Self Pay	46	802	127,594	11,308
Other Non Government	555	16,369	4,527,815	3,220,223

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	17,966,010
Medicare Contractual Adjustments	6,048,456
Medicaid & Peachcare Contractual Adjustments	1,288
Other Contractual Adjustments	1,408,856
Total Contractual Adjustments	7,458,600
Bad Debt	63,175
Indigent Care Gross Charges	57,814
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	57,814
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	10,386,421
Adjusted Gross Patient Revenue	11,853,091
Other Revenue	0
Total Net Revenue	10,386,421
Total Expenses	0
Adjusted Gross Revenue	11,853,091
Total Uncompensated I/C Care	57,814
Percent Uncompensated Indigent/Charity Care	0.49%

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.

15

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)	24
Physicians	1,354
Other Home Health Agencies	0
All Other Healthcare Providers	1,177

7. Referral Hospitals

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

Hospital Name	Patients Referred
EFFINGHAM HOSPITAL	1
EISENHOWER ARMY MEDICAL CENTER	1
EVANS MEMORIAL HOSPITAL	3
LANDMARK HOSPITAL (SAVANNAH)	1
MCG HOSPITAL (GEORGIA HEALTH SYSTEM)	2
MEMORIAL UNIVERSITY MED CTR	9
SELECT SPECIALTY HOSP (AUGUSTA)	1
ST JOSEPH HOSPITAL SAVANNAH	5
UNIVERSITY HOSPITAL	1
Total	24

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)	18	0	0
Licensed Practical Nurses (LPNs)	0	0	0
Aides/Assistants	2	0	0
Allied Health/Therapists	17	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	3 months
Licensed Practical Nurse	not available
Aide/Assistant	1 month
Allied Health/Therapists	not available

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	252	37
February	224	32
March	234	34
April	218	32
May	178	26
June	224	32
July	216	32
August	216	32
September	246	36
October	230	34
November	183	27
December	183	27

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
Bryan	10	101	2,497	36	1	1	17	4	77	99
Bulloch	90	479	18,733	345	4	0	179	11	507	697
Candler	17	83	2,675	58	1	0	24	0	64	88
Effingham	2	18	286	9	0	0	8	1	10	19
Emanuel	21	88	2,363	52	0	0	21	3	73	97
Evans	13	113	3,351	50	1	0	27	6	82	115
Jenkins	9	94	2,403	49	1	0	22	2	60	84
Screven	23	182	4,920	76	1	0	58	7	115	180
Richmond	91	697	19,708	338	4	0	160	16	525	701

Tattnall	14	113	2,987	66	1	0	34	2	76	112
Burke	6	56	1,504	31	0	0	14	3	36	53
Columbia	19	223	5,536	100	1	0	53	3	163	219
Jefferson	15	69	1,858	38	0	0	20	2	51	73
Glascoock	1	10	225	4	0	0	2	0	8	10
Hancock	1	8	158	1	0	0	7	0	1	8
Total by Age	0	0	0	0	0	1	646	60	1,848	2,555

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	648,245	427,680	3,854
Bulloch	4,863,263	3,208,542	15,417
Candler	694,455	458,167	3,854
Effingham	74,248	48,985	0
Emanuel	613,457	404,729	0
Evans	869,951	573,951	3,854
Jenkins	623,841	411,580	3,854
Screven	1,277,278	842,685	3,854
Richmond	5,116,384	3,375,540	15,419
Tattnall	775,453	511,606	3,854
Burke	390,453	257,601	0
Columbia	1,437,198	948,192	3,854
Jefferson	482,354	318,234	0
Glascoock	58,412	38,537	0
Hancock	41,018	27,062	0
Total	17,966,010	11,853,091	57,814

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: David L. Gieringer

Date: 02/16/2015

Title: Sr. VP, Controller and Chief Accounting Officer

Comments: