



2015 Home Health Survey

Part A : General Information

1. Identification

UID:HHA042

Facility Name: Healthfield Home Health/Gentiva Health Services

County: Cobb

Street Address: 1395 South Marietta Pkwy Ste 902

City: Marietta

Zip: 30067

Mailing Address: 1395 South Marietta Pkwy Ste 902

Mailing City: Marietta

Mailing Zip: 30067

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.

003136799A

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, 2015 - December 31, 2015 (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	64,277	140
Physical Therapy	48,667	165
Home Health Aide	8,524	75
Occupational Therapy	17,253	165
Medical Social Services	785	175
Speech Pathology	3,990	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, 2015.

978

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).

1424

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	28
Asian	102
Black/African American	1,358
Hispanic/Latino	119
Pacific Islander/Hawaiian	0
White	3,941
Multi-Racial	171

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	2,144
Female	3,575

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	3,700	102,472	30,392,681	16,351,788
Medicaid	153	2,586	147,155	143,479
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	337	7,373	1,028,303	891,149
Other Third Party Insurers	693	11,498	1,551,160	1,337,856
Self Pay	233	3,136	471,256	88,679
Other Non Government	603	16,431	4,801,386	2,515,615

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 2015. ☐

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 2015 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	38,391,941
Medicare Contractual Adjustments	14,040,892
Medicaid & Peachcare Contractual Adjustments	485
Other Contractual Adjustments	2,585,116
Total Contractual Adjustments	16,626,493
Bad Debt	222,531
Indigent Care Gross Charges	214,351
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	214,351
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	21,328,566
Adjusted Gross Patient Revenue	24,128,033
Other Revenue	0
Total Net Revenue	21,328,566
Total Expenses	0
Adjusted Gross Revenue	24,128,033
Total Uncompensated I/C Care	214,351
Percent Uncompensated Indigent/Charity Care	0.89%

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)	3,130
Physicians	1,485
Other Home Health Agencies	10
All Other Healthcare Providers	1,094

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	13
ATLANTA VA MEDICAL CENTER	9
CARTERSVILLE MEDICAL CENTER	60
DEKALB MEDICAL CTR AT DECATUR	87
NORTH FULTON HOSPITAL	1
NORTH GEORGIA MED CENTER	11
NORTHSIDE ATLANTA HOSPITAL	71
NORTHSIDE CHEROKEE HOSPITAL	72
NORTHSIDE FORSYTH HOSPITAL	36
PARKRIDGE EAST HOSPITAL	1
PIEDMONT FAYETTE HOSPITAL	191
PIEDMONT HENRY HOSPITAL	291
PIEDMONT HOSPITAL ATLANTA	163
PIEDMONT NEWNAN HOSPITAL	8
POLK MEDICAL CENTER	1
REDMOND REG MED CTR	73
REGENCY HOSPITAL	1
ROCKDALE HOSPITAL	3
ROCKDALE MEDICAL CENTER	258
SOUTHEASTERN REGL MED CENTER	4
SOUTHERN CRESCENT HOSPITAL	7
SOUTHERN REGIONAL HOSPITAL	110
SPALDING REGIONAL HOSPITAL	15
ST JOSEPH HOSPITAL SAVANNAH	1
SAINT JOSEPH HOSP OF ATLANTA	10
SYLVAN GROVE HOSPITAL	13

TANNER MEDICAL CENTER	7
VA MEDICAL CENTER	15
WELLSTAR COBB HOSPITAL	105
WELLSTAR DOUGLAS HOSPITAL	15
WELLSTAR DOUGLASVILLE MED CNTR	1
WELLSTAR KENNESTONE HOSPITAL	316
WELLSTAR PAULDING HOSP	36
WELLSTAR WINDY HILL HOSPITAL	4
DEKALB MEDICAL CTR-DOWNTOWN	53
EASTSIDE MED CENTER	34
EASTSIDE MEDICAL CENTER SNELLVILLE	212
EMORY CRAWFORD LONG HOSPITAL	2
EMORY JOHN'S CREEK HOSPITAL	30
EMORY ST JOSEPHS HOSPITAL ATLANTA	9
EMORY UNIV HOSP-MAIN	70
EMORY UNIV HOSP-MIDTOWN	3
ERLANGER MEDICAL CENTER	1
FLOYD MEDICAL CTR	53
GADSDEN REGIONAL MED CENTER	1
GEORGIA REGENTS MEDICAL CENTER	1
GORDON HOSPITAL	13
GRADY HOSPITAL	1
GWINNETT MED CTR-DULUTH	64
GWINNETT MED CTR-LAWRENCEVILLE	561
HAMILTON MEDICAL CENTER	1
KINDRED HOSPITAL	11
MEMORIAL HOSPITAL	1
Total	3,130

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 12-31-2015.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	22	0	0
Licensed Practical Nurses (LPNs)	20	0	0
Aides/Assistants	28	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	470	54
February	423	49
March	517	60
April	488	56
May	457	53
June	464	54
July	486	56
August	471	54
September	394	46
October	520	60
November	472	55
December	500	58

2A. Patient Origin Part A.

Patient Origin - Report the admissions, visits, and caseload by county for the report period. Caseload totals are for 1/1/2015. 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	73	294	11,067	148	3	0	74	124	115	313
Butts	1	12	222	8	0	0	4	6	3	13
Carroll	2	14	212	9	0	0	4	8	3	15
Catoosa	16	32	1,854	7	1	0	6	7	25	38
Chattooga	8	37	1,624	18	0	0	7	15	17	39
Cherokee	1	3	55	3	0	0	0	3	1	4
Clayton	63	564	13,798	276	4	0	200	222	149	571
Cobb	150	1,185	30,775	483	9	0	257	425	495	1,177
DeKalb	23	194	3,580	85	1	0	46	75	75	196

Douglas	4	23	449	16	0	0	6	14	6	26
Fayette	1	14	379	5	0	0	3	4	5	12
Floyd	42	235	9,343	127	3	0	42	94	114	250
Fulton	8	82	2,146	26	1	0	16	21	37	74
Gilmer	1	46	971	30	0	0	9	27	10	46
Gordon	13	100	3,650	50	1	0	26	39	36	101
Gwinnett	161	1,520	32,289	695	10	0	387	588	558	1,533
Henry	63	588	13,732	308	4	0	156	255	178	589
Murray	0	1	2	1	0	0	0	1	0	1
Newton	8	87	2,185	43	1	0	25	37	19	81
Paulding	21	169	4,383	92	1	0	45	75	51	171
Pickens	7	76	1,100	51	0	0	25	46	8	79
Polk	1	4	137	3	0	0	2	2	1	5
Spalding	1	2	76	1	0	0	1	1	1	3
Walton	5	44	603	24	0	0	16	18	11	45
Rockdale	38	335	8,834	162	3	0	77	131	128	336
Forsyth	0	1	30	1	0	0	0	1	0	1
Total by Age	0	0	0	0	0	0	1,434	2,239	2,046	5,719

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	2,960,944	1,860,853	15,311
Butts	59,395	37,328	0
Carroll	56,720	35,647	0
Catoosa	496,032	311,740	5,104
Chattooga	434,497	273,066	0
Cherokee	14,715	9,248	0
Clayton	3,691,615	2,320,055	20,414
Cobb	8,233,763	5,174,640	45,931
DeKalb	957,819	601,957	5,104
Douglas	120,129	75,497	0
Fayette	101,400	63,727	0
Floyd	2,499,693	1,570,972	15,311
Fulton	574,156	360,838	5,104
Gilmer	259,788	163,268	0
Gordon	976,547	613,727	5,104
Gwinnett	8,638,829	5,429,210	51,035
Henry	3,673,957	2,308,957	20,414
Murray	535	336	0
Newton	584,590	367,395	5,104

Paulding	1,172,659	736,976	5,104
Pickens	294,302	184,959	0
Polk	36,654	23,036	0
Spalding	20,334	12,779	0
Walton	161,331	101,391	0
Rockdale	2,363,511	1,485,387	15,311
Forsyth	8,026	5,044	0
Total	38,391,941	24,128,033	214,351

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: 02/29/2016

Title: Vice President, Controller and Chief Accounting Officer

Comments: