GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2015 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: 30458-6025

Mailing Address: 1525 Fair Road Suite 106

Mailing City: Statesboro

Mailing Zip: 30458-6025

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 1,2015 - 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 of Statesboro LLC	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	39,575	140
Physical Therapy	28,780	165
Home Health Aide	2,809	75
Occupational Therapy	9,617	165
Medical Social Services	1,726	175
Speech Pathology	1,666	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.

572

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).

682

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	16
Black/African American	844
Hispanic/Latino	37
Pacific Islander/Hawaiian	0
White	1,806
Multi-Racial	66

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	1,020
Female	1,751

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	1,792	55,780	15,792,064	8,095,090
Medicaid	97	2,146	104,550	100,685
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	186	6,101	858,761	733,813
Other Third Party Insurers	183	3,757	553,010	467,558
Self Pay	45	700	67,210	0
Other Non Government	468	15,689	4,183,865	2,791,768

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	21,559,460
Medicare Contractual Adjustments	7,696,974
Medicaid & Peachcare Contractual Adjustments	1,753
Other Contractual Adjustments	1,587,125
Total Contractual Adjustments	**9,285,852**
Bad Debt	40,499
Indigent Care Gross Charges	44,195
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**44,195**
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**0**
Other Free Care	0
Total Net Patient Revenue	**12,188,914**
Adjusted Gross Patient Revenue	**13,820,234**
Other Revenue	0
Total Net Revenue	**12,188,914**
Total Expenses	0
Adjusted Gross Revenue	**13,820,234**
Total Uncompensated I/C Care	**44,195**
Percent Uncompensated Indigent/Charity Care	**0.32%**

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.

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)	9
Physicians	2,717
Other Home Health Agencies	30
All Other Healthcare Providers	15

7. Referral Hospitals

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

Hospital Name	Patients Referred
ST JOSEPH HOSPITAL SAVANNAH	1
EVANS MEMORIAL HOSPITAL	1
DOCTORS HOSPITAL-AUGUSTA	3
EISENHOWER ARMY MEDICAL CENTER	2
MEMORIAL UNIVERSITY MED CTR	2
Total	**9**

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)	15	0	0
Licensed Practical Nurses (LPNs)	19	0	0
Aides/Assistants	22	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	262	36
February	224	31
March	209	29
April	212	29
May	208	29
June	235	32
July	234	32
August	236	32
September	242	34
October	260	36
November	221	30
December	225	31

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
Bryan	19	83	2,715	2	0	0	20	0	71	91
Bulloch	100	728	21,162	10	4	0	163	17	524	704
Candler	21	109	3,541	1	1	0	25	0	97	122
Effingham	4	37	1,095	1	0	0	3	0	34	37
Emanuel	8	93	2,412	2	0	0	26	3	60	89
Evans	21	116	3,417	3	1	0	28	5	82	115
Jenkins	13	90	2,228	1	0	0	26	1	65	92
Screven	16	202	5,873	2	2	0	42	3	149	194
Richmond	106	806	26,366	7	5	0	184	22	597	803

Tattnall	20	82	2,626	2	0	0	24	2	65	91
Burke	7	49	1,610	1	0	0	20	2	30	52
Columbia	30	274	7,271	1	1	0	52	5	218	275
Jefferson	14	82	3,181	0	1	0	10	2	74	86
Glascock	4	13	554	0	0	0	3	0	12	15
Hancock	1	4	122	0	0	0	2	0	3	5
Total by Age	**0**	**0**	**0**	**0**	**0**	**0**	**628**	**62**	**2,081**	**2,771**

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	695,400	445,772	0
Bulloch	5,420,281	3,474,556	11,786
Candler	906,966	581,391	2,946
Effingham	280,465	179,786	0
Emanuel	617,792	396,022	0
Evans	875,206	561,032	2,946
Jenkins	570,664	365,812	0
Screven	1,504,267	964,279	5,893
Richmond	6,753,195	4,328,994	14,732
Tattnall	672,605	431,159	0
Burke	412,374	264,343	0
Columbia	1,862,341	1,193,814	2,946
Jefferson	814,758	522,283	2,946
Glascock	141,898	90,960	0
Hancock	31,248	20,031	0
Total	**21,559,460**	**13,820,234**	**44,195**

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: 02/29/2016

Title: Vice President, Controller and Chief Accounting Officer

Comments: