



2015 Home Health Survey

Part A : General Information

1. Identification

UID:HHA140

Facility Name: Gentiva Health Services

County: Forsyth

Street Address: Suite 2080 Ronald Reagan Boulevard

City: Cumming

Zip: 30041-0206

Mailing Address: 2080 Ronald Reagan Boulevard Suite 500

Mailing City: Cumming

Mailing Zip: 30041-0206

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.

579729483A

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.

11-7136

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
CHMG of Atlanta	For Profit	03/06/2002

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.

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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.
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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	10,061	140
Physical Therapy	8,270	165
Home Health Aide	840	75
Occupational Therapy	2,968	165
Medical Social Services	101	175
Speech Pathology	623	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.

186

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).

314

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	0
Asian	9
Black/African American	50
Hispanic/Latino	16
Pacific Islander/Hawaiian	0
White	847
Multi-Racial	119

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	421
Female	620

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	713	17,572	5,592,136	3,049,619
Medicaid	25	436	20,957	17,510
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	60	1,023	134,302	119,720
Other Third Party Insurers	137	1,927	284,364	248,195
Self Pay	29	260	59,316	4,278
Other Non Government	77	1,645	513,227	288,896

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	6,604,302
Medicare Contractual Adjustments	2,542,517
Medicaid & Peachcare Contractual Adjustments	0
Other Contractual Adjustments	274,491
Total Contractual Adjustments	2,817,008
Bad Debt	29,840
Indigent Care Gross Charges	29,236
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	29,236
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	3,728,218
Adjusted Gross Patient Revenue	4,031,945
Other Revenue	0
Total Net Revenue	3,728,218
Total Expenses	0
Adjusted Gross Revenue	4,031,945
Total Uncompensated I/C Care	29,236
Percent Uncompensated Indigent/Charity Care	0.73%

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.

5

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)	634
Physicians	189
Other Home Health Agencies	7
All Other Healthcare Providers	211

7. Referral Hospitals

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

Hospital Name	Patients Referred
NORTHSIDE CHEROKEE HOSPITAL	230
NORTHSIDE FORSYTH HOSPITAL	187
WELLSTAR KENNESTONE HOSPITAL	59
EMORY JOHNS CREEK HOSPITAL	34
NORTH FULTON REG HOSPITAL	28
PIEDMONT HOSPITAL	36
GWINNETT MED CTR-LAWRENCEVILLE	24
EMORY UNIV HOSP-MAIN	7
NORTHSIDE ATLANTA HOSPITAL	6
NORTH FULTON MEDICAL CTR	5
CARTERSVILLE MEDICAL CENTER	3
KENNESTONE WELLSTAR HOSPITAL	2
GWINNETT MED CTR-DULUTH	2
FLOYD MEDICAL CENTER	2
REDMOND REG MED CTR	1
SAINT JOSEPH HOSP OF ATLANTA	3
DEKALB MEDICAL CTR AT DECATUR	1
WELLSTAR DOUGLAS HOSPITAL	1
VA MEDICAL CENTER	1
EMORY UNIV HOSP-MIDTOWN	1
PIEDMONT FAYETTE HOSPITAL	1
Total	634

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)	4	0	0
Licensed Practical Nurses (LPNs)	3	0	0
Aides/Assistants	3	0	0
Allied Health/Therapists	7	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	3 weeks
Aide/Assistant	4 weeks
Allied Health/Therapists	8 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	87	9
February	77	8
March	107	11
April	69	6
May	86	9
June	90	9
July	76	7
August	85	9
September	86	9
October	93	9
November	85	9
December	81	8

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
Cherokee	70	520	11,041	286	3	0	114	257	166	537
Cobb	9	44	1,021	18	0	0	11	14	22	47
Forsyth	22	292	6,246	24	1	0	57	128	100	285
Fulton	4	23	640	10	0	0	7	8	9	24
Gwinnett	17	142	3,887	51	1	0	28	42	77	147
DeKalb	0	1	28	0	0	0	0	0	1	1
Total by Age	0	0	0	0	0	0	217	449	375	1,041

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
Cherokee	3,189,350	1,947,106	17,542
Cobb	294,930	180,056	0
Forsyth	1,804,246	1,101,497	5,847
Fulton	184,873	112,866	0
Gwinnett	1,122,815	685,482	5,847
DeKalb	8,088	4,938	0
Total	6,604,302	4,031,945	29,236

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: