



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2016 Home Health Survey

Part A : General Information

1. Identification

UID:HHA042

Facility Name: Healthfield Home Health/Gentiva Health Services

County: Fulton

Street Address: 1386 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, 2016 - December 31, 2016 (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: Sr Reimbursement Accountant

Phone: 913-804-2937

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	09/07/2002

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.
Rome	504 Riverdale Parkway Suite 500	Rome	Floyd	

Lawrenceville	1075 Old Norcross Road	Lawrenceville	Gwinnett	
Stockbridge	200 Business Center Drive Suiye 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	72,389	140
Physical Therapy	58,144	165
Home Health Aide	9,144	75
Occupational Therapy	22,026	165
Medical Social Services	1,028	175
Speech Pathology	3,650	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, 2016.

1128

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).

1501

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	31
Asian	122
Black/African American	1,837
Hispanic/Latino	147
Pacific Islander/Hawaiian	0
White	4,496
Multi-Racial	144

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	2,494
Female	4,283

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	4,352	118,019	35,011,435	18,669,807
Medicaid	225	3,436	234,619	214,307
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	691	16,399	1,974,317	1,704,151
Other Third Party Insurers	622	9,271	1,435,852	1,168,210
Self Pay	276	3,154	324,946	0
Other Non Government	611	16,102	5,263,175	2,786,179

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 2016. ☐

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 2016 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	44,244,344
Medicare Contractual Adjustments	16,341,627
Medicaid & Peachcare Contractual Adjustments	4,901
Other Contractual Adjustments	2,933,226
Total Contractual Adjustments	19,279,754
Bad Debt	357,558
Indigent Care Gross Charges	64,378
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	64,378
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	24,542,654
Adjusted Gross Patient Revenue	27,540,258
Other Revenue	0
Total Net Revenue	24,542,654
Total Expenses	0
Adjusted Gross Revenue	27,540,258
Total Uncompensated I/C Care	64,378
Percent Uncompensated Indigent/Charity Care	0.23%

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.

25

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)	3,656
Physicians	1,619
Other Home Health Agencies	32
All Other Healthcare Providers	1,470

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	17
ATLANTA VA MEDICAL CENTER	30
CARTERSVILLE MEDICAL CENTER	60
CHESTATEE REGIONAL HOSPITAL	1
CORNERSTONE MEDICAL CENTER	3
DEKALB MEDICAL CTR-DECATUR	364
DEKALB MEDICAL CTR-DOWNTOWN	25
EASTSIDE MED CENTER	60
EASTSIDE MEDICAL CENTER SNELLVILLE	238
EMORY CRAWFORD LONG HOSPITAL GA PEACHTREE	2
EMORY JOHN'S CREEK HOSPITAL	35
EMORY ST JOSEPHS HOSPITAL ATLANTA	4
EMORY UNIV HOSP-MAIN	125
EMORY UNIV HOSP-MIDTOWN	39
EMORY UNIVERSITY HOSPITAL CLIFTON RD	14
FLOYD MEDICAL CTR	56
GORDON HOSPITAL	19
GRADY HOSPITAL	2
GWINNETT MED CTR-DULUTH	92
GWINNETT MED CTR-LAWRENCEVILLE	601
JACK HUGHSTON MEMORIAL HOSPITA	1
KINDRED HOSPITAL	6
MEMORIAL HOSPITAL	2
NEWNAN HOSPITAL	3
NORTHSIDE ATLANTA HOSPITAL	86
NORTHSIDE CHEROKEE HOSPITAL	57

NORTHSIDE FORSYTH HOSPITAL	46
PARKRIDGE EAST HOSPITAL	4
PHOEBE PUTNEY MEMORIAL HOSPITAL	1
PIEDMONT FAYETTE HOSPITAL	185
PIEDMONT HENRY HOSPITAL	319
PIEDMONT HOSPITAL ATLANTA	131
PIEDMONT NEWNAN HOSPITAL	15
POLK MEDICAL CENTER	3
REDMOND REG MED CTR	75
ROCKDALE MEDICAL CENTER	253
SOUTHEASTERN REGL MED CENTER	2
SOUTHERN CRESCENT HOSPITAL	4
SOUTHERN REGIONAL HOSPITAL	132
SPALDING REGIONAL HOSPITAL	22
ST JOSEPH HOSPITAL SAVANNAH	1
SAINT JOSEPH HOSP OF ATLANTA	20
ST MARY'S HOSPITAL	4
SYLVAN GROVE HOSPITAL	4
TANNER MEDICAL CENTER	2
UNION GENERAL HOSPITAL	1
UNIVERSITY HOSPITAL	1
VA MEDICAL CENTER	1
VANDERBILT UNIVERSITY MED CTR NASHVILLE	1
WELLSTAR COBB HOSPITAL	151
WELLSTAR DOUGLAS HOSPITAL	6
WELLSTAR KENNESTONE HOSPITAL	291
WELLSTAR PAULDING HOSP	34
WELLSTAR WINDY HILL HOSPITAL	5
Total	3,656

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 12-31-2016.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	22	0	0
Licensed Practical Nurses (LPNs)	22	0	0
Aides/Assistants	35	0	0
Allied Health/Therapists	40	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	548	73
February	532	71
March	584	78
April	523	69
May	567	75
June	553	73
July	569	76
August	589	78
September	596	79
October	624	83
November	531	70
December	557	74

2A. Patient Origin Part A.

Patient Origin - Report the admissions, visits, and caseload by county for the report period. Caseload totals are for 1/1/2016. 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	66	277	11,632	151	2	0	67	123	94	284
Butts	2	15	288	6	0	0	1	6	8	15
Carroll	3	13	395	9	0	0	4	7	5	16
Catoosa	16	74	3,567	28	0	0	8	26	40	74
Chattooga	16	40	1,696	22	0	0	12	21	14	47
Cherokee	1	2	63	2	0	0	0	2	0	2
Clayton	74	692	15,320	318	0	0	256	245	164	665
Cobb	193	1,161	32,234	516	4	0	260	434	519	1,213
DeKalb	27	412	7,285	162	2	0	118	125	142	385

Douglas	4	21	301	11	0	0	10	8	6	24
Fayette	2	10	263	4	0	0	3	4	3	10
Floyd	65	437	11,317	144	2	0	61	117	146	324
Fulton	17	27	3,050	61	0	0	49	53	34	136
Gilmer	9	43	891	29	0	0	9	26	8	43
Gordon	27	107	4,817	40	1	0	26	34	43	103
Gwinnett	210	2,020	40,674	902	12	0	520	754	737	2,011
Henry	82	624	14,156	316	1	0	184	264	196	644
Murray	0	13	412	6	0	0	5	4	4	13
Newton	15	111	2,675	52	0	0	37	43	32	112
Paulding	23	164	4,814	91	1	0	41	73	52	166
Pickens	4	78	1,468	36	0	0	27	30	16	73
Polk	0	8	273	6	0	0	1	5	2	8
Spalding	0	1	8	1	0	0	0	1	0	1
Walton	5	90	1,230	34	0	0	28	32	24	84
Rockdale	42	333	7,552	160	0	0	82	130	112	324
Total by Age	0	0	0	0	0	0	1,809	2,567	2,401	6,777

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	3,093,203	1,925,390	5,150
Butts	76,585	47,671	0
Carroll	105,039	65,382	0
Catoosa	948,543	590,429	2,575
Chattooga	451,003	280,731	0
Cherokee	16,753	10,428	0
Clayton	4,073,923	2,535,847	5,150
Cobb	8,571,725	5,335,541	12,876
DeKalb	1,937,241	1,205,852	2,575
Douglas	80,042	49,823	0
Fayette	69,937	43,533	0
Floyd	3,009,438	1,873,249	5,150
Fulton	811,062	504,852	0
Gilmer	236,936	147,483	0
Gordon	1,280,946	797,335	2,575
Gwinnett	10,816,106	6,732,575	18,027
Henry	3,764,390	2,343,176	5,150
Murray	109,560	68,196	0
Newton	711,341	442,780	0
Paulding	1,280,148	796,839	2,575

Pickens	390,373	242,991	0
Polk	72,597	45,188	0
Spalding	2,127	1,324	0
Walton	327,084	203,596	0
Rockdale	2,008,242	1,250,047	2,575
Total	44,244,344	27,540,258	64,378

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: 04/24/2018

Title: Vice President, Controller and Chief Accounting Officer

Comments: