



2016 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: 30458-6025

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.

11-4033

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: 913-814-2937

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	1225 West Wheeler Parkway Suite	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	44,060	140
Physical Therapy	33,458	165
Home Health Aide	3,073	75
Occupational Therapy	11,527	165
Medical Social Services	2,300	175
Speech Pathology	1,676	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.

598

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).

700

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	6
Asian	17
Black/African American	1,030
Hispanic/Latino	26
Pacific Islander/Hawaiian	0
White	2,097
Multi-Racial	30

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	1,156
Female	2,050

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	1,911	61,756	17,312,968	8,748,402
Medicaid	147	2,653	127,307	119,572
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	428	15,269	1,653,359	1,433,483
Other Third Party Insurers	275	5,103	523,093	658,472
Self Pay	62	1,036	97,902	25,683
Other Non Government	383	10,277	3,738,721	1,815,966

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	23,453,350
Medicare Contractual Adjustments	8,564,567
Medicaid & Peachcare Contractual Adjustments	2,426
Other Contractual Adjustments	1,989,631
Total Contractual Adjustments	10,556,624
Bad Debt	53,601
Indigent Care Gross Charges	41,547
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	41,547
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	12,801,578
Adjusted Gross Patient Revenue	14,832,756
Other Revenue	0
Total Net Revenue	12,801,578
Total Expenses	0
Adjusted Gross Revenue	14,832,756
Total Uncompensated I/C Care	41,547
Percent Uncompensated Indigent/Charity Care	0.28%

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.

19

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)	17
Physicians	3,123
Other Home Health Agencies	51
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 ATLANTA	1
EISENHOWER ARMY MEDICAL CENTER	3
DOCTORS HOSPITAL-AUGUSTA	12
VA MEDICAL CENTER AUGUSTA	1
Total	17

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)	13	0	0
Licensed Practical Nurses (LPNs)	16	0	0
Aides/Assistants	27	0	0
Allied Health/Therapists	19	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 applicable
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	244	39
February	272	44
March	272	44
April	259	42
May	238	39
June	276	45
July	276	45
August	252	41
September	275	45
October	258	42
November	278	45
December	264	43

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
Bryan	23	102	3,343	52	1	0	18	44	43	105
Bulloch	156	780	22,565	375	4	0	200	316	265	781
Candler	21	118	3,480	60	1	0	23	49	47	119
Effingham	8	31	1,117	21	0	0	8	17	8	33
Emanuel	18	106	2,776	59	1	0	28	52	31	111
Evans	27	88	2,740	35	1	0	22	32	45	99
Jenkins	18	71	2,367	39	0	0	21	32	28	81
Screven	37	213	7,078	112	1	0	47	96	67	210
Richmond	162	1,013	34,457	484	7	0	281	391	341	1,013

Tattnall	13	121	2,936	63	1	0	36	52	30	118
Burke	9	74	1,951	42	0	0	22	35	17	74
Columbia	42	289	7,127	140	1	0	66	121	120	307
Jefferson	16	128	3,579	65	1	0	25	52	50	127
Glascoock	3	21	460	14	0	0	5	13	3	21
Hancock	1	6	118	5	0	0	1	4	2	7
Total by Age	0	0	0	0	0	0	803	1,306	1,097	3,206

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	815,915	516,015	2,187
Bulloch	5,507,366	3,483,060	8,746
Candler	849,352	537,161	2,187
Effingham	272,623	172,416	0
Emanuel	677,529	428,494	2,187
Evans	668,743	422,937	2,187
Jenkins	577,706	365,362	0
Screven	1,727,504	1,092,537	2,187
Richmond	8,409,808	5,318,672	15,305
Tattnall	716,580	453,191	2,187
Burke	476,174	301,150	0
Columbia	1,739,464	1,100,100	2,187
Jefferson	873,515	552,443	2,187
Glascoock	112,271	71,004	0
Hancock	28,800	18,214	0
Total	23,453,350	14,832,756	41,547

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: 02/24/2017

Title: Vice President, Controller and Chief Accounting Officer

Comments: