GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2016 Home Health Survey

Part A : General Information

1. Identification

UID:HHA140

Facility Name: Gentiva Health Services

County: Forsyth

Street Address: 2080 Ronald Reagan Blvd Suite 500

City: Cumming

Zip: 30041

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 1,2016 - 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
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. ☐

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.

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	10,685	140
Physical Therapy	10,385	165
Home Health Aide	649	75
Occupational Therapy	2,981	165
Medical Social Services	170	175
Speech Pathology	965	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.

194

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).

339

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	1
Asian	5
Black/African American	50
Hispanic/Latino	21
Pacific Islander/Hawaiian	0
White	926
Multi-Racial	151

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	458
Female	696

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	799	20,014	6,346,582	3,447,720
Medicaid	23	328	22,377	22,263
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	108	2,146	277,253	240,905
Other Third Party Insurers	126	1,769	265,084	218,448
Self Pay	29	184	18,693	0
Other Non Government	69	1,394	439,797	232,359

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	7,369,786
Medicare Contractual Adjustments	2,898,862
Medicaid & Peachcare Contractual Adjustments	0
Other Contractual Adjustments	279,786
Total Contractual Adjustments	**3,178,648**
Bad Debt	29,443
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**0**
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**0**
Other Free Care	0
Total Net Patient Revenue	**4,161,695**
Adjusted Gross Patient Revenue	**4,441,481**
Other Revenue	0
Total Net Revenue	**4,161,695**
Total Expenses	0
Adjusted Gross Revenue	**4,441,481**
Total Uncompensated I/C Care	**0**
Percent Uncompensated Indigent/Charity Care	**0.00%**

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.

3

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)	714
Physicians	184
Other Home Health Agencies	4
All Other Healthcare Providers	252

7. Referral Hospitals

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

Hospital Name	Patients Referred
ATLANTA VA MEDICAL CENTER	2
CARTERSVILLE MEDICAL CENTER	1
DEKALB MEDICAL CTR AT DECATUR	1
EMORY JOHNS CREEK HOSPITAL	38
EMORY UNIV HOSP-MAIN	13
EMORY UNIV HOSP-MIDTOWN	8
FLOYD MEDICAL CENTER	1
GWINNETT MED CTR-DULUTH	2
GWINNETT MED CTR-LAWRENCEVILLE	38
KENNESTONE WELLSTAR HOSPITAL	3
KINDRED HOSPITAL	1
NORTH FULTON MEDICAL CTR	3
NORTH FULTON REG HOS	17
NORTHSIDE ATLANTA HOSPITAL	18
NORTHSIDE FORSYTH MED CTR	117
NORTHSIDE HOSPITAL	143
PIEDMONT FAYETTE HOSPITAL	1
PIEDMONT HOSPITAL	16
PIEDMONT MOUNTAINSIDE HOSP	10
SAINT JOSEPH HOSP OF ATLANTA	13
WELLSTAR KENNESTONE HOSPITAL	63
VA MEDICAL CENTER	1
WELLSTAR DOUGLAS HOSPITAL	1
EASTSIDE MED CENTER	2
NORTHSIDE CHEROKEE HOSPITAL	201
Total	**714**

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)	5	0	0
Licensed Practical Nurses (LPNs)	3	0	0
Aides/Assistants	4	0	0
Allied Health/Therapists	9	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

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	103	12
February	80	9
March	103	12
April	89	10
May	84	10
June	112	13
July	101	12
August	99	11
September	86	10
October	86	10
November	86	10
December	101	12

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
Cherokee	73	534	11,836	240	1	0	114	216	211	541
Cobb	4	34	668	20	0	0	12	11	12	35
Forsyth	45	340	7,105	191	1	0	78	161	111	350
Fulton	5	27	590	14	0	0	10	8	11	29
Gwinnett	27	192	5,636	83	1	0	39	58	102	199
Total by Age	**0**	**0**	**0**	**0**	**0**	**0**	**253**	**454**	**447**	**1,154**

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	3,376,380	2,034,812	0
Cobb	190,556	114,841	0
Forsyth	2,026,798	1,221,472	0
Fulton	168,306	101,431	0
Gwinnett	1,607,746	968,925	0
Total	**7,369,786**	**4,441,481**	**0**

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: 02/24/2017

Title: Vice President, Controller and Chief Accounting Officer

Comments: