



2016 Home Health Survey

Part A : General Information

1. Identification

UID:HHA142

Facility Name: Gentiva Health Services

County: Fayette

Street Address: 277 Highway 74 North Suite 307

City: Peachtree City

Zip: 30269

Mailing Address: 277 Highway 74 North Suite 307

Mailing City: Peachtree City

Mailing Zip: 30269-1571

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.

614408124A

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.

11-7137

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 Griffin, LLC	For Profit	03/03/2002

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.
Griifin	246 O'Dell Road, Unit 5	Griffin	Spalding	03/03/2002

Villa Rica	845 South Carroll Road Suite C	Villa Rica	Carroll	04/01/2008
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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	46,176	140
Physical Therapy	28,894	165
Home Health Aide	3,515	75
Occupational Therapy	11,786	165
Medical Social Services	395	175
Speech Pathology	6,527	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.

684

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).

904

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	6
Black/African American	564
Hispanic/Latino	19
Pacific Islander/Hawaiian	0
White	1,701
Multi-Racial	965

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	1,298
Female	1,959

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	2,124	65,677	19,309,195	10,284,242
Medicaid	109	2,294	134,615	125,411
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	329	11,552	1,229,074	1,060,195
Other Third Party Insurers	208	3,414	488,916	387,812
Self Pay	84	1,165	141,274	45,043
Other Non Government	403	12,921	4,260,611	2,229,615

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	25,563,685
Medicare Contractual Adjustments	9,024,953
Medicaid & Peachcare Contractual Adjustments	3,189
Other Contractual Adjustments	2,268,207
Total Contractual Adjustments	11,296,349
Bad Debt	107,570
Indigent Care Gross Charges	27,448
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	27,448
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	14,132,318
Adjusted Gross Patient Revenue	16,427,973
Other Revenue	0
Total Net Revenue	14,132,318
Total Expenses	0
Adjusted Gross Revenue	16,427,973
Total Uncompensated I/C Care	27,448
Percent Uncompensated Indigent/Charity Care	0.17%

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)	1,787
Physicians	1,018
Other Home Health Agencies	21
All Other Healthcare Providers	431

7. Referral Hospitals

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

Hospital Name	Patients Referred
STRINGFELLOW MEMORIAL HOSPITAL	1
SYLVAN GROVE HOSPITAL	22
TANNER MEDICAL CARROLLTON	78
TANNER MEDICAL CENTER	14
UNIVERSITY HOSPITAL AUGUSTA	1
UPSON REGIONAL HOSPITAL	14
UPSON REGIONAL MEDICAL CENTER	12
VA MEDICAL CENTER	27
WELLSTAR COBB HOSPITAL	59
WELLSTAR DOUGLAS HOSPITAL	79
WELLSTAR KENNESTONE HOSPITAL	22
WELLSTAR PAULDING HOSPITAL	4
WEST GEORGIA MEDICAL CENTER	2
ATLANTA MEDICAL CENTER	18
ATLANTA VA MEDICAL CENTER	9
COLISEUM MEDICAL CENTER	1
DEKALB MEDICAL CTR AT DECATUR	33
EASTSIDE MEDICAL CENTER SNELLVILLE	1
EMORY CRAWFORD LONG HOSPITAL GA PEACHTREE	4
EMORY JOHN'S CREEK HOSPITAL	4
EMORY UNIV HOSP-MAIN	50
EMORY UNIV HOSP-MIDTOWN	61
FLOYD MEDICAL CTR	3
GWINNETT MED CTR-LAWRENCEVILLE	9
HIGGINS GENERAL HOSPITAL	9
JACK HUGHSTON MEMORIAL HOSPITAL	2

KINDRED HOSPITAL	1
MEDICAL CTR OF CENTRAL GA	10
NORTHSIDE ATLANTA HOSPITAL	25
NORTHSIDE CHEROKEE HOSPITAL	1
NORTHSIDE FORSYTH HOSPITAL	6
PHOEBE PUTNEY MEMORIAL HOSP	1
PIEDMONT FAYETTE HOSPITAL	603
PIEDMONT HENRY HOSPITAL	61
PIEDMONT HOSPITAL ATLANTA	122
PIEDMONT NEWNAN HOSPITAL	183
REDMOND REG MED CTR	1
ROCKDALE MEDICAL CENTER	1
SELECT SPECIALTY HOSPITAL	3
SOUTH FULTON MEDICAL CENTER	2
SOUTHEASTERN REGL MED CENTER	5
SOUTHERN CRESCENT HOSPITAL	6
SOUTHERN REGIONAL HOSPITAL	28
SPALDING REGIONAL HOSPITAL	187
ST JOSEPHS HOSPITAL ATLANTA	2
Total	1,787

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)	11	0	0
Licensed Practical Nurses (LPNs)	16	0	0
Aides/Assistants	18	0	0
Allied Health/Therapists	23	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	270	44
February	269	44
March	274	44
April	254	41
May	294	48
June	267	43
July	269	44
August	267	43
September	286	46
October	263	43
November	257	42
December	315	51

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
Coweta	66	438	12,960	223	3	0	110	192	143	445
Douglas	61	284	10,394	155	3	0	56	135	104	295
Fayette	84	570	15,194	255	4	0	115	223	229	567
Fulton	92	576	14,477	273	4	0	152	230	193	575
Lamar	14	109	3,348	51	1	0	33	41	31	105
Meriwether	4	20	734	12	0	0	3	11	6	20
Pike	13	103	3,202	56	1	0	21	51	30	102
Spalding	77	409	14,384	198	4	0	122	155	127	404
Upton	17	115	3,470	59	1	0	38	49	17	104

Carroll	36	360	9,499	163	20	0	66	148	127	341
Haralson	16	110	3,254	69	1	0	24	59	29	112
Heard	2	27	702	19	0	0	3	17	7	27
Butts	23	164	5,405	82	1	0	36	71	53	160
Total by Age	0	0	0	0	0	0	779	1,382	1,096	3,257

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
Coweta	3,414,710	2,194,392	3,294
Douglas	2,738,618	1,759,916	3,294
Fayette	4,003,325	2,572,652	4,391
Fulton	3,814,410	2,451,252	4,391
Lamar	882,133	566,885	1,098
Meriwether	193,395	124,281	0
Pike	843,665	542,164	1,098
Spalding	3,789,906	2,435,503	4,392
Upson	914,278	587,542	1,098
Carroll	2,502,803	1,608,375	2,196
Haralson	857,366	550,969	1,098
Heard	184,963	118,865	0
Butts	1,424,113	915,177	1,098
Total	25,563,685	16,427,973	27,448

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: 02/23/2017

Title: Vice President, Controller and Chief Accounting Officer

Comments: