



2016 Home Health Survey

Part A : General Information

1. Identification

UID:HHA148

Facility Name: Gentiva Health Services

County: Decatur

Street Address: 430 East Shotwell Street

City: Bainbridge

Zip: 39819

Mailing Address: 430 East Shotwell Street

Mailing City: Bainbridge

Mailing Zip: 39819

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.

589839623A

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.

11-4151

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 Southwest Georgia Inc.	For Profit	10/01/2008

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Gentiva Health Services	For Profit	12/31/2000

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.
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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	27,576	140
Physical Therapy	17,222	165
Home Health Aide	2,813	75
Occupational Therapy	5,411	165
Medical Social Services	0	175
Speech Pathology	1,986	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.

428

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).

369

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	1
Black/African American	523
Hispanic/Latino	6
Pacific Islander/Hawaiian	0
White	1,111
Multi-Racial	3

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	575
Female	1,069

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	964	33,041	9,425,254	4,537,657
Medicaid	60	1,488	79,612	75,750
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	289	10,702	1,103,837	975,812
Other Third Party Insurers	51	1,455	234,586	196,254
Self Pay	24	439	31,532	0
Other Non Government	256	7,883	3,007,946	1,420,503

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	13,882,767
Medicare Contractual Adjustments	4,887,597
Medicaid & Peachcare Contractual Adjustments	535
Other Contractual Adjustments	1,735,865
Total Contractual Adjustments	6,623,997
Bad Debt	38,663
Indigent Care Gross Charges	14,131
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	14,131
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	7,205,976
Adjusted Gross Patient Revenue	8,955,972
Other Revenue	0
Total Net Revenue	7,205,976
Total Expenses	0
Adjusted Gross Revenue	8,955,972
Total Uncompensated I/C Care	14,131
Percent Uncompensated Indigent/Charity Care	0.16%

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.

9

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)	587
Physicians	609
Other Home Health Agencies	3
All Other Healthcare Providers	445

7. Referral Hospitals

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

Hospital Name	Patients Referred
MEMORIAL HOSPITAL & MANOR	158
ARCHBOLD MEDICAL CENTER	74
ATLANTA MEDICAL CENTER	1
BAINBRIDGE MEMORIAL HOSPITAL	1
COLQUITT REGIONAL	15
COLUMBUS REGIONAL HOSPITAL	1
COLUMBUS REGIONAL HUGHSTON HOSPITAL	1
DONALSONVILLE HOSPITAL	15
EARLY MEMORIAL HOSPITAL	2
EMORY UNI MIDTOWN	2
FLOWERS HOSPITAL	19
GRADY GENERAL HOSPITAL	26
JACK HUGHSTON MEMORIAL HOSPITA	14
MILLER COUNTY HOSPITAL	51
NOLAND HOSPITAL DOTHAN	2
NORTHSIDE HOSPITAL	1
PHOEBE PUTNEY MEMORIAL HOSP	36
PHOEBE WORTH MEDICAL CENTER	2
PIONEER COMMUNITY HOSPITAL	49
SELECT SPECIALTY HOSPITAL	4
SOUTHEAST ALABAMA MEDICAL CTR	70
SOUTHWEST GEORGIA REGIONAL	4
ST FRANCIS HOSPITAL	1
TALLAHASSEE MEMORIAL HOSPITAL	38
Total	587

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)	9	0	0
Licensed Practical Nurses (LPNs)	9	0	0
Aides/Assistants	13	0	0
Allied Health/Therapists	10	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	90 days
Licensed Practical Nurse	30 days
Aide/Assistant	30 days
Allied Health/Therapists	90 days

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	152	30
February	123	24
March	141	28
April	135	27
May	117	23
June	160	32
July	144	29
August	159	31
September	162	32
October	138	27
November	119	24
December	132	26

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
Decatur	221	1,241	40,465	536	7	0	274	441	493	1,208
Thomas	53	343	11,504	142	2	0	37	127	173	337
Mitchell	21	98	3,039	49	0	0	22	42	35	99
Total by Age	0	0	0	0	0	0	333	610	701	1,644

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
Decatur	10,212,445	6,588,195	10,991
Thomas	2,903,348	1,872,991	3,140
Mitchell	766,974	494,786	0
Total	13,882,767	8,955,972	14,131

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: