GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2014 Home Health Survey

Part A : General Information

1. Identification

UID:HHA131

Facility Name: MedSide Healthcare

County: Fulton

Street Address: 1120 Hope Road

City: Sandy Springs

Zip: 30350

Mailing Address: 1120 Hope Road

Mailing City: Sandy Springs

Mailing Zip: 30350

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.
00849527A

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.
117126

2. Report Period

Report Data for the full twelve month period, January 1,2014 - December 31, 2014 (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: Victor Vaysman

Contact Title: CEO

Phone: 404-633-7433

Fax: 888-829-7626

E-mail: victor@medside.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
1120 Hope Road LLC	For Profit	12/28/2009

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
	Not Applicable	

C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
MedSide Corporation	For Profit	01/01/2004

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
	Not Applicable	

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
	Not Applicable	

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
	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	7,705	220
Physical Therapy	7,098	280
Home Health Aide	2,725	150
Occupational Therapy	2,425	280
Medical Social Services	171	280
Speech Pathology	549	280
	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 31,2014.

187

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).

350

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	52
Black/African American	577
Hispanic/Latino	14
Pacific Islander/Hawaiian	0
White	437
Multi-Racial	106

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	464
Female	722

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	303	5,215	1,268,650	950,488
Medicaid	92	1,259	300,930	77,988
Other Government Payers	1	2	440	0
Managed Care (HMO/PPO)	750	13,131	3,157,040	1,674,097
Other Third Party Insurers	12	117	28,700	13,598
Self Pay	105	949	216,130	2,350
Other Non Government	0	0	0	0

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 2014. ☑

If you indicated yes above, please indicate the effective date of the policy or policies.

01/01/2003

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.

Victor Vaysman

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 2014 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	4,971,890
Medicare Contractual Adjustments	318,162
Medicaid & Peachcare Contractual Adjustments	219,905
Other Contractual Adjustments	1,422,280
Total Contractual Adjustments	**1,960,347**
Bad Debt	80,292
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**0**
Charity Care Gross Charges	212,730
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**212,730**
Other Free Care	0
Total Net Patient Revenue	**2,718,521**
Adjusted Gross Patient Revenue	**4,353,531**
Other Revenue	0
Total Net Revenue	**2,718,521**
Total Expenses	2,327,032
Adjusted Gross Revenue	**4,353,531**
Total Uncompensated I/C Care	**212,730**
Percent Uncompensated Indigent/Charity Care	**4.89%**

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.

100

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)	633
Physicians	141
Other Home Health Agencies	132
All Other Healthcare Providers	1,022

7. Referral Hospitals

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

Hospital Name	Patients Referred
AMERICAN TRANSITIONAL HOSPITALS LLC	1
ATLANTA MEDICAL CENTER	134
DEKALB MEDICAL CENTER INC.	122
EASTSIDE MEDICAL CENTER	19
EHCA JOHNS CREEK	3
EMORY UNIVERSITY HOSPITAL	106
EMORY-ADVENTIST	1
GRADY MEMORIAL HOSPITAL	21
GWINNETT HOSPITAL SYSTEM	37
KENNESTONE HOSPITAL	12
KINDRED HOSPITALS	9
NORTH FULTON MEDICAL CENTER	75
NORTHSIDE HOSPITAL	3
PIEDMONT HOSPITAL	37
REGENCY HOSPITAL COMPANY OF SOUTH ATLANTA	1
SAINT JOSEPHS HOSPITAL OF ATLANTA	28
SHEPHERD CENTER	4
VA MEDICAL CENTER	20
Total	**633**

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 12-31-2014.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	5	0	0
Licensed Practical Nurses (LPNs)	5	4	0
Aides/Assistants	5	2	0
Allied Health/Therapists	10	2	2

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	4 weeks
Licensed Practical Nurse	4 weeks
Aide/Assistant	1 week
Allied Health/Therapists	8 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	79	6
February	80	3
March	93	4
April	69	9
May	76	9
June	117	4
July	101	8
August	97	8
September	73	13
October	104	20
November	77	18
December	106	13

2A. Patient Origin Part A.

Patient Origin - Report the admissions, visits, and caseload by county for the report period. Caseload totals are for 1/1/2014. 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
Clayton	0	4	81	1	0	0	2	1	0	3
Cobb	16	72	1,252	30	2	2	44	20	15	81
DeKalb	35	349	5,556	164	39	0	147	117	78	342
Fulton	58	503	8,938	232	48	1	179	177	141	498
Gwinnett	40	259	4,846	120	11	1	96	93	72	262
Total by Age	**0**	**0**	**0**	**0**	**0**	**4**	**468**	**408**	**306**	**1,186**

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
Clayton	21,120	17,360	0
Cobb	292,380	264,281	1,400
DeKalb	1,339,820	1,192,177	69,070
Fulton	2,112,200	1,827,726	118,420
Gwinnett	1,206,370	1,051,987	23,840
Total	**4,971,890**	**4,353,531**	**212,730**

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: Victor Vaysman

Date: 12/08/2020

Title: CEO

Comments: