



2015 Home Health Survey

Part A : General Information

1. Identification

UID:HHA040

Facility Name: Interim Healthcare of Atlanta Inc.

County: Fulton

Street Address: 6000 Lake Forrest Dr. Suite 500

City: Atlanta

Zip: 30328-3822

Mailing Address: 6000 Lake Forrest Dr. Suite 500

Mailing City: Atlanta

Mailing Zip: 30328-3822

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.

00238213A

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.

117067

2. Report Period

Report Data for the full twelve month period, January 1, 2015 - December 31, 2015 (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: Melanie Barry-Griggs

Contact Title: RN, Administrator/Vice President, Clinical Operations

Phone: 404-843-2708

Fax: 404-843-1361

E-mail: mgriggs@interimhealthcare.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
STG Healthcare of Atlanta, Inc. dba Interim Healthcare of Atlanta	For Profit	12/27/2008

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
STG Healthcare of Atlanta	For Profit	12/27/2008

C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
STG Healthcare of Atlanta	For Profit	12/27/2008

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	44,094	120
Physical Therapy	29,916	130
Home Health Aide	8,006	60
Occupational Therapy	10,360	130
Medical Social Services	307	150
Speech Pathology	1,235	130
	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, 2015.

687

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).

3966

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	0
Black/African American	2,480
Hispanic/Latino	0
Pacific Islander/Hawaiian	0
White	2,479
Multi-Racial	0

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	2,480
Female	2,479

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	2,452	61,805	13,795,672	13,364,984
Medicaid	319	4,851	336,124	329,941
Other Government Payers	164	1,663	214,005	212,740
Managed Care (HMO/PPO)	1,716	19,639	2,880,386	2,829,802
Other Third Party Insurers	8	4,924	738,881	726,631
Self Pay	18	35	41,754	41,214
Other Non Government	249	118	13,858	13,530

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 2015. ☒

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

01/01/2009

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.

Melanie Barry-Griggs RN Administrator/Vice President Clinical Services

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 2015 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	18,020,680
Medicare Contractual Adjustments	0
Medicaid & Peachcare Contractual Adjustments	0
Other Contractual Adjustments	0
Total Contractual Adjustments	0
Bad Debt	265,708
Indigent Care Gross Charges	236,130
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	236,130
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	17,518,842
Adjusted Gross Patient Revenue	17,754,972
Other Revenue	0
Total Net Revenue	17,518,842
Total Expenses	0
Adjusted Gross Revenue	17,754,972
Total Uncompensated I/C Care	236,130
Percent Uncompensated Indigent/Charity Care	1.33%

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.

249

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)	2,239
Physicians	1,084
Other Home Health Agencies	66
All Other Healthcare Providers	1,537

7. Referral Hospitals

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

Hospital Name	Patients Referred
Atlanta Medical Center	136
Athens Regional Hospital	1
Dekalb Medical Center	66
Eastside Medical Center	61
Emory Hospitals (Main, Midtown, St. Josephs, Johns Creek)	138
Grady	650
Gwinnett Medical Center	24
North Fulton Hospital	10
Northside Hospitals	19
Piedmont Hospitals	57
Regency Hospital	5
Rockdale Medical Center	5
Shepherd Center	10
Southern Regional	60
Wellstar Hospitals	335
Total	1,577

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 12-31-2015.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	35	10	2
Licensed Practical Nurses (LPNs)	26	1	0
Aides/Assistants	8	7	0
Allied Health/Therapists	36	0	36

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 months
Licensed Practical Nurse	2 months
Aide/Assistant	1 month
Allied Health/Therapists	2 months

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	398	10
February	388	12
March	414	28
April	421	54
May	420	33
June	411	34
July	461	40
August	470	47
September	450	62
October	356	54
November	342	36
December	362	25

2A. Patient Origin Part A.

Patient Origin - Report the admissions, visits, and caseload by county for the report period. Caseload totals are for 1/1/2015. 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
Fulton	0	0	0	0	0	5	1,159	2,256	1,539	4,959
Total by Age	0	0	0	0	0	5	1,159	2,256	1,539	4,959

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
Fulton	18,020,680	17,754,972	236,130

Total	18,020,680	17,754,972	236,130
-------	------------	------------	---------

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: Debra Erickson-Louchart, RN

Date: 02/07/2020

Title: President

Comments:

Data provided in the following parts is inaccurate as our computer system does not provide reports with the breakdown as requested: *Part D: #5 & #6 *Part G: 2A