



2016 Home Health Survey

Part A : General Information

1. Identification

UID:HHA040

Facility Name: Interim Healthcare of Atlanta, Inc.

County: Fulton

Street Address: 5555 Glenridge Connector, Suite 750

City: Atlanta

Zip: 30342

Mailing Address: 5555 Glenridge Connector Suite 750

Mailing City: Atlanta

Mailing Zip: 30342

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.

952322115B

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 1,2016 - 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: Lisa Rainey, RN

Contact Title: Administrator/President

Phone: 404-843-2708

Fax: 404-843-1361

E-mail: lrainey@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, Inc.	For Profit	12/27/2008

B. Owner's Parent Organization

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

C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
STG Healthcare of Atlanta, Inc	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	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	38,522	120
Physical Therapy	28,208	130
Home Health Aide	6,208	60
Occupational Therapy	10,645	130
Medical Social Services	420	150
Speech Pathology	1,164	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, 2016.

680

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).

3483

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	1,827
Hispanic/Latino	0
Pacific Islander/Hawaiian	0
White	2,728
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	1,595
Female	2,960

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	2,523	60,008	10,473,924	10,056,727
Medicaid	288	4,153	297,667	291,765
Other Government Payers	231	2,974	367,829	360,535
Managed Care (HMO/PPO)	1,138	17,393	1,007,064	987,096
Other Third Party Insurers	367	19,995	1,592,863	1,561,281
Self Pay	0	0	0	0
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 2016.

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.

Lisa Rainey, RN/Administrator

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	13,739,347
Medicare Contractual Adjustments	0
Medicaid & Peachcare Contractual Adjustments	0
Other Contractual Adjustments	0
Total Contractual Adjustments	0
Bad Debt	355,445
Indigent Care Gross Charges	126,498
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	126,498
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	13,257,404
Adjusted Gross Patient Revenue	13,383,902
Other Revenue	0
Total Net Revenue	13,257,404
Total Expenses	0
Adjusted Gross Revenue	13,383,902
Total Uncompensated I/C Care	126,498
Percent Uncompensated Indigent/Charity Care	0.95%

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.

172

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)	3,281
Physicians	1,183
Other Home Health Agencies	45
All Other Healthcare Providers	2,003

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	166
Dekalb Medical Center	42
Eastside Medical Center	216
Grady Hospital	842
Gwinnett Medical Center	19
North Fulton	7
Northside Hospital	12
Piedmont Hospital System	159
Southern Regional	175
Wellstar Hospital System	607
Emory Hospital System	405
Shepherd Center	5
VA Hospital	626
Total	3,281

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)	20	2	0
Licensed Practical Nurses (LPNs)	17	0	0
Aides/Assistants	5	0	0
Allied Health/Therapists	35	0	35

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	< 1 month
Licensed Practical Nurse	<1 month
Aide/Assistant	<1 month
Allied Health/Therapists	<1 month

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	329	15
February	343	38
March	418	11
April	424	8
May	377	13
June	411	6
July	397	14
August	359	7
September	356	10
October	348	21
November	277	30
December	317	25

2A. Patient Origin Part A.

Patient Origin - Report the admissions, visits, and caseload by county for the report period. Caseload totals are for 1/1/2016. 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
Cobb	134	654	16,849	164	0	0	164	164	654	982
DeKalb	121	932	15,066	233	0	0	233	233	367	833
Gwinnett	114	957	21,893	240	0	0	240	240	374	854
Fayette	12	250	121	62	0	0	62	62	196	320
Douglas	15	100	574	25	0	0	25	25	50	100
Clayton	7	282	642	70	0	0	70	70	204	344
Fulton	128	1,380	15,287	345	0	0	345	345	432	1,122
Total by Age	0	0	0	0	0	0	1,139	1,139	2,277	4,555

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
Cobb	1,742,571	1,672,003	6,538
DeKalb	2,397,186	2,300,153	31,470
Gwinnett	3,483,446	3,342,371	18,721
Fayette	274,548	464,353	3,556
Douglas	938,311	900,309	3,520
Clayton	686,372	658,573	8,877
Fulton	4,216,913	4,046,140	53,816
Total	13,739,347	13,383,902	126,498

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: Lisa Rainey, RN

Date: 02/06/2019

Title: Administrator/President

Comments:

Please note: Due to software system limitations, the data for Part D:#5 and #6 and Part G:2A is inaccurate. Our soft ware does not provide reporting to break down theses specific categories. Please let me know if you need any further information. Thanks! Lisa Rainey, RN Administrator