GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2016 Home Health Survey

Part A : General Information

1. Identification

UID:HHA089

Facility Name: LHCG XL, LLC d/b/a Georgia Home Health

County: Fulton

Street Address: 2000 Riveredge Parkway, Suite 925

City: Atlanta

Zip: 30328

Mailing Address: Post Office Box 51266

Mailing City: Lafayette

Mailing Zip: 70505

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.
000814261B

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.
11-7096

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: Jodi B. Bordelon

Contact Title: Licensure & Regulary Paralegal

Phone: 337-233-1307

Fax: 337-233-5764

E-mail: LRA@LHCGROUP.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
LHCG XL, LLC	For Profit	07/01/2013

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
LHC Group, Inc.	For Profit	01/20/2005

C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Georgia Health Care Group, LLC	For Profit	03/14/2005

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.

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	9,293	300
Physical Therapy	5,511	300
Home Health Aide	256	185
Occupational Therapy	1,687	300
Medical Social Services	257	300
Speech Pathology	645	300
	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.

191

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).

1021

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	4
Asian	12
Black/African American	327
Hispanic/Latino	15
Pacific Islander/Hawaiian	0
White	628
Multi-Racial	2

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	316
Female	672

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	679	13,216	2,268,476	2,208,908
Medicaid	17	260	44,628	43,456
Other Government Payers	7	52	8,926	8,691
Managed Care (HMO/PPO)	278	4,058	696,540	678,250
Other Third Party Insurers	0	0	0	0
Self Pay	3	36	6,179	6,017
Other Non Government	4	27	4,634	4,513

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.

07/01/2013

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.

Wendy Ingram - Administrator / Director of Nursing

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	3,029,383
Medicare Contractual Adjustments	0
Medicaid & Peachcare Contractual Adjustments	0
Other Contractual Adjustments	0
Total Contractual Adjustments	**0**
Bad Debt	71,298
Indigent Care Gross Charges	8,250
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**8,250**
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**0**
Other Free Care	0
Total Net Patient Revenue	**2,949,835**
Adjusted Gross Patient Revenue	**2,958,085**
Other Revenue	2
Total Net Revenue	**2,949,837**
Total Expenses	2,540,648
Adjusted Gross Revenue	**2,958,087**
Total Uncompensated I/C Care	**8,250**
Percent Uncompensated Indigent/Charity Care	**0.28%**

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.

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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)	216
Physicians	405
Other Home Health Agencies	1
All Other Healthcare Providers	228

7. Referral Hospitals

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

Hospital Name	Patients Referred
ALPHARETTA INTERNAL MEDICINE	1
ATLANTA MEDICAL CENTER	4
ATLANTA VA MEDICAL CENTER	8
BUDD TERRACE AT WESLEY WOODS	27
CHILDRENS HOSPITAL	1
CRAWFORD LONG HOSPITAL	1
DEKALB MEDICAL CENTER	34
DEKALB MEDICAL HILLANDALE HOSPITAL	2
DEKALB REGIONAL MEDICAL CENTER	1
EASTSIDE MEDICAL CENTER	44
EMORY HEALTHCARE	1
EMORY JOHNS CREEK HOSPITAL	3
EMORY UNIVERSITY HOSPITAL MIDTOWN	1
GLC BRIARWOOD	2
GLC DECATUR	1
GLC DUNWOODY	2
GLC GLENWOOD	4
GOLDEN LIVING CENTER-GLENWOOD	1
GRACE HEALTHCARE OF TUCKER	1
GRADY HEALTH SYSTEM	1
GWINNETT MEDICAL CENTER	7
HCR MANORCARE OF DECATUR	2
HEALTHSOUTH REHABILITATION HOSPITAL OF NEWNAN	1
LIFE CARE CENTER OF GWINNETT	3
LIFE CARE CENTER OF LAWRENCEVILLE	3
NORTH FULTON HOSPITAL	21

NORTH FULTON REGIONAL HOSPITAL	1
NORTHSIDE HOSPITAL	7
PIEDMONT HOSPITAL	5
ST JOSEPHS HOSPITAL OF ATLANTA, INC	1
SUMMITRIDGE HOSPITAL	3
VA MEDICAL CENTER - ATLANTA	15
VETERANS ADMINISTRATION - DECATUR	1
WELLSTAR COBB HOSPITAL	1
WELLSTAR KENNESTONE HOSPITAL	2
WELLSTAR HOSPITAL	3
Total	**216**

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	3	0
Licensed Practical Nurses (LPNs)	7	2	0
Aides/Assistants	5	0	0
Allied Health/Therapists	6	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	3 months
Licensed Practical Nurse	2 months
Aide/Assistant	2 months
Allied Health/Therapists	3 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	61	19
February	61	6
March	66	14
April	44	12
May	65	12
June	43	12
July	41	11
August	57	6
September	58	8
October	74	15
November	84	7
December	64	10

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
DeKalb	77	431	9,538	161	0	0	74	140	288	502
Fulton	39	230	5,117	109	0	1	41	90	136	268
Gwinnett	31	189	2,994	106	0	0	37	90	91	218
Total by Age	**0**	**0**	**0**	**0**	**0**	**1**	**152**	**320**	**515**	**988**

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
DeKalb	1,637,161	1,598,629	4,459
Fulton	878,313	857,643	2,391
Gwinnett	513,909	501,813	1,400
Total	**3,029,383**	**2,958,085**	**8,250**

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: Donald D. Stelly

Date: 03/03/2017

Title: President

Comments: