



**Attachment A:  
Information Request for 1-Year Follow-Up Review – 002 Falcon Hospice**

*Instructions.* The Oregon Health Authority (OHA) requires the following information to complete its 1-year follow-up review of the above-referenced transaction pursuant to ORS 415.501(19). Please provide responses, requested materials, and data to OHA no later than **September 11, 2023**, via email to [hcmo.info@oha.oregon.gov](mailto:hcmo.info@oha.oregon.gov).

1. Please complete the attached data request workbook. Further instructions are provided in the workbook.
2. Please list all Gentiva/Kindred Hospice locations in Oregon as of August 2023, including name, address, license number, federal tax ID number, and NPIs.
3. It appears that all Kindred assumed business names in Oregon are inactive, and that Odyssey Healthcare Operating A, LP, filed the new assumed business name “Gentiva” in September 2022.
  - a. Please confirm that all Kindred Hospice locations in Oregon have been or will be rebranded as Gentiva.
  - b. Please confirm the effective date(s) of the name change.
  - c. Please explain the reason(s) for the name change.
  - d. What activities were undertaken to inform patients, caregivers, and other parties (e.g., referring provider organizations, insurance companies) in Oregon of the name change?
4. Describe any changes in governance and management of the Gentiva/Kindred Hospices in Oregon since the close of the transaction, on or after August 11, 2022.
  - a. Please describe CD&R’s involvement in decisions related to:
    - i. Management of the Gentiva/Kindred Hospices in Oregon
    - ii. Operations of the Gentiva/Kindred Hospices in Oregon
    - iii. Patient care provided by the Gentiva/Kindred Hospices in Oregon
  - b. Describe how CD&R provides advice and input in the above three areas 4.a.i, ii, and iii. Please include examples.
  - c. Does CD&R charge management or consulting fees to Gentiva/Kindred Hospice for these services?
    - i. If so, please describe these charges.
    - ii. What was the total amount charged from the transaction’s close through July 2023?
5. Describe any service or operational changes impacting the Gentiva/Kindred Hospices in Oregon since the close of the transaction. Specifically, describe any changes related to:
  - a. Number and composition of clinical staff
  - b. Number and composition of administrative staff
  - c. Staff compensation, employment terms, or associated policies
  - d. Patient care practices

- e. Patient enrollment practices
  - f. Financial assistance/charity care policies
  - g. Hours of operation
  - h. How (by what means and or at what times) patients or their caregivers can contact staff
  - i. Range of services offered
  - j. Forms of insurance accepted
  - k. Billing and payment practices/policies
  - l. Availability of translation/interpretation services
6. Provide copies of all policies governing Kindred Hospice locations in Oregon in effect as of June 2022 (or immediately prior to the transaction's close) relating to:
- a. Clinical staffing, e.g., number or type of staff providing various hospice services, allocation of staff to patients, guidelines for in-person visit duration or frequency
  - b. Employee compensation (including clinical, administrative, and management employees)
  - c. Patient care
  - d. Patient enrollment
  - e. Billing and payment
  - f. Financial assistance/charity care
7. Provide copies of all policies governing Gentiva/Kindred Hospice locations in Oregon in effect as of August 2023 relating to the areas listed in 6.a through 6.f above.
8. Provide copies of the most recent annual and quarterly financial statements for Gentiva/Kindred Hospice, including profit/loss statement, balance sheet, and cash flow statement.
- a. Please describe and quantify any changes in the assets of Gentiva/Kindred Hospice since the transaction's close.
  - b. Please describe and quantify any changes in the liabilities of Gentiva/Kindred Hospice since the transaction's close.
9. Has Gentiva/Kindred Hospice entered into any new supply agreements, changed any existing supply agreements, or terminated any supply agreements since close of the transaction? If so, please provide:
- i. The supplier's name
  - ii. A description of the products or services covered by the agreement
  - iii. (For changes to an existing agreement), a summary of any changes
  - iv. Reason(s) for the new agreement, termination, or change