

INSTRUCTIONS FOR COMPLETING THE 2009 ANNUAL REPORTS FOR HOSPICE FACILITIES



STATE HEALTH PLANNING AND DEVELOPMENT
AGENCY

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**INSTRUCTIONS FOR COMPLETION OF THE
2009 ANNUAL REPORT FOR HOSPICE FACILITIES**
Form HPCE4

These instructions for the 2009 Annual Report for Hospice Facilities are intended to assist in the completion and submission of accurate data. To ensure data integrity, and determine utilization rates of inpatient and outpatient hospice services, information reported must be consistent throughout the state. These instructions are intended to assist in the collection of data and in minimizing the number of errors. Selected verification procedures for reported information are also outlined, and are indicated by (**). Should these instructions not address a particular concern, please request additional assistance by contacting the State Health Planning and Development Agency (SHPDA), Bradford L. Williams, at (334) 242-4112, or e-mail: bradfordwilliams@shpda.alabama.gov.

Note that for each section, areas that are not applicable for the type of service or the listed location provided are grayed out on the form, and should not be filled out.

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The identification number as indicated on the mailing label is assigned by SHPDA.

Verify the name of the facility identified on the mailing label is the name of the facility as indicated on the license issued by the Alabama Department of Public Health (ADPH). Make any necessary changes to the label.

ADPH License #: A separate report **does not** have to be filed for each license, as is stated on page 1 of the report form. Instead, one report must be filed for each CON either issued or applied for under current statute. Page 10 should be completed if data for more than one licensed agency is included in the report. The license number is not required.

Mailing Address: Provide the complete mailing address to be used by SHPDA for the mailing of annual reports, data, and requests for additional information. This address may be different from the mailing/physical address of the facility.

Physical Address: Provide the complete physical address of this facility as indicated on the ADPH license.

County of Location: Provide the county of physical location of the facility.

Facility Telephone: Provide the general telephone number of the facility, including the area code.

Facility Fax: Provide the general fax telephone number of the facility, including the area code.

The signatures and requested identifying information must be provided by two separate individuals. The primary preparer of the annual report will be contacted first for additional/corrected information. If the primary preparer is not available at the time of attempted contact, the administration official will be contacted to provide additional/corrected information, and to answer any questions.

Page 2

SECTION A: PROGRAM

A1: Program Type

Agency Type: Indicate the nature of the individual hospice facility.

Ownership: Provide the organizational structure of the facility as reported to ADPH.

A2: Inpatient Facilities

This section is for the facility to provide information as to how inpatient care is provided to patients of the hospice.

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SECTION B: PATIENT VOLUME

B1: Patients Served

Total Patient Days: Indicate the breakdown of the total patient days, by how they are distributed between home care and inpatient care, along with the total number of days for the agency.

Total New Admissions: Indicate the breakdown of the total patient admissions, by how they are distributed between home care and inpatient care, along with the total number of admissions for the agency. **This section is for unduplicated, new admissions only.**

Re-admissions from Prior Years: Indicate the breakdown of the total patient admissions, by how they are distributed between home care and inpatient care, along with the total number of re-admissions for the agency. **This section is for patients who were admitted prior to the current reporting year, were discharged, and were readmitted in the current reporting year.**

Re-admissions in current year: Indicate the breakdown of the total patient admissions, by how they are distributed between home care and inpatient care, along with the total number of re-admissions for the agency. **This section is for patients who were admitted in the current reporting year, were discharged, and were re-admitted in the current reporting year. Include every re-admission, but do not include the initial admission as that has been counted in the second line of this section.**

Total Carry-overs: Indicate the breakdown of the total patients who were admitted in the previous reporting year that were still patients as of the first day of the current reporting year.

Total Deaths: Indicate the breakdown of the total patient deaths, by how they are distributed between

home care and inpatient care, along with the total number of deaths for the agency.

Total Live Discharges: Indicate the breakdown of the total live discharges and/or revocation of patients who left the hospice program by home, inpatient, and totals.

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B2: Level of Care

In this section, the total days of care for patients are broken down into Routine Home Care Days, General Inpatient Days, Inpatient Respite Days, and Continuous Care **Hours** based on the location that the services were performed for the patient. Please note the clarifications indicated on the report form for each level of care.

Routine Home Care Days: Enter the total number of routine home care days provided for patients in each of the following locations: a) Patient's Home/Residence; b) a Long Term Care Facility (such as a Nursing Home); c) an Assisted Living Facility; or d) a Free-standing or leased inpatient Hospice Facility.

General Inpatient Days: Enter the total number of general inpatient days provided for patients in each of the different areas listed at the top of the form, as well as the total number of days provided in the last column on the form.

Inpatient Respite Days: Enter the total number of inpatient respite days provided for patients in each of the different areas listed at the top of the form, as well as the total number of days provided in the last column on the form.

Continuous Care Hours: Enter the number of continuous care hours provided to patients in their residence, as well as the total number of hours in the last column on the form. **Please note: the total hours for the agency should equal the number of hours listed as being provided in the patient residence.**

B3: Admissions and Deaths by Location

In this section, the admissions recorded include both new admissions (unduplicated), as well as re-admissions (duplicated). Deaths reflect all patients who died regardless of the year that the patient was admitted to hospice care.

Home: Enter the total number of admissions and deaths as listed above that occurred in the patient's private residence.

Nursing Facility: Enter the total number of admissions and deaths as listed above that occurred in a licensed nursing home.

ALF/SCALF: Enter the total number of admissions and deaths as listed above that occurred in either an assisted living facility or a specialty care assisted living facility.

Hospice Leased Space: Enter the total number of admissions and deaths as listed above that occurred in an inpatient unit operated by a hospice and that is located in a facility that is ultimately operated by another provider. **An example of this would be leased hospice beds in a hospital or nursing home.**

Hospital: Enter the total number of admissions and deaths as listed above that occurred in a hospital in a bed **not leased to a hospice provider.**

Freestanding Inpatient Hospice Facility: Enter the total number of admissions and deaths as listed above that occurred in a freestanding inpatient unit that is both owned and operated by the hospice agency.

Total: Enter the total number of admissions and deaths as listed above that occurred in all locations listed above. **Please note: the total number of admissions in this section should match the total number of admissions listed on page 3, section B-1-b + B-1-c + B-1-d, and the total number of deaths in this section should match the total number of deaths listed on page 3, section B-1-f.**

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B4: Length of Service

To calculate Average Length of Service (ALOS): Divide the total days of care for patients discharged through death, discharge, or revocation for FY 2009 by the total number of patients discharged.

Example: 150 patients died or were discharged in 2009. The total patient days for those patients were 5300 days. $ALOS = 5300/150 = 35.33$ days.

To determine the Median Length of Service (MLOS): Arrange the LOS numbers for all patients discharged through death, discharge, or revocation for FY 2009 from lowest to highest (1,2,3...). The number that falls in the exact middle of the list is the median LOS.

Example 1 - Odd number of patients: Seven patients with the following LOS: 25, 34, 2, 17, 33, 60, 22. Arrange numbers in sequence from lowest to highest: 2, 15, 17, 22, 33, 34, 60. The number 22 is the exact middle number in the list. Therefore, the median LOS is 22.

Example 2 - Even number of patients: Eight patients with the following LOS: 25, 34, 2, 17, 33, 60, 22, 35. Arrange numbers in sequence from lowest to highest: 2, 15, 17, 22, 33, 34, 35, 60. There is no number in the exact middle. The numbers 22 and 33 share the middle position so the median falls between those two numbers. To determine the median LOS, add the two numbers and divide by 2 ($22 + 33 = 55 / 2 = 27.5$ [Median LOS])

To determine the Average Daily Census (ADC): Divide the total number of patient days by the number of service days.

Example: 28,756 patient days divided by 365 service days = ADC of 78.78.

Length of Service

Average Length of Service: Enter the average length of service for all patients of the hospice, broken down by home care and inpatient care.

Median Length of Service: Enter the median length of service for all patients of the hospice, broken down by home care and inpatient care.

Average Daily Census: Enter the average daily census for the hospice, broken down by home care, inpatient care, and total average. **Please note: add together the home care and inpatient Average Daily Census to arrive at the agency total.**

B5: Live Discharges

Discharges: Enter the total number of patients whose hospice care was not recertified because they were no longer categorized as being terminally ill; whose prognosis was extended; who moved out of the service area; or were discharged for cause; broken down by home care, inpatient care, and total number.

Revocations: Enter the total number of patients who revoked the hospice benefit for any reason, i.e. desired treatment was considered inconsistent with the hospice plan of care; broken down by home care, inpatient care, and total number.

Transfers: Enter the total number of patients who transferred their care to another hospice provider, broken down by home care, inpatient care, and total number.

B6: Length of Service by Category

In this section, list the total number of patients whose length of stay at the time of their final discharge fit into each of the following categories: 1-7 days; 8-14 days; 15-29 days; 30-59 days; 60-89 days; 90-179 days;

and 180+ days. These patients should be broken down based on whether their discharge occurred from either home care or inpatient care, and the total should be listed as well. **Note: any Inpatient stays of greater than 29 days should have an explanation listed in the space provided at the bottom of page 5. If needed, additional sheets can be used. The additional sheets should be attached to the back of the report and titled "Annual Report of Hospice Providers – Section B6 Continued".**

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SECTION C: PATIENT DEMOGRAPHICS

C1: Admissions by Reimbursement Source

In this section, the total number of new, unduplicated admissions is listed according to their primary source of reimbursement, broken down by unduplicated Medicare, unduplicated Medicaid, Private Insurance (all types), Private Pay, Charity Care, and total. These admissions are divided between home care and inpatient care, and total number. **Note: The total number of admissions should match the number of total admissions listed on Page 3, Section B-1-b.**

C2: Patients Served by Reimbursement Source

In this section, the total number of patients served is listed according to their primary source of payment as listed in section C1. Each patient is counted one time regardless of the total number of admissions for that patient. These patients served are divided between home care and inpatient care, and total number.

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C3: Diagnosis

In this section, the following definitions are used:

CATEGORIES: (Columns)

New Admissions: Include patients admitted for the first time in the current reporting period only. Patients with multiple admissions during the year are counted only once. Patients carried over from the previous year are not counted.

Deaths: Include all patients who died in the current reporting period regardless of the date of the patient's admission.

Live Discharges: Count each event. Each discharge or revocation for a patient is counted regardless of the number of times the patient left the program and was readmitted.

Patient Days: Include the Length of Stay days for all patients who died or left the program during the current reporting period. This includes the days from previous years as well as days for each re-admission for those who were live discharges.

DIAGNOSIS: (Rows)

Cancer: All cancers.

Heart: All heart disease including CHF and primary sclerotic heart disease

Alzheimer's Disease: Include dementia, vascular dementia, etc.

Lung: COPD and other non-cancerous lung diseases

Kidney: End Stage and non-cancer renal disease

Liver: Cirrhosis, advanced hepatitis, and other non-cancer liver disease

HIV: All AIDS and HIV related conditions

Debility Unspecified: Include any terminal debility, failure to thrive

Other Motor Neuron Disease: Including Parkinson's, Huntington's, MS

Stroke/Coma

ALS

All Others: Any diagnosis that does not fit into one of the above listed categories.

For each diagnosis (row) listed on the report and defined above, the total for each category (column) defined above should be provided, broken down between home care and inpatient care, along with the total number of each of the listed columns. **Note: The total number of unduplicated admissions should agree with the total admissions listed on Page 3, Section B-1-b; the total number of deaths should agree with the total deaths listed on Page 3, Section B-1-f, and the total live discharges should agree with the total live discharges listed on Page 3, Section B-1-g.**

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C4: Admissions by County of Residence

DEFINITIONS:

Admissions: Include the total number of admissions for patients admitted for the first time in the current reporting period as well as patients with

multiple admissions during the year. Patients carried over from the previous year are not counted.

Deaths: Include all patients who died in the current reporting period regardless of the date of admission.

Live Discharges: Count each event. Each discharge or revocation for a patient is counted regardless of the number of times the patient left the program and was re-admitted.

Patients Served: Each patient should only be counted one time regardless of the number of times that patient left and was re-admitted to the program.

FOR EACH COUNTY SERVED: List the name of the county, the total number of admissions, deaths, live discharges, and Patients Served, broken down between home care and inpatient. If needed, make additional copies of this page to list additional counties that will not fit on this page. At the bottom of the page, list the category totals. **Note: The total number of admissions should agree with the total admissions listed on Page 3, Section B-1-b+c+d. The total number of deaths should agree with the total deaths listed on Page 3, Section B-1-f. The total live discharges should agree with the total live discharges listed on Page 3, Section B-1-g.**

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C5: Total Admissions by Race

Provide the total number of unduplicated admissions for your provider for the current reporting period, broken down by race. **Note: this total should equal the total admissions listed on Page 3, Section B-1-b+c+d, as well as Page 8, Section C-4 and Page 9, Section C-6.**

C6: Total Admissions by Age and Gender

Provide the total number of unduplicated admissions for your provider for the current reporting period, broken down by both age and gender. **Note: this total should equal the total admissions listed on Page 3, Section B-1-b+c+d, as well as Page 8, Section C-4 and Page 9, Section C-5.**

SECTION D: REVENUES AND EXPENSES

(Amounts do not have to be audited)

DEFINITIONS:

Payroll: Total expenses for the reporting period spent on payroll for employees of the provider.

Non-payroll: Total expenses for the reporting period spent on non-payroll activities i.e. office supplies, etc. for the provider.

Transportation: Total expenses for transportation for the hospice. This includes mileage, vehicle purchase and maintenance costs, etc.

Bad Debt: Bad debt is defined by the *Alabama State Health Plan*, Section 410-2-2-.06 as “the unpaid charges/rates for services rendered from a patient and/or third party payer, for which the provider reasonably expected payment.”

Charity: Charity is defined by the *Alabama State Health Plan*, Section 410-2-2-.06 as “health services for which a provider’s policies determine that a patient is unable to pay. Charity Care could result from a provider’s policies to provide health care services free of charge to individuals who meet certain pre-established criteria. Charity care is measured as revenue forgone, at full-established rates or charges. Charity care would not include contractual write-offs, but could include partial write-offs for persons unable to pay the full amount of a particular patient’s bill.”

Medicare: Any payments received from Medicare.

Medicaid: Any payments received from Medicaid.

Commercial Insurance: Any payments received from Commercial Insurance companies.

Private Pay: Any payments received directly from a patient or patient’s primary caregiver.

Other: Any/all other revenues gathered by the provider.

*****REMINDER*****

The annual report MUST be signed by both the preparer and an administrative official.