



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

January 5, 2015

Dear Administrator or Representative:

Links to the Annual Report for Hospice Providers (form HPCE4) for the 12-month period ending December 31, 2014, as well as needed instructions, are being provided to you. You will note many changes made to this reporting form. SHPDA is extremely appreciative to the Alabama Hospice and Palliative Care Organization for their assistance with these changes. You will also note other changes to the electronic form to including, the ability to save while in the process of completion with Adobe Reader v. 6 or higher; a "Print" button on the form as a reminder to print a copy for your records; and a "Submit Report" button on the form for direct transmittal with use of Outlook or other desktop e-mail programs. Should your e-mail provider be internet-based (Gmail, Yahoo, etc.) the report can be directly saved to your computer and then e-mailed as an attachment without the need for scanning. Electronic signatures will also be accepted for both the required preparer and verification signatures.

The report must be returned no later than April 15, 2015. Please do **not** submit the report via multiple methods (electronically, hard copy, and/or fax) unless specifically requested to do so by SHPDA staff, as this causes processing delays due to the number of reports received annually.

Should you have any issues accessing the information via the links, all information is located on our website, www.shpda.alabama.gov. From the navigation box on the left, choose *Health Care Data*, then *Report Forms*. Scroll down to Hospice (Form HPCE-4) and choose 2014-I. It is recommended that the form be filled out electronically regardless of the manner of submission you choose. The interactive form performs automatic calculations which will further greatly reduce the number of errors experienced on reports that are not completed on the interactive version. A checklist is included as part of this year's report, and the interactive form is set for automatic calculations for the checklist. This checklist will verify, at a quick glance, that all sections equal throughout the report. Should you be unfamiliar with use of an interactive form, you may contact me or my assistant as outlined below, and one of us will be happy to assist you.

Please read all instructions and definitions before completing the report. One report must be filed by the parent provider for each CON issued. Multiple satellite licensed providers operating under common CON-Authorization are to be included in the information reported, and requested information completed on Page 9 for each satellite office included in the report. The parent provider is NOT to be listed on this page.

Signatures are required from two separate individuals, the signature of the person preparing the report and a signature from another member of administration/corporate verifying the accuracy of the information provided in the report. ***This report will not be accepted without both required signatures.***

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Distribution of Form HPCE4
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If you have any questions, if we may provide any assistance, or should you have any suggestions on how we may better improve our data services to you, do not hesitate to contact me at bradford.williams@shpda.alabama.gov, (334) 242-4103, or my assistant, Karen McGuire, at karen.mcguire@shpda.alabama, (334) 353-7585.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bradford L. Williams', with a large, stylized flourish at the end.

Bradford L. Williams
Data/Planning Director

BLW/kwm