



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

January 29, 2018

IMPORTANT INFORMATION – PLEASE ENSURE ALL STAFF RESPONSIBLE FOR COMPLETION OF THE REPORT(S) ARE PROVIDED A COPY OF THIS LETTER

Dear Administrator or Representative:

Links to the Annual Report for Hospice Providers (form HPCE4) for the 12-month period ending December 31, 2017, as well as needed instructions, are being provided in this e-mail. Pursuant to ALA. ADMIN. CODE r 410-1-3-.11, this report is deemed a "Mandatory Report", and is due on April 16, 2018. ALA. ADMIN. CODE r 410-1-3-.09 requires that this report be filed electronically at data.submit@shpda.alabama.gov. Both of these rules were included in the information previously forwarded, and may be accessed on the Agency's website at www.shpda.alabama.gov.

It is suggested once the form is located on the Agency's website, that a copy be placed directly on your computer by hitting "Save" button before beginning the completion process, and choosing a location on the hard drive. This will allow the interactive form the ability to "Save" while in the process of completion with Adobe Reader v. 6 or higher. A "Print" button is on the form as a reminder to print a copy for your records, and a "Submit Report" button for direct transmittal with use of Outlook or other desktop e-mail applications. 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 are preferred. If the provider does not have the capability of electronic signatures, the report may be printed, manually signed, scanned, and filed as an e-mail attachment to data.submit@shpda.alabama.gov.

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 2017-I. A checklist is included, and the interactive form is set for automatic calculations on the checklist. This checklist will verify, at a quick glance, that all sections equal throughout the report. This checklist should be utilized as verification that all sections equal prior to submitting the report. Should you be unfamiliar with use of an interactive form, you may contact me as outlined below, and I 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 licensed branch providers operating under common CON-Authorization are to be included in the information reported, and requested information completed on Page 9 for the data of each branch office included in the report. The parent provider is NOT to be listed on Page 9. Reporting requirements have changed for Inpatient Facilities, Section A2. Instructions for reporting ALOS, MLOS, and ADC must be followed in

reporting data correctly. Activity information generated by the provider should not be reported unless the provider is certain generated data is in accordance with the instructions for ALOS, MLOS, and ADC.

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 deemed substantially complete and meeting requirements without signatures from two separate individuals.***

If you have any questions or if I may provide any assistance, do not hesitate to contact me at bradford.williams@shpda.alabama.gov, (334) 242-4103.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bradford L. Williams', written in a cursive style.

Bradford L. Williams
Data/Planning Director

BLW/kwm