

INSTRUCTIONS FOR COMPLETING THE 2014 ANNUAL REPORT FOR SKILLED NURSING FACILITIES



STATE HEALTH PLANNING AND DEVELOPMENT
AGENCY

100 NORTH UNION STREET, SUITE 870

MONTGOMERY, AL 36104

(334) 242-4103

www.shpda.alabama.gov

INSTRUCTIONS FOR COMPLETION OF THE 2014 ANNUAL REPORT FOR SKILLED NURSING FACILITIES *Form SNH-F1*

These instructions for the 2014 Annual Report for Skilled Nursing Facilities are intended to assist in the completion and submission of accurate data. To ensure data integrity, and determine utilization rates of services provided by skilled nursing facilities, information reported must be consistent from all facilities throughout the state. These instructions are intended to assist in the collection of data, minimizing the number of errors experienced in previous years. 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, Data/Planning Director, at (334) 242-4103, or bradford.williams@shpda.alabama.gov.

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The agency identification number is assigned by SHPDA, and is referenced in the e-mail for electronic transmissions/label for manual transmissions. For electronic completion, manually enter this ID number. The agency name must match the name on the license issued by the Alabama Department of Public Health (ADPH). For needed agency name corrections to manual transmissions, necessary changes should be made to the label. For electronic completion, manually enter the name of the agency.

Mailing Address: Provide the complete mailing address to be used by SHPDA for mailing purposes. This address may be

different from the 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. The administration official may be contacted in the event the preparer is unavailable or for informational purposes. Legible e-mail addresses for both the preparer and second verifying administrative individual **must** be provided.

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

Management: Indicate if this facility is operated by a management firm. If so, check yes and provide the name of the management firm and all contact information requested. If this facility is not

operated under a management contract, go to Section I-A.

Section I - Facilities:

a. Indicate the total number of beds licensed by ADPH on the last day of the reporting period.

b. Indicate the number of beds staffed and in operation on the last day of the reporting period. This number may be less than the number of licensed beds, but may not be more than the number of beds reported in item a.

c. Indicate the number of beds certified for Medicare patients. This number may be less than the number of licensed beds, but may not be more than the number of beds reported in item a.

d. Indicate the number of beds certified for Medicaid patients. This number may be less than the number of licensed beds, but may not be more than the number of beds reported in item a.

e. Indicate whether the number of licensed beds in the facility changed during the current reporting period.

f. If the number of licensed beds changed, enter the number of beds and the total number of days those beds were licensed, **beginning on the first day of the reporting period.**

g. Indicate the number of beds licensed after the change and the total number of days **beginning the first day of the new licensed bed count, and ending on the last day of the reporting period.** The addition of f and g should equal the total number of days reported on page 1.

Computation Methods for Admissions, Re-Admissions, and Discharges to be Utilized in Sections II, III, and IV

All Admissions for the entire reporting period are to be included in Section III. The

*total number of re-admissions is also included in Sections II and III if a patient is **discharged** for any reason and then re-admitted at a later date, or due to a change in payer source. If a patient is **transferred** from the SNF and returns at a later date or is **transferred** to a different payer source, but was never discharged, the patient is counted only once at the time of initial admission. Only patients **discharged** (not transferred) are to be reported in Section IV.*

Section II – Admissions

Total Admissions for the Reporting Period: This should reflect **all** admissions and re-admissions for the **entire** reporting period utilizing the computation method outlined above.

Admissions by Source of Payment: The total number of admissions and re-admissions broken down by payer source. **The number of admissions by payer source must equal the Total Admissions for the Reporting Period listed in II-A.**

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Section III - Demographics:

Part A

Total Admissions by Race for the Entire Reporting Period: The total number of admissions and re-admissions broken down by race. The number of admissions by race must equal the Total Admissions for the Reporting Period listed in II-A.

Part B

Total Admissions by Age and Gender for the Entire Reporting Period: The total number of admissions and re-admissions broken down by gender in the age groups specified. The number of admissions by age and gender must equal the Total

Admissions for the Reporting Period listed in II-A.

Section IV – Discharges

Total Discharges (including deaths): The total number of discharges for the entire reporting period utilizing the computation method outlined above.

Discharges due to death: The total number of discharges reported above as the result of patient death.

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Section V – Resident Days:

For each payer source, provide the total occupied resident days (days when the resident was actually present at the facility); bed holding days (days when the patient was at another location, but the bed was being held on behalf of the patient by the facility); and the total resident days (the sum of the previous two categories). The total Occupied Resident Days, total Bed Holding Days, and Total Resident Days must also be reported in the section where indicated.

Section VI – Hospice

SHPDA is gathering additional information from SNFs regarding hospice care available and provided in Nursing Homes. Please read the following instructions carefully.

Total hospice service days (regardless of payer source): Provide the total number of days patients received hospice care in the facility, regardless of whether the care was paid by a hospice provider or another payer source such as Medicare/Medicaid, etc.

Number of hospice discharges: Provide the total number of discharges of hospice patients from the facility broken down as a result of death; to the patient's place of

residence; and to a hospital or other inpatient healthcare facility.

Number of provider contracts: Report the total number of hospice providers with which the facility held contract(s) on the last day of the reporting period to provide a bed for patients admitted to hospice.

Dedicated hospice unit: Report if the nursing home currently has a dedicated unit in which to locate all hospice patients. If hospice patients are placed into the first available open bed without regard to location within the facility, this question should be answered as "no".

Number of beds in hospice unit: Report the number of beds the facility has in a dedicated hospice unit, **only if the facility answered yes to the previous question.**

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Section VII – Expenses and Revenues

(Please note that these amounts do not have to be audited)

DEFINITIONS:

Payroll: Total expenses for the reporting period spent on salaries and benefits for employees.

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

Medicare: Reimbursements received from Medicare.

Medicaid: Reimbursements received from Medicaid.

Long Term Care Insurance: Reimbursements received from insurance companies as a result of a Long Term Care insurance policy held by the patient.

Hospice: Reimbursements received directly from a hospice provider for hospice care provided under contract.

copy unless specifically requested to do so by SHPDA staff.

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

Other Insurance: Reimbursements received from an insurance company not as a result of a Long Term Care policy.

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

Section VIII – Charges

(Rounded off to whole dollars)

Report the monthly and daily charges incurred by patients residing at the facility for private and semi-private rooms. If the facility does not charge monthly, or does not provide either a private or a semi-private room, enter N/A in the appropriate space. If the facility does not provide services at a daily rate, the monthly charge should be divided by 30 to obtain the estimated daily rate.

*****REMINDERS*****

- The annual report **MUST** be signed by two separate individuals, the preparer and an administrative/corporate official.
- Make and keep a copy of the completed report for the provider's records before submitting to SHPDA.
- This report should be submitted to SHPDA only once via electronically, hard copy, or fax. The preferred method is electronic submission to bradford.williams@shpda.alabama.gov. If submitted electronically or by fax, please do not also submit via hard