INSTRUCTIONS FOR COMPLETING THE 2022 ANNUAL REPORT FOR HOME HEALTH AGENCIES

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
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INSTRUCTIONS FOR COMPLETION OF THE
2022 ANNUAL REPORT FOR HOME HEALTH AGENCIES
Form DM-1

Pursuant to ALA. ADMIN. CODE r 410-1-3-.11, this report is deemed a "Mandatory Report", and is due on December 15, 2022. ALA. ADMIN. CODE r 410-1-3-.09 requires that this report be filed electronically to 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.

These instructions for the 2022 Annual Report for Home Health Agencies are intended to assist in the completion and submission of accurate data reported. To ensure data integrity, and determine utilization rates of services provided by home health agencies, information reported must be consistent from all providers throughout the state. These instructions are intended to assist in the collection of data, minimizing the number of errors. 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, Health Planning Administrator, at bradford.williams@shpda.alabama.gov or (334) 242-4103.

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The facility identification number is assigned by SHPDA, and **can be obtained from the Agency's website,** www.shpda.alabama.gov, **Health Care Data, ID Codes**.

The facility name must match the name on file with the Medicare Administrative Contractor (MAC).

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 agency.

Physical Address: Provide the complete physical address of this agency on file with the Medicare Administrative Contractor (MAC), and as reported to SHPDA and ADPH.

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

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

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

Electronic signatures on the form are preferred. . If the provider does not have electronic signature capability, the report may be printed, manually signed by both individuals, scanned, and e-mailed as an attachment to data.submit@shpda.alabama.gov.

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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Section I – Agency Operations:

Indicate the days of the week that services are regularly available to patients from this agency, and the days for which this agency is only on call.

Section II - Ownership:

Provide the organizational structure of the agency.

Section III – Branch Offices:

Indicate whether or not this agency operated any branch office(s) of the parent provider during the reporting period. If the answer is yes, provide the city where each is/was located, whether it initially opened within the previous 12 months, the days that services are regularly offered, and the days for which the location is only on-call.

Section IV – Drop Sites:

Indicate whether or not this agency operated any drop site(s), approved by SHPDA, which is a location at which **only** supplies are stored. A drop site may not be staffed, accept referrals, advertise, and must operate in a CON approved or exempt county. If a drop site is indicated on the report, list the city of location of the drop site as well as if the drop site was initially opened within the previous 12 months.

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Section V – Authorized Service Area:

Information regarding the total number of visits and persons served are to be listed for each county in which the provider has been authorized to serve, whether by grandfathered status, issued CON, rural exemption, or contiguous county authority.

County: This section should list **every** county that the agency is authorized to serve by grandfathered status, issued CON, rural exemption, or contiguous county authority, **regardless of whether or not the agency served any patients in said county during the reporting period. A contiguous county is not considered to be authorized until the home health agency has accepted the first referral,** *has sent the required notification to SHPDA, and has received written verification.*

Visits: List the total number of visits for each county authorized to be served by the agency. **If the agency has authority in a county but has not provided service in that county during the reporting period, list the total number of visits as "0".**

Persons Served: List the total number of persons served for each county authorized to be served by the agency. A person receiving

services during this reporting period should be counted only once, regardless of whether the person was admitted more than once and/or received more than one service. **If the agency has authority in a county but has not provided service in that county during the reporting period, list the total number of persons served as "0".**

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Section VI – Admissions by Source of Payment

List the total number of admissions, broken down by county of residence, for each payment source category listed. Since a patient may be discharged and readmitted several times during an annual reporting period, and payment source may vary for subsequent admission(s), most agencies will show more admissions than persons served. Attach additional sheets to the report, as necessary, in the same format to report all applicable data.

County of Residence: This section should list **every** county the agency is authorized to serve through grandfathered status, issued CON, rural exemption, or contiguous county authority, **regardless of whether or not the agency served any patients in said county during the reporting period. A contiguous county is not considered to be authorized until the home health agency has accepted the first referral,** *has sent the required notification to SHPDA, and received written verification.*

Self-Pay: List the total number of patients, by county, whose primary source of payment was not reimbursed by a third party.

Workman Comp: List the total number of patients, by county, whose primary source of payment was workman's compensation reimbursement.

Medicare: List the total number of patients, by county, whose primary source of payment was Medicare reimbursement.

Medicaid: List the total number of patients, by county, whose primary source of payment was Medicaid reimbursement.

Tricare: List the total number of patients, by county, whose primary source of payment was Tricare reimbursement.

Blue Cross: List the total number of patients, by county, whose primary source of payment was Blue Cross/Blue Shield reimbursement.

All Kids: List the total number of patients, by county, whose primary source of payment was All Kids reimbursement.

Other Ins.: List the total number of patients, by county, whose primary source of payment was insurance reimbursement not otherwise specified.

Charity: List the total number of patients, by county, whose primary source of care was provided without expectation of reimbursement.

HMO: List the total number of patients, by county, whose primary source of payment was through HMO reimbursement.

Other: List the total number of patients, by county, whose primary source of payment was any reimbursement not specified.

Other Payment Category Specified: Provide the source of reimbursement for categories not included within this section.

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Section VII – Admissions by Referral Source - NOTE: Admissions reported in this section must equal the number of Admissions reported on Page 4, Section VI.

For each listed referral source, list the total number of admissions initiating a patient's service with the agency.

Physician: Number of patient admissions initiated by physician referral.

Hospital: Number of patient admissions initiated by hospital referral at time of discharge.

Nursing Home: Number of patient admissions initiated by nursing home referral.

Family or Self: Number of patient admissions initiated by family members/self.

Department of Human Resources: Number of patient admissions initiated by Department of Human Resources (DHR) referral.

Public Health or Agency Nurse: Number of patient admissions initiated by a Public Health/Agency Nurse referral.

Other (including Social Service Agencies): Number of patient admissions initiated by other referral sources not otherwise included in this section.

Specify Other: Specify source of other referral source(s) not otherwise included in this section.

Section VIII – Services Offered - NOTE: Visits reported in this section must equal the number of Visits reported on Page 3, Section V.

Skilled Nursing Services: List the total number of visits made by skilled nurses (RN or LPN) during the reporting period.

Home Health Aide: List the total number of visits made by home health aides during the reporting period.

Homemaker: List the total number of visits made by homemakers during the reporting period.

Orderly: List the total number of visits made by orderlies during the reporting period.

Medical Social Service: List the total number of visits made by medical social service workers during the reporting period.

Physical Therapy: List the total number of visits made by physical therapists during the reporting period.

Speech Therapy: List the total number of visits made by speech therapists during the reporting period.

Occupational Therapy: List the total number of visits made by occupational therapists during the reporting period.

Medical Equipment: List the total number of visits made by medical equipment technicians during the reporting period.

Other: List the total number of visits made by any other specialists in the employ of, or contracted by, the agency during the reporting period.

Specify Other: Specify other service provided not otherwise included in this section.

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Section IX – Patient Admission Demographics - NOTE: Admissions reported in this section must equal the number of Admissions reported on Page 4, Section VI.

A.   Admissions By Age and Gender: List, by age and gender, every admission to the agency during the reporting period. A patient should be counted upon initial admission, and upon each re-admittance.

B.   Admissions By Race: List, broken down by race, every admission to the agency during the reporting period. A patient should be counted upon initial admission, and upon each re-admittance.

REMINDERS

- The annual report <u>MUST</u> be signed by both the preparer and a separate administrative official. If the report is completed by an administrative official, the signature of a second administrative official/corporate official must be provided. Electronic signatures are preferred.

- Keep a copy of the completed report for your records prior to submitting to SHPDA.

- The report MUST be submitted to data.submit@shpda.alabama.gov to be deemed officially filed. Hard and faxed copies of the report cannot be accepted. If the facility is unable to submit the completed report to this e-mail address, please contact the Agency for alternative .pdf submission.