



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

January 7, 2014

Dear Administrator or Representative:

Thank you for agreeing to accept the electronic version of the 2013 Annual Report for Hospice Providers packet.

Included in this e-mail are links to the electronic and interactive versions of the **2013 Annual Report for Hospice Providers** (Form HPCE4) for the 12-month period ending December 31, 2013, and detailed instructions for completing the report. At this time the report cannot be returned electronically via this link; the report will have to be printed and signed. It may be scanned and filed via e-mail to me at the address provided below. This is the preferred method of filing. If this option is not available, it may be returned by USPS/commercial carrier. The addresses for use by USPS and Commercial Carrier are provided in the upper right and left hand sections of the report. The report must be returned via one of these methods no later than April 15, 2014. If the report is filed electronically with SHPDA, submission of a hard copy or faxed copy is unnecessary. Please do **not** submit the report via multiple methods, as this causes processing delays due to the number of reports received annually.

It is requested that the interactive version of the form be utilized in the submission of this report when possible. At this time it is not possible to save the interactive form and return to it at a later time. As a result, it is suggested the electronic version be printed for utilization of the work product, and the final version be completed and submitted on the interactive form. The interactive form performs automatic calculations which will further greatly reduce the number of errors experienced on previous reports. A checklist is included as part of this year's report, 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. 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 in the use of this electronic form.

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 12 for each satellite office included in the report.

Should you have difficulty in accessing the information via the links, the report and instructions are located on the website, www.shpda.alabama.gov / Health Care Data / Report Forms.

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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Electronic Distribution, 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', written over a horizontal line.

Bradford L. Williams
Data/Planning Director

BLW: kwm