



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870

MONTGOMERY, ALABAMA 36104

February 27, 2026

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, 2025, 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 15, 2026. 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 may be accessed on the Agency’s website at www.shpda.alabama.gov.

New rules regarding the filing of annual reports with SHPDA became effective October 3, 2025. These rules reduced the maximum late fee that can be charged to non-compliant entities from a maximum of \$10,000 for non-rural health care providers to \$1,500 and reduced the late fees on rural providers from a maximum of \$5,000 to \$750. The rule changes also imposed a filing fee on all providers that must be paid as a part of the annual report submission. Non-rural providers will be assessed a filing fee of \$1,500, and rural providers will be charged a filing fee of \$750. These fees must be paid along with the submission of the annual report in order for the report to be deemed “received” and for the provider to be deemed compliant with the rules related to the submission of mandatory reports (Ala. Admin Code r. 410-1-3-.11).

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 2025-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 us as outlined below, and we 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 we may provide any assistance, do not hesitate to contact either Jacquelin Barnes, jacquelin.barnes@shpda.alabama.gov, (334) 242-4108 or Lee Ann Taylor, leeann.taylor@shpda.alabama.gov, (334) 242-4512.

Sincerely,

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

Bradford L. Williams
Health Planning Administrator

BLW

<u>County</u>	<u>Rural/Non-Rural</u>
Autauga	Non-Rural
Baldwin	Non-Rural
Barbour	Rural
Bibb	Rural
Blount	Rural
Bullock	Rural
Butler	Rural
Calhoun	Non-Rural
Chambers	Rural
Cherokee	Rural
Chilton	Rural
Choctaw	Rural
Clarke	Rural
Clay	Rural
Cleburne	Rural
Coffee	Rural
Colbert	Non-Rural
Conecuh	Rural
Coosa	Rural
Covington	Rural
Crenshaw	Rural
Cullman	Rural
Dale	Rural
Dallas	Rural
DeKalb	Rural
Elmore	Non-Rural
Escambia	Rural
Etowah	Non-Rural
Fayette	Rural
Franklin	Rural
Geneva	Non-Rural
Greene	Rural
Hale	Rural
Henry	Rural
Houston	Non-Rural
Jackson	Rural
Jefferson	Non-Rural
Lamar	Rural
Lauderdale	Non-Rural
Lawrence	Non-Rural
Lee	Non-Rural
Limestone	Non-Rural
Lowndes	Rural

Macon	Rural
Madison	Non-Rural
Marengo	Rural
Marion	Rural
Marshall	Rural
Mobile	Non-Rural
Monroe	Rural
Montgomery	Non-Rural
Morgan	Non-Rural
Perry	Rural
Pickens	Rural
Pike	Rural
Randolph	Rural
Russell	Non-Rural
St. Clair	Non-Rural
Shelby	Non-Rural
Sumter	Rural
Talladega	Rural
Tallapoosa	Rural
Tuscaloosa	Non-Rural
Walker	Rural
Washington	Rural
Wilcox	Rural
Winston	Rural