



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

January 8, 2016

Dear Administrator or Representative:

Links to the Annual Report for Hospice Providers (form HPCE4) for the 12-month period ending December 31, 2015, as well as needed instructions, are provided. There is one change to the reporting form this year, the removal of Section F, Revenues and Expenses. You will note the ability to save while in the process of completion with Adobe Reader v. 6 or higher; a "Print" button on the form as a reminder to print a copy for your records; and a "Submit Report" button on the form for direct transmittal with use of Outlook or other desktop e-mail programs. Should your e-mail provider be internet-based (Gmail, Yahoo, etc.) the report can be saved to your computer and then e-mailed as an attachment without the need for scanning. Electronic signatures will also be accepted for both the required preparer and verification signatures. It is requested that the interactive form be utilized in the completion of this report. This form performs automatic calculations which will reduce the number of errors previously noted during manual completion.

The report must be returned no later than April 15, 2016. Please submit the report electronically for faster processing. Please do not submit the report via multiple methods (electronically, hard copy, and/or fax) unless specifically requested to do so by SHPDA staff, as this causes processing delays due to the number of reports received annually.

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 2015-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. 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.

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 9 for each satellite office included in the report. The parent provider is NOT to be listed on this page.

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.***

If you have any questions or if we may provide any assistance, 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', with a stylized flourish at the end.

Bradford L. Williams
Data/Planning Director

BLW/kwm