



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870  
MONTGOMERY, ALABAMA 36104

September 30, 2019

Dear Administrator or Representative:

Links to the **2019 Annual Report for Hospitals and Related Facilities** (Form BHD 134A) for the 12-month period ending September 30, 2019, 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 **December 16, 2019**. ALA. ADMIN. CODE r 410-1-3-.09 requires that this report be filed electronically to [data.submit@shpda.alabama.gov](mailto:data.submit@shpda.alabama.gov). Both rules may be accessed on the Agency’s website at [www.shpda.alabama.gov](http://www.shpda.alabama.gov).

**Any health care provider found to be non-compliant with the data reporting requirements specified in ALA. ADMIN. CODE r 410-1-3-.11 may be assessed a financial penalty and may not participate in the Certificate of Need review process as either an applicant for, or in opposition to, a Certificate of Need application until such time as the provider is deemed to have achieved compliance through the submission of an annual report deemed materially complete and correct by the Agency.**

**Multiple changes were made to the reporting form and filing requirements beginning with the previous reporting period. First, the due date of the annual report was changed from November 30 to December 15. Next, Page 4, Section II-C (Psychiatric Units/Psychiatric Hospitals) has had a format change to reflect the new inpatient psychiatric bed methodology approved by the Statewide Health Coordinating Council. Also, additional information regarding Neonatal Intensive Care Units (NICU) is being requested on page 6, Section II-E (Obstetrics & Nursery). Finally, Page 10, Section IV-A (Outpatient Surgery – Patient Origin by Zip Code) may no longer be submitted as a manual submission and must instead be submitted as either a Microsoft Excel (v. 2003 or later) or CSV formatted file. This file should be submitted at the same time as the rest of the report.**

Patient Origin data for the entire reporting period must be submitted in a separate format by the due date. Any Patient Origin Data previously submitted quarterly cannot be used to fulfill this requirement. Please see the Patient Origin section of the Annual Report for details. **This report cannot be deemed substantially complete without the utilization portion, the outpatient surgery patient origin data and inpatient Patient Origin data submissions.** Links are provided for the entire report (utilization and Patient Origin instructions), facility utilization only, and Patient Origin instructions only. These links are provided to assist the facility in forwarding the applicable report portion(s) to the appropriate staff responsible in completing both portions.

The electronic form should be saved to your computer prior to completion, and includes 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” button for direct transmission 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 e-mailed as an attachment without the need for scanning. Electronic signatures are preferred. If the facility does not have the capability of electronic signatures, the report may be printed, manually signed, scanned, and filed as an e-mail attachment. The Patient Origin data must be submitted as a separate file according to the instructions provided.

Should you have any issues accessing the information via the links, all information is located on our website, [www.shpda.alabama.gov](http://www.shpda.alabama.gov). From the navigation box on the left, choose Health Care Data, then Report Forms. Scroll down to Hospital (Form BHD-134A) and choose 2019-I. It is requested that the interactive form be completed. This form performs automatic calculations which will reduce the number of errors experienced on reports not completed via the interactive version. Should you be unfamiliar with the use of an interactive form, you may contact me for assistance as outlined below.

**Please read all instructions before completing the report.** Signatures are required from two separate individuals, the individual preparing the report and from another member of administration/corporate verifying the accuracy of the information provided in the report. ***This report will not be deemed substantially complete without the required signatures from two separate individuals.***

Data from this report will be used to develop statistics in review of Certificate of Need applications and provide statistical updates to the *State Health Plan*. In order to provide accurate updates, please ensure the report is completed in its entirety, information reported is correct, and that the entire report is timely filed.

If you have any questions or if we may provide any assistance do not hesitate to contact me at [bradford.williams@shpda.alabama.gov](mailto:bradford.williams@shpda.alabama.gov), (334) 242-4103, or my assistants, Jacquelin Barnes at [jacquelin.barnes@shpda.alabama.gov](mailto:jacquelin.barnes@shpda.alabama.gov), (334) 242-4108, and Lee Ann Woodham at [leeann.woodham@shpda.alabama.gov](mailto:leeann.woodham@shpda.alabama.gov), (334) 242-4512.

Sincerely,



Bradford L. Williams  
Data/Planning Director

BLW/law