



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

September 30, 2025

Dear Administrator or Representative:

Links to the **2025 Annual Report for Hospitals and Related Facilities** (Form BHD 134A) for the 12-month period ending September 30, 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 **December 15, 2025**. ALA. ADMIN. CODE r 410-1-3-.09 requires that this report be filed electronically to data.submit@shpda.alabama.gov. Both rules may be accessed on the Agency's website at 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.

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.

An additional section has been added to this report in recent reporting periods. Patient Origin data specific to inpatient rehabilitation discharges is now also being collected. Pages 18-21 of the report provide a data dictionary for the submission of this information. The data in this new section should only be reported by CON authorized Inpatient Rehabilitation Facilities or those hospitals with CON authorized inpatient rehabilitation beds. This information should be provided as a separate Microsoft Excel or CSV file and should be provided IN ADDITION TO the data required on pages 14-17 of the survey.

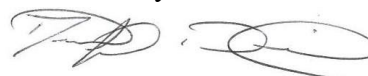
Should you have any issues accessing the information via the links, all information is located on our website, www.shpda.alabama.gov. From the navigation box on the left, choose Health Care Data, then Report Forms. Scroll down to Hospital (Form BHD-134A), choosing the appropriate link(s) for 2025 information. 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, the information reported is correct, and all sections of the report are timely filed.

If you have any questions, need assistance, or have any suggestions on how data services may better be provided, do not hesitate to contact me at bradford.williams@shpda.alabama.gov, (334) 242-4103, or one of my assistants: Jacquelin Barnes, (334) 242-4108, jacquelin.barnes@shpda.alabama.gov, or Lee Ann Taylor, (334) 242-4512, leeann.woodham@shpda.alabama.gov.

Sincerely,



Bradford L. Williams
Health Planning Administrator

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