STATE OF CALIFORNIA
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DOCUMENTATION FOR

HOME HEALTH AGENCY AND HOSPICE ANNUAL UTILIZATION DATA

ON OSHPD's WEB-SITE

For Calendar Year 1996

PREPARED: 06/29/98

Contents **Page Number**

Summary	1
Mainframe Disk / Tape File	2
PC Diskette Files in Comma Separated Value (CSV) Format	3
Explanation of Record Layout	4
Record Layout for Mainframe Disk / Tape and for PC Diskettes	5-24
Home Health Agency Report Form	Appendix A

GENERAL INFORMATION

Home Health data files are provided in different formats:

- For mainframe use on tape or disk for Health and Welfare Data Center(HWDC)users; or a tape (cartridge or reel) copy may be created for use at an alternate site

- or PC use on high density diskettes in Comma-Separated Value (CSV) format

For 1996, there were 1398 Home Health Agency facilities. All file formats are sorted in Facility ID Number order.

For identification purposes each diskette contains the 9 digit facility ID number in the first field of each record.

DOCUMENTATION FOR MAINFRAME DISK / TAPE FILE

Disk File Name:	SH.HHA96.PUBLIC.DATA	(at HWDC)
Tape File Name:	SH.HHA96.PUBLIC.TAPE	(at HWDC)

Number of Records: 1398 (total number of facilities for 1996)

Record Length: 3200

Block Length: 16800

Record Format: Fixed Block

See record layout (pages 5 - 24) for field identification.

PC DISKETTE FILES IN COMMA SEPARATED VALUE (CSV) FORMAT

Comma separated value (CSV) files can be imported into most spreadsheets and data bases. They also can be read by SAS programs.

Some data fields, like name and address, that could contain commas within the field, are enclosed in quotes (").

The Home Health Agency Annual Report (1398 facilities) is provided in comma-separated-value (CSV) format in 3 files on 1 high-density diskette. (The files are given a TXT extension to utilize the Text Wizard when opening the files in Excel.) Each file contains a portion of a record for each facility, i.e. each record is divided into 3 files as follows:

File 1: HHA9601.TXT = Name, Address, etc., and Report pages 0, 1, 2 & 3
File 2: HHA9602.TXT = Report pages 4, 7, 8 & 9
File 3: HHA9603.TXT = Report pages 10, 11, 12, & 13

For identification purposes each file contains the 9-digit Facility ID number as the first field of each record.

Each file is sorted by the Facility ID number.

The first row/record of each file contains column labels. The labels are either descriptive (sometimes abbreviated) or display the page-line-column (P.LL.C) as shown on the report form (see Appendix A). For example, 4.05.2 is the data field on page 4, line 5, column 2.

Many data bases will allow you to create data tables where the column names are determined by the column labels on this first record.

See record layout (pages 5 - 24) for field identification.

EXPLANATION OF RECORD LAYOUT

The record layout (see pages 5 - 24) combines the record descriptions for

- Mainframe Disk / Tape
- PC Diskettes

"Form Location":

A number describes the location on the report form (see Appendix A and B).
For example, 3.29.1 describes page 3, line 29, column 1.
A trailing asterisk (*) means that the information is supplied by OSHPD staff.

"Field Description":

Describes the field; the codes for coded fields are explained.

"Field Type":

Describes the data type:
T = Text data (alpha-numeric or blanks)
N = Numeric data (numbers)
C = Coded data

"Field Length":

The length (in bytes) of the data item. This is used primarily when reading tape or disk files.
For PC diskette files, this is the maximum length of a data item. Example: the Facility Name is a maximum of 50 bytes, but a shorter name may not use all 50 bytes.

"Tape File Position":

The file position is the location of the data within the record when reading tape or disk files.

Irrelevant for all PC diskette files.

"PC File & Column #":

Designates the PC file number and spreadsheet column. For example, 2-BK locates the field on file # 2, column BK.

Irrelevant for all tape and disk files.

Form Location	Field Description	Field Type	Field Length	Tape File Position	PC File Column#
	Facility Information				
Root*	Facility ID (T06CCNNNN)	C	9	1-9	1-A, 2-A, 3-A
	T - Type (4 = Home Health)				
	CC - County (01 = Alameda; 02 = Alpine; 58 = Yuba)				
	NNNN - OSHPD Sequence Number (unique within county)				
Root*	County (codes: 01 = Alameda; 02 = Alpine; 58 = Yuba)	C	2	4-5	1-B
Root*	OSHPD Permanent ID Number (unique within OSHPD)	C	4	10-13	1-C
Root*	LFS License Type	C	1	14	1-D
	Blank = Home Health Agency				
	9 = Hospice				
Root*	LFS First Licensed Date (CCYYMMDD)	T	8	15-22	1-E
Root*	LFS Status Code:	C	1	23	1-F
	blank = License in Operating Status				
	C = Closed				
	S = License in Suspense				
Root*	LFS Status Date (CCYYMMDD)	T	8	24-31	1-G
Root*	Open Status Code (Out of Suspense)	C	1	32	1-H
	blank = use status from LFS Status Code				
	O = a previous suspended license has been reactivated				
Root*	Open Status Date (CCYYMMDD)	T	8	33-40	1-I
Root*	Parent/Branch (Consolidation) Number (ABCCC)				
	A - Consolidation Type (Parents only): 4 = Home Health	C	1	41	1-J
	B - Parent / Satellite: 9 = Parent; 1-8 = Branch	C	1	42	1-K
	CCC - Parent/Branch (Consolidation) Sequence Number	C	3	43-45	1-L
Root*	Parent/Branch (Consolidation) Date (CCYYMMDD)	T	8	46-53	1-M
Root*	Data Added Flag (For DP Use)	C	1	54	
	1 = data added from report received				
	2 = data added through non-responder process				
Root*	Facility Name (on 12/31)	T	50	55-104	1-N
Root*	Facility Address (DBA)	T	30	105-134	1-O
Root*	Facility City (DBA)	T	20	135-154	1-P
Root*	Zip Code (DBA)	T	10	155-164	1-Q
Root*	Facility Attention (Mailing Address)	T	30	165-194	1-R
Root*	Facility Address (Mailing Address)	T	30	195-224	1-S
Root*	Facility City (Mailing Address)	T	20	225-244	1-T
Root*	Facility State (Mailing Address)	T	2	245-246	1-U
Root*	Zip Code (Mailing Address)	T	10	247-256	1-V

Form Location	Field Description		Field Type	Field Length	Tape File Position	PC File Column#
	Facility Information (Cont.)					
Root*	HSA (Health Service Area)	Codes: 01–14	C	2	257-258	1-W
Root*	HFPA (Health Facility Planning Area)	Codes: 0101-1424	C	4	259-262	1-X
Root*	Computed Status Code		C	3	263-265	1-Y

(This code combines the LFS First Licensed Date, the LFS Status Code and Date, and the Open Status Code and Date)

- C = Closed during current calendar year
- NO = New (licensed this calendar year), Operating on 12/31
- NS = New (licensed this calendar year), in Suspense on 12/31
- NC = New (licensed this calendar year), Closed on 12/31
- NSM = New (licensed this calendar year), in Suspense during the year, Operating on 12/31
- OA = Operating all year
- SA = In Suspense all year
- SB = In Suspense on January 1, Operating on December 31
- SE = Operating on January 1, in Suspense on December 31
- SM = Operating on 1/1 & 12/31, in Suspense for a period during the year
- SBE = In Suspense on 1/1 & 12/31, License reactivated for a period during the year

	Filler (spaces)	T	35	266-300	
0.01.4*	Report Status	C	2	301-302	1-Z

- 01 = License in suspense all year; no report required
- 02 = License in suspense, data reported
- 03 = License in suspense, non-responder
- 04 = Facility closed, data reported
- 05 = Facility closed, non-responder
- 06 = Facility licensed, but not in operation
- 07 = Facility open, data reported
- 08 = Facility open, non-responder
- 09 = Facility open, partial year data reported (CHOW)
- 10 = Facility open, data from 2 or more owners
- 11 = Facility closed, data unavailable
- 12 = New; first licensed in 1996, data reported
- 13 = New; first licensed in 1996, non-responder

Form Location	Field Description	Field Type	Field Length	Tape File Position	PC File Column#
(Page 1)					
1.01.1	Agency Type 1 = For Profit 2 = Nonprofit-Private 3 = Nonprofit-Government	C	1	303	1-AA
1.02.1	Subagency 1 = Parent Agency 2 = Branch Office	C	1	304	1-AB
1.05.1	Dates of Operation: From (MMDD) Year = 96	N	4	305-308	1-AC
1.05.2	Dates of Operation: Through (MMDD) Year = 96	N	4	309-312	1-AD
1.06.1	Certified for: Medicare (1 = Yes, 0 = No)	N	1	313	1-AE
1.06.2	Certified for: Medi-Cal (1 = Yes, 0 = No)	N	1	314	1-AF
1.07.1	Agency has a Hospice Program (1 = Yes, 0 = No)	N	1	315	1-AG
1.08.1	Hospice Program certified for: Medicare (1 = Yes)	N	1	316	1-AH
1.08.2	Hospice Program certified for: Medi-Cal (1 = Yes)	N	1	317	1-AI
1.09.1	Hospice: Freestanding (1 = Yes)	N	1	318	1-AJ
1.10.1	Hospice Certified Medicare (1 = Yes)	N	1	319	1-AK
1.10.2	Hospice Certified Medi-Cal (1 = Yes)	N	1	320	1-AL
1.11.1	Agency Accreditation: JCAHO (1 = Yes)	N	1	321	1-AM
1.11.2	Agency Accreditation: CHAP (1 = Yes)	N	1	322	1-AN
1.21.1	Telephone Number (with Area Code)	N	10	323-332	1-AO
	PART A HOME HEALTH UTILIZATION				
(Page 2)	**HOME INFUSION / PHARMACY ONLY**				
2.01.1	Registered Nurse on staff (1 = Yes)	N	1	333	1-AP
2.02.1	Agency is a Licensed Pharmacy (1 = Yes)	N	1	334	1-AQ
	SPECIAL SERVICES (1 = Service Provided, 0 = Not Provided)				
2.12.1	Enterostomal Therapy	N	1	335	1-AR
2.12.2	Mental Health Counseling	N	1	336	1-AS
2.13.1	Respiratory/Pulmonary Therapy	N	1	337	1-AT
2.13.2	Pediatric	N	1	338	1-AU
2.14.1	IV Therapy (includes Chemo & TPN)	N	1	339	1-AV
2.14.2	Psychiatric Nursing	N	1	340	1-AW
2.15.1	AIDS Services	N	1	341	1-AX
2.15.2	Blood Transfusions	N	1	342	1-AY
2.16.1	Other	N	1	343	1-AZ
	PATIENT INFORMATION				
2.17.1	Unduplicated patients (during reporting year)	N	7	344-350	1-BA

Form Location	Field Description	Field Type	Field Length	Tape File Position	PC File Column#
(Page 2)	**HOME HEALTH CARE**				
	Other Home Health Visits				
2.18.1	Pre-Admission Screening/Evaluations	N	6	351-356	1-BB
2.19.1	Outpatient Visits	N	6	357-362	1-BC
2.20.1	Other	N	6	363-368	1-BD
2.21.1	Total	N	6	369-374	1-BE
	OTHER HOME CARE SERVICES				
2.22.1	Performed Home Care Services (1 = Yes, 0 = No)	N	1	375	1-BF
2.23.1	Total Hours of Other Home Care	N	7	376-382	1-BG
	Home Care Services, Staff and Functions Provided (1 = Service Provided, 0 = Not Provided)				
2.25.1	Non-Intermittent Nursing (RN/LVN)	N	1	383	1-BH
2.26.1	Certified Nurse Assistant (CNA)	N	1	384	1-BI
2.27.1	Homemaker Services	N	1	385	1-BJ
2.28.1	Home Health Aide	N	1	386	1-BK
2.29.1	Other	N	1	387	1-BL
(Page 3)	**HHA PATIENTS & VISITS**				
	PATIENTS AND VISITS BY AGE				
3.01.1	HHA: Patients: Total	N	6	388-393	1-BM
3.01.2	HHA: Visits: Total	N	7	394-399	1-BN
3.02.1	HHA: Patients: 0-10 Years	N	6	400-405	1-BO
3.02.2	HHA: Visits: 0-10 Years	N	7	406-412	1-BP
3.03.1	HHA: Patients: 11-20 Years	N	6	413-418	1-BQ
3.03.2	HHA: Visits: 11-20 Years	N	7	419-425	1-BR
3.04.1	HHA: Patients: 21-30 Years	N	6	426-431	1-BS
3.04.2	HHA: Visits: 21-30 Years	N	7	432-438	1-BT
.					
3.05.1	HHA: Patients: 31-40 Years	N	6	439-444	1-BU
3.05.2	HHA: Visits: 31-40 Years	N	7	445-451	1-BV
3.06.1	HHA: Patients: 41-50 Years	N	6	452-457	1-BW
3.06.2	HHA: Visits: 41-50 Years	N	7	458-464	1-BX

Form Location	Field Description	Field Type	Field Length	Tape File Position	PC File Column#
(Page 3)	**HHA PATIENTS & VISITS (cont.)**				
	PATIENTS AND VISITS BY AGE (cont.)				
3.07.1	HHA: Patients: 51-60 Years	N	6	465-470	1-BY
3.07.2	HHA: Visits: 51-60 Years	N	7	471-477	1-BZ
3.08.1	HHA: Patients: 61-70 Years	N	6	478-483	1-CA
3.08.2	HHA: Visits: 61-70 Years	N	7	484-490	1-CB
3.09.1	HHA: Patients: 71-80 Years	N	6	491-496	1-CC
3.09.2	HHA: Visits: 71-80 Years	N	7	497-503	1-CD
3.10.1	HHA: Patients: 81-90 Years	N	6	504-509	1-CE
3.10.2	HHA: Visits: 81-90 Years	N	7	510-516	1-CF
3.11.1	HHA: Patients: 90 Years and Older	N	6	517-522	1-CG
3.11.2	HHA: Visits: 90 Years and Older	N	7	523-529	1-CH
	DISCHARGES BY REASON FOR DISCHARGE				
3.21.1	HHA: Total	N	6	530-535	1-CI
3.22.1	HHA: No Further Home Health Care Needed	N	6	536-541	1-CJ
3.23.1	HHA: Admitted to Hospital	N	6	542-547	1-CK
3.24.1	HHA: Admitted to SN/IC Facility	N	6	548-553	1-CL
3.25.1	HHA: Family/Friends Assumed Responsibility	N	6	554-559	1-CM
3.26.1	HHA: Patient Moved out of Area	N	6	560-565	1-CN
3.27.1	HHA: Patient Refused Service	N	6	566-571	1-CO
3.28.1	HHA: Transferred to Another HHA	N	6	572-577	1-CP
3.29.1	HHA: Transferred to Outpatient Rehabilitation	N	6	578-583	1-CQ
3.30.1	HHA: Physician Request	N	6	584-589	1-CR
3.31.1	HHA: Death	N	6	590-595	1-CS
3.32.1	HHA: Lack of Funds	N	6	596-601	1-CT
3.33.1	HHA: Lack of Progress	N	6	602-607	1-CU
3.34.1	HHA: Transferred to Hospice	N	6	608-613	1-CV
3.35.1	HHA: Transferred to Home Care (Personal Care)	N	6	614-619	1-CW
3.36.1	HHA: Other	N	6	620-625	1-CX

Form Location	Field Description	Field Type	Field Length	Tape File Position	PC File Column#
(Page 3)	**HHA PATIENTS & VISITS (cont.)**				
	VISITS BY PRIMARY REIMBURSEMENT SOURCE				
3.39.1	HHA Visits: Total	N	7	625-632	1-CY
3.40.1	HHA Visits: Medicare	N	7	633-639	1-CZ
3.41.1	HHA Visits: Medi-Cal	N	7	640-646	1-DA
3.42.1	HHA Visits: CHAMPUS	N	7	647-653	1-DB
3.43.1	HHA Visits: Other Third Party (Ins., etc.)	N	7	654-660	1-DC
3.44.1	HHA Visits: Private (Self Pay)	N	7	661-667	1-DD
3.45.1	HHA Visits: HMO/PPO	N	7	668-674	1-DE
3.46.1	HHA Visits: No Reimbursement	N	7	675-681	1-DF
3.47.1	HHA Visits: Other (Incl. MSSP)	N	7	682-688	1-DG
	VISITS BY TYPE OF STAFF				
3.51.1	HHA Visits: Total	N	7	689-695	1-DH
3.52.1	HHA Visits: Registered Nurse	N	7	696-702	1-DI
3.53.1	HHA Visits: Public Health Nurse	N	7	703-709	1-DJ
3.54.1	HHA Visits: Home Health Aide	N	7	710-716	1-DK
3.55.1	HHA Visits: Physical Therapist	N	7	717-723	1-DL
3.56.1	HHA Visits: Licensed Vocational Nurse	N	7	724-730	1-DM
3.57.1	HHA Visits: Social Worker	N	7	731-737	1-DN
3.58.1	HHA Visits: Occupational Therapist	N	7	738-744	1-DO
3.59.1	HHA Visits: Speech Pathologist/Audiologist	N	7	745-751	1-DP
3.60.1	HHA Visits: Nutritionist (diet counseling)	N	7	752-758	1-DQ
3.61.1	HHA Visits: Physician	N	7	759-765	1-DR
3.62.1	HHA Visits: Spiritual and Pastoral Care	N	7	766-772	1-DS
3.63.1	HHA Visits: Other	N	7	773-779	1-DT
	ADMISSIONS BY SOURCE OF REFERRAL				
3.71.1	HHA Admissions: Total	N	6	780-785	1-DU
3.72.1	HHA Admissions: Hospital	N	6	786-791	1-DV
3.73.1	HHA Admissions: Physician	N	6	792-797	1-DW
3.74.1	HHA Admissions: Family/Friend	N	6	798-803	1-DX
3.75.1	HHA Admissions: Self	N	6	804-809	1-DY
3.76.1	HHA Admissions: Long Term Care Facility	N	6	810-815	1-DZ
3.77.1	HHA Admissions: Local Health Department	N	6	816-821	1-EA
3.78.1	HHA Admissions: Clinic	N	6	822-827	1-EB
3.79.1	HHA Admissions: Social Service Agency	N	6	828-833	1-EC
3.80.1	HHA Admissions: Another Home Health Agency	N	6	834-839	1-ED
3.81.1	HHA Admissions: Payer (insurer, HMO, etc)	N	6	840-845	1-EE
3.82.1	HHA Admissions: Hospice	N	6	846-851	1-EF
3.83.1	HHA Admissions: MSSP	N	6	852-857	1-EG
3.84.1	HHA Admissions: Other	N	6	858-863	1-EH

Form Location	Field Description	Field Type	Field Length	Tape File Position	PC File Column#
(Page 4)	**HEALTH CARE UTILIZATION**				
	PATIENTS AND VISITS BY PRINCIPAL DIAGNOSIS FOR WHICH CARE WAS GIVEN				
	Total				
4.01.1	HHA: Patients	N	6	864-869	2-B
4.01.2	HHA: Visits	N	7	870-876	2-C
	Infectious and Parasitic Diseases (Excludes AIDS)				
4.02.1	HHA: Patients	N	6	877-882	2-D
4.02.2	HHA: Visits	N	7	883-889	2-E
	HIV Infections (Includes AIDS, ARC, HIV)				
4.03.1	HHA: Patients	N	6	890-895	2-F
4.03.2	HHA: Visits	N	7	896-902	2-G
	Malignant Neoplasms: Lung				
4.04.1	HHA: Patients	N	6	903-908	2-H
4.04.2	HHA: Visits	N	7	909-915	2-I
	Malignant Neoplasms: Breast				
4.05.1	HHA: Patients	N	6	916-921	2-J
4.05.2	HHA: Visits	N	7	922-928	2-K
	Malignant Neoplasms: Intestines				
4.06.1	HHA: Patients	N	6	929-934	2-L
4.06.2	HHA: Visits	N	7	935-941	2-M
	Malignant Neoplasms: All Other Sites				
4.07.1	HHA: Patients	N	6	942-947	2-N
4.07.2	HHA: Visits	N	7	948-954	2-O
	Non-Malignant Neoplasms: All Sites				
4.08.1	HHA: Patients	N	6	955-960	2-P
4.08.2	HHA: Visits	N	7	961-967	2-Q
	Diabetes Mellitus				
4.09.1	HHA: Patients	N	6	968-973	2-R
4.09.2	HHA: Visits	N	7	974-980	2-S
	Endocrine, Metabolic, and Nutritional Diseases; Immunity Disorders				
4.10.1	HHA: Patients	N	6	981-986	2-T
4.10.2	HHA: Visits	N	7	987-993	2-U
	Diseases of Blood and Blood Forming Organs				
4.11.1	HHA: Patients	N	6	994-999	2-V
4.11.2	HHA: Visits	N	7	1000-1006	2-W

Form Location	Field Description	Field Type	Field Length	Tape File Position	PC File Column#
(Page 4)	**HEALTH CARE UTILIZATION**				
	PATIENTS AND VISITS BY PRINCIPAL DIAGNOSIS FOR WHICH CARE WAS GIVEN				
	Mental Disorders				
4.12.1	HHA: Patients	N	6	1007-1012	2-X
4.12.2	HHA: Visits	N	7	1013-1019	2-Y
	Alzheimer's Disease				
4.13.1	HHA: Patients	N	6	1020-1025	2-Z
4.13.2	HHA: Visits	N	7	1026-1032	2-AA
	Diseases of Nervous System and Sense Organs				
4.14.1	HHA: Patients	N	6	1033-1038	2-AB
4.14.2	HHA: Visits	N	7	1039-1045	2-AC
	Diseases of Cardiovascular System				
4.15.1	HHA: Patients	N	6	1046-1051	2-AD
4.15.2	HHA: Visits	N	7	1052-1058	2-AE
	Diseases of Cerebrovascular System				
4.16.1	HHA: Patients	N	6	1059-1064	2-AF
4.16.2	HHA: Visits	N	7	1065-1071	2-AG
	Diseases of All Other Circulatory Systems				
4.17.1	HHA: Patients	N	6	1072-1077	2-AH
4.17.2	HHA: Visits	N	7	1078-1084	2-AI
	Diseases of Respiratory System				
4.18.1	HHA: Patients	N	6	1085-1090	2-AJ
4.18.2	HHA: Visits	N	7	1091-1097	2-AK
	Diseases of Digestive System				
4.19.1	HHA: Patients	N	6	1098-1103	2-AL
4.19.2	HHA: Visits	N	7	1104-1110	2-AM
	Diseases of Genitourinary System				
4.20.1	HHA: Patients	N	6	1111-1116	2-AN
4.20.2	HHA: Visits	N	7	1117-1123	2-AO
	Diseases of Breast				
4.21.1	HHA: Patients	N	6	1124-1129	2-AP
4.21.2	HHA: Visits	N	7	1130-1136	2-AQ
	Complications of Pregnancy, Childbirth, and the Puerperium				
4.22.1	HHA: Patients	N	6	1137-1142	2-AR
4.22.2	HHA: Visits	N	7	1143-1149	2-AS
	Diseases of Skin and Subcutaneous Tissue				
4.23.1	HHA: Patients	N	6	1150-1155	2-AT
4.23.2	HHA: Visits	N	7	1156-1162	2-AU

Form Location	Field Description	Field Type	Field Length	Tape File Position	PC File Column#
(Page 4)	**HEALTH CARE UTILIZATION**				
	PATIENTS AND VISITS BY PRINCIPAL DIAGNOSIS FOR WHICH CARE WAS GIVEN				
	Diseases of Musculoskeletal System and Connective Tissue				
4.24.1	HHA: Patients	N	6	1163-1168	2-AV
4.24.2	HHA: Visits	N	7	1169-1175	2-AW
	Congenital Anomalies and Perinatal Conditions				
4.25.1	HHA: Patients	N	6	1176-1181	2-AX
4.25.2	HHA: Visits	N	7	1182-1188	2-AY
	Symptoms, Signs, and Ill-defined Conditions (Excludes HIV positive test)				
4.26.1	HHA: Patients	N	6	1189-1194	2-AZ
4.26.2	HHA: Visits	N	7	1195-1201	2-BA
	Fractures (Exclude Birth fx, Pathological fx, Malunion fx, Nonunion fx)				
4.27.1	HHA: Patients	N	6	1202-1207	2-BB
4.27.2	HHA: Visits	N	7	1208-1214	2-BC
	All Other Injuries				
4.28.1	HHA: Patients	N	6	1215-1220	2-BD
4.28.2	HHA: Visits	N	7	1221-1227	2-BE
	Poisonings and Adverse Effects of External Causes				
4.29.1	HHA: Patients	N	6	1228-1233	2-BF
4.29.2	HHA: Visits	N	7	1234-1240	2-BG
	Complications of Surgical and Medical Care				
4.30.1	HHA: Patients	N	6	1241-1246	2-BH
4.30.2	HHA: Visits	N	7	1247-1253	2 BI
	Health Services Related to Reproduction and Development				
4.31.1	HHA: Patients	N	6	1254-1259	2-BJ
4.31.2	HHA: Visits	N	7	1260-1266	2-BK
	Infants Born Outside Hospital				
4.32.1	HHA: Patients	N	6	1267-1272	2-BL
4.32.2	HHA: Visits	N	7	1273-1279	2-BM
	Health Hazards to Communicable Diseases				
4.33.1	HHA: Patients	N	6	1280-1285	2-BN
4.33.2	HHA: Visits	N	7	1286-1292	2-BO
	Other Health Services for Specific Procedures and Aftercare				
4.34.1	HHA: Patients	N	6	1293-1298	2-BP
4.34.2	HHA: Visits	N	7	1299-1305	2-BQ
	Visits for Evaluation & Assessment				
4.35.1	HHA: Patients	N	6	1306-1311	2-BR
4.35.2	HHA: Visits	N	7	1312-1318	2-BS

Form Location	Field Description	Field Type	Field Length	Tape File Position	PC File Column#
(Page 4)	**HEALTH CARE UTILIZATION**				
	PATIENTS AND VISITS BY PRINCIPAL DIAGNOSIS FOR WHICH CARE WAS GIVEN				
	HIV (AIDS/ARC or HTLV/III-LAV)				
4.36.1	HHA Patients	N	6	1319-1324	2-BT
4.36.2	HHA: Visits	N	7	1325-1331	2-BU
	ALZHEIMER'S DISEASE				
4.37.1	HHA: Patients	N	6	1332-1337	2-BV
4.37.2	HHA: Visits	N	7	1338-1344	2-BW

PART B

(Page 7) **HOSPICE UTILIZATION**

FACILITY OWNERSHIP

7.01.1	Hospice operates as an inpatient facility (ies)	N	1	1345	2-BX
7.02.1	How many inpatient facilities does the hospice operate	N	3	1346-1348	2-BY
7.03.1	Licensed as a hospital (1 = Yes)	N	1	1349	2-BZ
7.03.2	Number of beds	N	3	1350-1352	2-CA
7.04.1	Licensed as a SNF (1 = Yes)	N	1	1353	2-CB
7.04.2	Number of beds in SNF	N	3	1354-1356	2-CC
7.05.1	Licensed as a CLHF (1 = Yes)	N	1	1357	2-CD
7.05.2	Number of beds in CLHF	N	3	1358-1360	2-CE
7.06.1	Licensed as a RCFE (1 = Yes)	N	1	1361	2-CF
7.06.2	Number if beds in RCFE	N	2	1362-1364	2-CG

HOSPICE SERVICES

7.07.1	Enterostomal Therapy - Directly	N	1	1365	2-CH
7.07.2	Enterostomal Therapy - Contracted	N	1	1366	2-CI
7.08.1	Respiratory/Pulmonary Therapy - Directly	N	1	1367	2-CJ
7.08.2	Respiratory/Pulmonary Therapy - Contracted	N	1	1368	2-CK
7.09.1	Nutritional Counseling – Directly	N	1	1369	2-CL
7.09.2	Nutritional Counseling - Contracted	N	1	1370	2-CM
7.10.1	IV Therapy - Directly	N	1	1371	2-CN
7.10.2	IV-Therapy - Contracted	N	1	1372	2-CO
7.11.1	Palliative Chemo Therapy - Directly	N	1	1373	2-CP
7.11.2	Palliative Chemo Therapy - Contracted	N	1	1374	2-CQ
7.12.1	Palliative Radiation Therapy - Directly	N	1	1375	2-CR
7.12.2	Palliative Radiation Therapy - Contracted	N	1	1376	2-CS
7.13.1	24 Hour On Call & Visit Coverage -Directly	N	1	1377	2-CT
7.13.2	24 Hour On Call & Visit Coverage - Contracted		N	1 1378	2-CU
7.14.1	Pediatric Care - Directly	N	1	1379	2-CV
7.14.2	Pediatric Care - Contracted	N	1	1380	2-CW
7.15.1	HIV Care - Directly	N	1	1381	2-CX

Form Location	Field Description	Field Type	Field Length	Tape File Position	PC File Column#
7.15.2	HIV Care - Contracted	N	1	1382	2-CY

(Page 7) **HOSPICE UTILIZATION**(Cont.)

FACILITY OWNERSHIP

7.16.1	In Home Respite - Directly	N	1	1383	2-CZ
7.16.2	In Home Respite - Contracted	N	1	1384	2-DA
7.17.1	Home Medical Equipment/Supplies - Directly	N	1	1385	2-DB
7.17.2	Home Medical Equipment/Supplies – Contracted	N	1	1386	2-DC
7.18.1	Laboratory Services - Directly	N	1	1387	2-DD
7.18.2	Laboratory Services - Contracted	N	1	1388	2-DE
7.19.1	Transportation/Ambulance - Directly	N	1	1389	2-DF
7.19.2	Transportation/Ambulance – Contracted	N	1	1390	2-DG
7.20.1	Pharmacy - Directly	N	1	1391	2-DH
7.20.2	Pharmacy - Contracted	N	1	1392	2-DI
7.21.1	Inpatient Services - Directly	N	1	1393	2-DJ
7.21.2	Inpatient Services - Contracted	N	1	1394	2-DK
7.22.1	Nursing - Directly	N	1	1395	2-DL
7.22.2	Nursing - Contracted	N	1	1396	2-DM
7.23.1	Social Work/Counseling - Directly	N	1	1397	2-DN
7.23.2	Social Work/Counseling - Contracted	N	1	1398	2-DO
7.24.1	Spiritual/Pastoral - Directly	N	1	1399	2-DP
7.24.2	Spiritual/Pastoral - Contracted	N	1	1400	2-DQ
7.25.1	Home Health Aide/Homemaker - Directly	N	1	1401	2-DR
7.25.2	Home Health Aide/Homemaker - Contracted	N	1	1402	2-DS
7.26.1	Volunteer Services - Directly	N	1	1403	2-DT
7.26.2	Volunteer Services – Contracted	N	1	1404	2-DU
7.27.1	Hospice Physician/Medical Director - Directly	N	1	1405	2-DV
7.27.2	Hospice Physician/Medical Director - Contracted	N	1	1406	2-DW
7.28.1	Bereavement Services – Directly	N	1	1407	2-DX
7.28.2	Bereavement Services - Contracted	N	1	1408	2-DY
7.29.1	Other – Directly	N	1	1409	2-DZ
7.29.2	Other - Contracted	N	1	1410	2-EA

(Page 8) **BEREAVEMENT SERVICES PROVIDED**

8.01.1	Bereavement Assessments -Provided	N	1	1411	2-EB
8.01.2	Bereavement Assessments - Contracted	N	1	1412	2-EC
8.02.1	Home Counseling By Professionals - Provided	N	1	1413	2-ED
8.02.2	Home Counseling By Professionals – Contracted	N	1	1414	2-EE
8.03.1	Home Counseling By Volunteers - Provided	N	1	1415	2-EF
8.03.2	Home Counseling By Volunteers - Contracted	N	1	1416	2-EG
8.04.1	Referrals for Psychological Services When Appropriate - Prov	N	1	1417	2-EH
8.04.2	Referrals for Psychological Services When Appropriate - Cont	N	1	1418	2-EI
8.05.1	Follow-ups (telephone/mail) - Provided	N	1	1419	2-EJ
8.05.2	Follow-ups (telephone/mail) - Contracted	N	1	1420	2-EK
8.06.1	General Bereavement Groups – Provided	N	1	1421	2-EL
8.06.2	General Bereavement Groups - Contracted	N	1	1422	2-EM
8.07.1	Memorial Services - Provided	N	1	1423	2-EN

Form Location	Field Description	Field Type	Field Length	Tape File Position	PC File Column#
8.07.2	Memorial Services – Contracted	N	1	1424	2-EO
8.08.1	Specialized Bereavement Groups - Provided	N	1	1425	2-EP

(Page 8) **BEREAVEMENT SERVICES PROVIDED (CONT)**

8.08.2	Specialized Bereavement Groups - Contracted	N	1	1426	2-EQ
8.09.1	Social Activities - Provided	N	1	1427	2-ER
8.09.2	Social Activities - Contracted	N	1	1428	2-ES

VOLUNTEER HOURS BY TYPE OF SERVICE

8.15.1	Non-Professional Patient/Family Support	N	6	1429-1434	2-ET
8.16.1	Professional Clinical Patient/Family Support	N	6	1435-1440	2-EU
8.17.1	Bereavement Support	N	6	1441-1446	2-EV
8.18.1	Patient Care Program Administrative Support	N	6	1447-1452	2-EW
8.19.1	Non-patient Care Administrative Support	N	6	1453-1458	2-EX
8.20.1	Other	N	6	1459-1464	2-EY
8.21.1	TOTAL HOURS	N	7	1465-1471	2-EZ

Form Location	Field Description		Field Type	Field Length	Tape File Position	PC File Column#
(Page 9)		**PATIENT INFORMATION**				
		UNDUPLICATED PATIENTS BY GENDER AND AGE				
9.01.1	0-10	MALE	N	6	1472-1477	2-FA
9.01.2	0-10	FEMALE	N	6	1478-1483	2-FB
9.01.3	0-10	OTHER/UNKNOWN	N	6	1484-1489	2-FC
9.01.4	0-10	TOTAL	N	7	1490-1496	2-FD
9.02.1	11-20	MALE	N	6	1497-1502	2-FE
9.02.2	11-20	FEMALE	N	6	1503-1508	2-FF
9.02.3	11-20	OTHER/UNKNOWN	N	6	1509-1514	2-FG
9.02.4	11-20	TOTAL	N	7	1515-1521	2-FH
9.03.1	21-30	MALE	N	6	1522-1527	2-FI
9.03.2	21-30	FEMALE	N	6	1528-1533	2-FJ
9.03.3	21-30	OTHER/UNKNOWN	N	6	1534-1539	2-FK
9.03.4	21-30	TOTAL	N	7	1540-1546	2-FL
9.04.1	31-40	MALE	N	6	1547-1552	2-FM
9.04.2	31-40	FEMALE	N	6	1553-1558	2-FN
9.04.3	31-40	OTHER/UNKNOWN	N	6	1559-1564	2-FO
9.04.4	31-40	TOTAL	N	7	1565-1571	2-FP
9.05.1	41-50	MALE	N	6	1572-1577	2-FQ
9.05.2	41-50	FEMALE	N	6	1578-1583	2-FR
9.05.3	41-50	OTHER/UNKNOWN	N	6	1584-1589	2-FS
9.05.4	41-50	TOTAL	N	7	1590-1596	2-FT
9.06.1	51-60	MALE	N	6	1597-1602	2-FU
9.06.2	51-60	FEMALE	N	6	1603-1608	2-FV
9.06.3	51-60	OTHER/UNKNOWN	N	6	1609-1614	2-FW
9.06.4	51-60	TOTAL	N	7	1615-1621	2-FX
9.07.1	61-70	MALE	N	6	1622-1627	2-FY
9.07.2	61-70	FEMALE	N	6	1628-1633	2-FZ
9.07.3	61-70	OTHER/UNKNOWN	N	6	1634-1639	2-GA
9.07.4	61-70	TOTAL	N	7	1640-1646	2-GB
9.08.1	71-80	MALE	N	6	1647-1652	2-GC
9.08.2	71-80	FEMALE	N	6	1653-1658	2-GD
9.08.3	71-80	OTHER/UNKNOWN	N	6	1559-1664	2-GE
9.08.4	71-80	TOTAL	N	7	1665-1671	2-GF
9.09.1	81-90	MALE	N	6	1672-1677	2-GG
9.09.2	81-90	FEMALE	N	6	1678-1683	2-GH
9.09.3	81-90	OTHER/UNKNOWN	N	6	1684-1689	2-GI
9.09.4	81-90	TOTAL	N	7	1690-1696	2-GJ

Form Location (Page 9)	Field Description	Field Type	Field Length	Tape File Position	PC File Column#
	UNDUPLICATED PATIENTS BY GENDER AND AGE (Cont.)				
9.10.1	91 + MALE	N	6	1697-1702	2-GK
9.10.2	91 + FEMALE	N	6	1703-1708	2-GL
9.10.3	91 + OTHER/UNKNOWN	N	6	1709-1714	2-GM
9.10.4	91 + TOTAL	N	7	1715-1721	2-GN
9.11.1	TOTAL MALE	N	6	1722-1728	2-GO
9.11.2	TOTAL FEMALE	N	6	1729-1735	2-GP
9.11.3	TOTAL OTHER/UNKNOWN	N	6	1736-1742	2-GQ
9.11.4	TOTAL TOTAL	N	7	1743-1749	2-GR
	UNDUPLICATED PATIENTS BY RACE				
9.20.1	WHITE MALE	N	6	1750-1755	2-GS
9.20.2	WHITE FEMALE	N	6	1756-1761	2-GT
9.20.3	WHITE OTHER/UNKNOWN	N	6	1762-1767	2-GU
9.20.4	WHITE TOTAL	N	7	1768-1774	2-GV
9.21.1	BLACK MALE	N	6	1775-1780	2-GW
9.21.2	BLACK FEMALE	N	6	1781-1786	2-GX
9.21.3	BLACK OTHER/UNKNOWN	N	6	1787-1792	2-GY
9.21.4	BLACK TOTAL	N	7	1793-1799	2-GZ
9.22.1	NATIVE AMERICAN MALE	N	6	1800-1805	2-HA
9.22.2	NATIVE AMERICAN FEMALE	N	6	1806-1811	2-HB
9.22.3	NATIVE AMERICAN OTHER/UNKNOWN	N	6	1812-1817	2-HC
9.22.4	NATIVE AMERICAN TOTAL	N	7	1818-1824	2-HD
9.23.1	ASIAN/PACIFIC ISLANDER MALE	N	6	1825-1830	2-HE
9.23.2	ASIAN/PACIFIC ISLANDER FEMALE	N	6	1831-1836	2-HF
9.23.3	ASIAN/PACIFIC ISLANDER OTHER/UNKNOWN	N	6	1837-1842	2-HG
9.23.4	ASIAN/PACIFIC ISLANDER TOTAL	N	7	1843-1849	2-HH
9.24.1	OTHER MALE	N	6	1850-1855	2-HI
9.24.2	OTHER FEMALE	N	6	1856-1861	2-HJ
9.24.3	OTHER OTHER/UNKNOWN	N	6	1862-1867	2-HK
9.24.4	OTHER TOTAL	N	7	1868-1874	2-HL
9.25.1	UNKNOWN MALE	N	6	1875-1880	2-HM
9.25.2	UNKNOWN FEMALE	N	6	1881-1886	2-HN
9.25.3	UNKNOWN OTHER/UNKNOWN	N	6	1887-1892	2-HO
9.25.4	UNKNOWN TOTAL	N	7	1893-1899	2-HP
9.26.1	TOTAL MALE	N	7	1900-1906	2-HQ
9.26.2	TOTAL FEMALE	N	7	1907-1886	2-HR
9.26.3	TOTAL OTHER/UNKNOWN	N	7	1914-1892	2-HS
9.26.4	TOTAL TOTAL	N	7	1921-1927	2-HT

Form Location	Field Description	Field Type	Field Length	Tape File Position	PC File Column#
(Page 9)	ETHNICITY				
9.30.1	HISPANIC	N	6	1928-1933	2-HU
9.30.2	NON-HISPANIC	N	6	1934-1939	2-HV

Form Location	Field Description	Field Type	Field Length	Tape File Position	PC File Column#
(Page 10)	**PATIENTS ADMISSIONS AND DISCHARGES BY SOURCE AND DISPOSITION**				
	ADMISSIONS BY SOURCE OF REFERRAL				
10.01.1	Hospital	N	6	1940-1945	3-B
10.02.1	Physician	N	6	1946-1951	3-C
10.03.1	Family/Friend	N	6	1952-1957	3-D
10.04.1	Self	N	6	1958-1963	3-E
10.05.1	Long Term Care Facility (SN/IC)	N	6	1964-1969	3-F
10.06.1	Clinic	N	6	1970-1975	3-G
10.07.1	Social Service Agency	N	6	1976-1981	3-H
10.08.1	Home Health Agency	N	6	1982-1987	3-I
10.09.1	Payer (Insurer, HMO, etc)	N	6	1988-1993	3-J
10.10.1	Other Hospice	N	6	1994-1999	3-K
10.11.1	AIDS Service Organization	N	6	2000-2005	3-L
10.12.1	Other	N	6	2006-2011	3-M
10.13.1	TOTAL	N	6	2013-2017	3-N
	PATIENT DISCHARGES BY REASON FOR DISCHARGE				
10.20.1	Death	N	6	2018-2023	3-O
10.21.1	Patient Moved Out of Area	N	6	2024-2029	3-P
10.22.1	Patient Refused Service	N	6	2030-2035	3-Q
10.23.1	Transferred to Another Local Hospice	N	6	2036-2041	3-R
10.24.1	Prognosis Extended	N	6	2042-2047	3-S
10.25.1	Patient Desired Curative Treatment	N	6	2048-2053	3-T
10.26.1	Other	N	6	2054-2059	3-U
10.27.1	TOTAL	N	6	2060-2065	3-V
	NUMBER OF DISCHARGED PATIENTS BY LENGTH OF STAY				
10.35.1	0 - 30 Days	N	6	2066-2071	3-W
10.36.1	31-60 Days	N	6	2072-2077	3-X
10.37.1	61-90 Days	N	6	2078-2083	3-Y
10.38.1	91-120 Days	N	6	2084-2089	3-Z
10.39.1	121-150 Days	N	6	2090-2095	3-AA
10.40.1	151-180 Days	N	6	2096-2101	3-AB
10.41.1	181-210 Days	N	6	2102-2107	3-AC
10.42.1	211-240 Days	N	6	2108-2113	3-AD
10.43.1	241 + Days	N	6	2114-2119	3-AE
10.44.1	Total Patients	N	7	2120-2126	3-AF
(Page 11)	**VISITS BY TYPE OF STAFF DURING REPORTING YEAR**				
11.01.1	Registered Nurse	N	7	2127-2133	3-AG
11.02.1	Licensed Vocational Nurse	N	7	2134-2140	3-AH
11.03.1	Home Health Aide	N	7	2141-2147	3-AI
11.04.1	Physical Therapist	N	7	2148-2154	3-AJ
11.05.1	Occupational Therapist	N	7	2155-2161	3-AK
11.06.1	Speech Pathologist/Audiologist	N	7	2162-2168	3-AL
11.07.1	Social Worker/Counselor	N	7	2169-2175	3-AM

Form Location	Field Description	Field Type	Field Length	Tape File Position	PC File Column#
(Page 11)	VISITS BY STAFF(Cont.)				
11.08.1	Hospice Physician/Medical Director	N	7	2176-2182	3-AN
11.09.1	Spiritual and Pastoral Care	N	7	2183-2189	3-AO
11.10.1	Homemaker	N	7	2190-2196	3-AP
11.11.1	Other	N	7	2197-2203	3-AQ
11.12.1	TOTAL VISITS	N	7	2204-2210	3-AR
	PATIENT DAYS BY LEVEL OF HOSPICE CARE				
11.16.1	Routine Home Care Days	N	6	2211-2216	3-AS
11.17.1	Continuous Care Days	N	6	2217-2222	3-AT
11.18.1	Acute Inpatient Days	N	6	2223-2228	3-AU
11.19.1	Respite Inpatient Days	N	6	2229-2234	3-AV
11.20.1	TOTAL Patient Days	N	7	2235-2241	3-AW
11.21.1	Total Number of Continuous Care Hours	N	6	2242-2247	3-AX
(Page 12)	**PERCENTAGE OF GROSS REVENUE BY REIMBURSEMENT SOURCE**				
12.01.1	Medicare Number of Patients	N	6	2248-2253	3-AY
12.01.2	Medicare Number of Patient Days	N	6	2254-2259	3-AZ
12.01.3	Medicare % Gross Revenue	N	6	2260-2265	3-BA
12.02.1	Medi-Cal Number of Patients	N	6	2266-2271	3-BB
12.02.2	Medi-Cal Number of Patient Days	N	6	2272-2277	3-BC
12.02.3	Medi-Cal % Gross Revenue	N	6	2278-2283	3-BD
12.03.1	Private Coverage Number of Patients	N	6	2284-2289	3-BE
12.03.2	Private Coverage Number of Patient Days	N	6	2290-2295	3-BF
12.03.3	Private Coverage % Gross Revenue	N	6	2296-2301	3-BG
12.04.1	Other Government Number of Patients	N	6	2302-2307	3-BH
12.04.2	Other Government Number of Patient Days	N	6	2308-2313	3-BI
12.04.3	Other Government % Gross Revenue	N	6	2314-2319	3-BJ
12.05.1	Self-Pay Number of Patients	N	6	2320-2335	3-BK
12.05.2	Self-Pay Number of Patient Days	N	6	2326-2331	3-BL
12.05.3	Self-Pay % Gross Revenue	N	6	2332-2337	3-BM
12.06.1	Other Number of Patients	N	6	2338-2343	3-BN
12.06.2	Other Number of Patient Days	N	6	2344-2249	3-BO
12.06.3	Other % Gross Revenue	N	6	2350-2355	3-BP
12.07.1	No Reimbursement Number of Patients	N	6	2356-2361	3-BQ
12.07.2	No Reimbursement Number of Patient Days	N	6	2362-2367	3-BR
12.07.3	No Reimbursement % Gross Revenue	N	6	2368-2373	3-BS

Form Location	Field Description			Field Type	Field Length	Tape File Position	PC File Column#
(Page 12)	**PERCENTAGE OF GROSS REVENUE BY REIMBURSEMENT SOURCE(Cont.)**						
12.08.1	TOTAL	Number of Patients		N	6	2374-2379	3-BT
12.08.2	TOTAL	Number of Patient Days		N	6	2380-2385	3-BU
12.08.3	TOTAL	% Gross Revenue		N	6	2386-2391	3-BV
	HOSPICE UTILIZATION						
(Page 13)	DISCHARGED PATIENTS, VISITS AND TOTAL DAYS BY PRINCIPAL DIAGNOSES FOR WHICH CARE WAS GIVEN						
	ICD-9-CM Code						
13.01.1	001-041	Infectious and parasitic disease,	Discharges	N	6	2392-2397	3BW
13.01.2	045-139	Excluding HIV disease	Visits	N	6	2392-2397	3-BW
1301.3			Total Days	N	7	2398-2404	3-BX
13.02.1	42	HIV disease	Discharges	N	6	2412-2430	3-BZ
13.02.2			Visits	N	6	2418-2423	3-CA
13.02.3			Total Days	N	7	2424-2430	3-CB
13.03.1	140-149	Malignant neoplasms of lip,	Discharges	N	6	2431-2436	3-CC
13.03.2		oral cavity & pharynx	Visits	N	6	2437-2442	3-CD
13.03.3			Total Days	N	7	2443-2449	3-CE
13.04.1	150-159	Malignant neoplasms of	Discharges	N	6	2450-2455	3-CF
13.04.2		digestive organs & peritoneum	Visits	N	6	2456-2461	3-CG
13.04.3			Total Days	N	7	2462-2468	3-CH
13.05.1	160-165	Malignant neoplasms of	Discharges	N	6	2469-2474	3-CI
13.05.2		of respiratory & intrathoracic	Visits	N	6	2475-2480	3-CJ
13.05.3		organs	Total Days	N	7	2481-2487	3-CK
13.06.1	170-175	Malignant neoplasms of bone,	Discharges	N	6	2488-2493	3-CL
13.06.2		connective tissue, skin & breast	Visits	N	6	2494-2499	3-CM
13.06.3			Total Days	N	7	2500-2506	3-CN
13.07.1	179-189	Malignant neoplasms of	Discharges	N	6	2507-2512	3-CO
13.07.2		genitourinary organs	Visits	N	6	2513-2518	3-CP
13.07.3			Total Days	N	7	2519-2525	3-CQ
13.08.1	190-199	Malignant neoplasms of other &	Discharges	N	6	2526-2531	3-CR
13.08.2		unspecified sites	Visits	N	6	2532-2537	3-CS
13.08.3			Total Days	N	7	2538-2544	3-CT
13.09.1	200-208	Malignant neoplasms of lymphatic	Discharges	N	6	2545-2550	3-CU
13.09.2		& Hematopoietic tissue	Visits	N	6	2551-2556	3-CV
13.09.3			Total Days	N	7	2557-2563	3-CW
13.10.1	210	Benign Neoplasms	Discharges	N	6	2564-2569	3-CX
13.10.2			Visits	N	6	2570-2575	3-CY

Form Location	Field Description			Field Type	Field Length	Tape File Position	PC File Column#
13.10.3			Total Days	N	7	2576-2582	3-CZ

(Page 13) DISCHARGED PATIENTS, VISITS AND TOTAL DAYS
BY PRINCIPAL DIAGNOSES FOR WHICH CARE WAS GIVEN (Cont.)

	ICD-9-CM Code						
13.11.1	230-234	Carcinoma-in-situ	Discharges	N	6	2583-2588	3-DA
13.11.2			Visits	N	6	2589-2594	3-DB
13.11.3			Total Days	N	7	2595-2601	3-DC
13.12.1	235-238	Neoplasms of uncertain	Discharges	N	6	2602-2607	3-DD
13.12.2		behavior	Visits	N	6	2608-2613	3-DE
13.12.3			Total Days	N	7	2614-2620	3-DF
13.13.1	239	Neoplasms of unspecified	Discharges	N	6	2621-2626	3-DG
13.13.2		nature	Visits	N	6	2627-2632	3-DH
13.13.3			Total Days	N	7	2633-2639	3-DI
13.14.1	240-289	Endocrine, nutritional, and	Discharges	N	6	2640-2645	3-DJ
13.14.2		metabolic diseases, and,	Visits	N	6	2646-2651	3-DK
13.14.3		immunity disorders	Total Days	N	7	2652-2658	3-DL
13.15.1	290-319	Mental disorders	Discharges	N	6	2659-2664	3-DM
13.15.2			Visits	N	6	2665-2670	3-DN
13.15.3			Total Days	N	7	2671-2677	3-DO
13.16.1	320-389	Diseases of nervous	Discharges	N	6	2678-2683	3-DP
13.16.2		system and sense organs	Visits	N	6	2684-2689	3-DQ
13.16.3			Total Days	N	7	2690-2696	3-DR
13.17.1	390-459	Diseases of circulatory	Discharges	N	6	2697-2702	3-DS
13.17.2		system	Visits	N	6	2703-2708	3-DT
13.17.3			Total Days	N	7	2709-2715	3-DU
13.18.1	460-519	Diseases of respiratory	Discharges	N	6	2716-2721	3-DV
13.18.2		system	Visits	N	6	2722-2727	3-DW
13.18.3			Total Days	N	7	2728-2734	3-DX
13.19.1	520-579	Diseases of digestive	Discharges	N	6	2735-2740	3-DY
13.19.2		system	Visits	N	6	2741-2746	3-DZ
13.19.3			Total Days	N	7	2747-2753	3-EA
13.20.1	580-629	Diseases of genitourinary	Discharges	N	6	2754-2759	3-EB
13.20.2		system	Visits	N	6	2760-2765	3-EC
13.20.3			Total Days	N	7	2766-2772	3-ED
13.21.1	630-677	Pregnancy, childbirth &	Discharges	N	6	2773-2778	3-EE
13.21.2		the puerperium	Visits	N	6	2779-2784	3-EF
13.21.3			Total Days	N	7	2785-2791	3-EG

(Page 13) DISCHARGED PATIENTS, VISITS AND TOTAL DAYS
BY PRINCIPAL DIAGNOSES FOR WHICH CARE WAS GIVEN (Cont.)

Form Location	Field Description			Field Type	Field Length	Tape File Position	PC File Column#
	ICD-9-CM Code						
13.22.1	680-709	Diseases of skin and	Discharges	N	6	2792-2797	3-EH
13.22.2		subcutaneous tissue	Visits	N	6	2798-2803	3-EI
13.22.3			Total Days	N	7	2804-2810	3-EJ
13.23.1	710-739	Diseases of the	Discharges	N	6	2811-2816	3-EK
13.23.2		musculoskeletal system	Visits	N	6	2817-2822	3-EL
13.23.3		and connective tissue	Total Days	N	7	2823-2829	3-EM
13.24.1	740-759	Congenital anomalies	Discharges	N	6	2830-2835	3-EN
13.24.2			Visits	N	6	2836-2841	3-EO
13.24.3			Total Days	N	7	2842-2848	3-EP
13.25.1	760-779	Maternal conditions	Discharges	N	6	2849-2854	3-EQ
13.25.2		originating in the perinatal	Visits	N	6	2855-2860	3-ER
13.25.3		period	Total Days	N	7	2861-2867	3-ES
13.26.1	780-799	Symptoms, signs, &	Discharges	N	6	2868-2873	3-ET
13.26.2		ill defined conditions	Visits	N	6	2874-2879	3-EU
13.26.3			Total Days	N	7	2880-2886	3-EV
13.27.1	800-999	Injury & poisoning	Discharges	N	6	2887-2892	3-EW
13.27.2			Visits	N	6	2893-2898	3-EX
13.27.3			Total Days	N	7	2899-2905	3-EY
13.28.1	V01-V82	Factors influencing health	Discharges	N	6	2906-2911	3-EZ
13.28.2		status and contact with	Visits	N	6	2912-2917	3-FA
13.28.3		health services	Total Days	N	7	2918-2924	3-FB
13.29.1	TOTAL	ALL DIAGNOSES	Discharges	N	6	2925-2930	3-FC
13.29.2			Visits	N	6	2931-2936	3-FD
13.29.3			Total Days	N	7	2937-2943	3-FE

**********END OF RECORD**********

APPENDIX A

1996 HOME HEALTH AGENCY ANNUAL UTILIZATION REPORT