General Information and Data Entry Instructions

General Information:
The purpose of this template is to enable Hospice providers to enter the Hospice Nursing Home Log information into an electronic format. The edits built into these templates prompt and validate certain information.

Once a Hospice Nursing Home Recipient Log has been entered into this template, the user will be able to validate the record by the "Error Type or Identity of Missing Data" column. If this column is blank, the entry is valid. For invalid records, please see Error Types listed below.

Error Types:
1. **Validate** - means information entered in a record is incorrect.
2. **Range** - means one or both Dates of Service do not fall within the State Fiscal Year provided in the Hospice Provider information section.
3. **Overlap** - means two Dates of Service stays overlap each other.

Ensure the Medicaid recipient and provider numbers are typed correctly as the template will verify only the number of digits for each category - **not** if the number is active or has been transposed.

Hospice Provider Medicaid identification numbers are **nine digits** that may or may not begin with zero.

Medicaid Recipient identification numbers are **ten digits** that may or may not begin with zero.

Data Entry Instructions:
To copy and paste your existing data into the Hospice Log template:
Edit → Paste Special → Values

Select the Excel template located at
http://ahca.myflorida.com/Medicaid/cost_reim/hospice_recip_logs.shtml.

1. Enter the Provider Name, Medicaid Provider Number and the year representing the corresponding State Fiscal Year ending on June 30.
2. Enter the Medicaid recipient service information, i.e. Medicaid Number, Dates of Service – From and To Date (mm/dd/yyyy).
   a. Do not enter a Recipient without a Medicaid number.
   b. The Nursing Home provider number must be six or seven digits in length. i.e. 123456 or 0123456 (Disregard any trailing zeros. i.e. 012345600; however, 001234 is a valid number.)
   c. The Dates of Service - From and To Dates must fall between July 1 and June 30 of the State Fiscal Year.
      1) If the stay is continuous, you may represent this on the same line.

2) If there is a break in the stay, you must record the stay on multiple lines.
3. The Total Service Days field automatically calculates.
4. Enter the Nursing Home facility name.

Submitting the Hospice Recipient Log:
1. Password Protect your Excel spreadsheet:
   Excel → File → Info → Protect Workbook → Encrypt with Password
2. On the Hospice Provider Nursing Home Log Certification form, a Password field has been added next to the Medicaid Provider number field. Enter your password for the Excel spreadsheet.
3. Email your Excel spreadsheet and signed completed Certification to Hospice_NHLogs@ahca.myflorida.com. If you have any questions, please email Toriano Hatcher at Toriano.Hatcher@ahca.myflorida.com.