## AGENCY FOR HEALTH CARE ADMINISTRATION Semi-Annual Report of Hospice Utilization (July-December)

Phone: FAX: Email   Email	ail Address:
(unduplicated) for the following categories:  (caseload) on the dates:  Diagnosis  New Patients Admitted  July 1st to December 31st  Under Age 65   Age 65 and Over   Sep 1  Oct 1  All Other  TOTALS  Total patient days of care July 1st through December 31st:  Hospice with a SINGLE designated service area:  Service Area Number:  Service Area Number:  Total new patients admitted In each month:  Jul	
July 1st to December 31st  Under Age 65   Age 65 and Over  Cancer  All Other  TOTALS  Total patient days of care July 1st through December 31st:  Hospice with a SINGLE designated service area:  Service Area Number:  Service Area Number:  Total new patients admitted n each month:  Jul  Aug  Aug  Aug  Aug  Aug  Aug  Sep  Oct  Oct  Oct  Oct  Oct  Oct  Oct  Oc	
Under Age 65 Age 65 and Over  Cancer  All Other  TOTALS  Dec 1  Total patient days of care July 1st through December 31st:  Hospice with a SINGLE designated service area:  Service Area Number:  Service Area Number:  Total new patients admitted n each month:  Jul  Aug  Aug  Sep  Oct  Oct  Oct  Oct  Oct  Oct  Oct  Oc	Private Home
Cancer  All Other  TOTALS  Dec 1  Total patient days of care July 1st through December 31st:  Hospice with a SINGLE designated service area:  Service Area Number:  Total new patients admitted n each month:  Jul  Aug  Aug  Sep  Oct  Oct  Nov 1  Nov 1  Dec 1  Becal  Nonv 1  Dec 1  Cot 1  Nov 1  Dec 1  Dec 1  Total patient days of care July 1st through December 31st:  Leach mouth TWO or THREE designated service are Service Area Number:  Service Area Number:  Total new patients admitted In each month:  Jul  Aug  Sep  Oct  Oct  Oct  Oct  Oct  Oct  Oct  Oc	
All Other  TOTALS  Total patient days of care July 1st through December 31st:  Hospice with a SINGLE designated service area:  Service Area Number: Service Area Number: Number:  Total new patients admitted n each month:	Hospice Residential Unit
Total patient days of care July 1st through December 31st:  Hospice with a SINGLE designated service area:  Service Area Number: Service Area Number: Service Area Number: Total new patients admitted In each month:  Jul Jul Jul Jul Jul Aug Sep	
Total patient days of care July 1st through December 31st:  Hospice with a SINGLE designated service area:  Service Area Number: Service Area Number: Number: Total new patients admitted n each month:  Jul Jul Jul Jul Aug Aug Sep	Inpatient Hospice Facility
Hospice with a SINGLE designated service area:  Service Area Number: Service Area Number: Total new patients admitted n each month:  Jul Aug Aug Aug Sep	Nursing Home
. Hospice with a SINGLE designated service area:  Service Area Number: Service Area Number: Total new patients admitted n each month:  Jul Aug Aug Aug Sep _	Hospital
In each month:         In each month:         in each month:           Jul         Jul         Jul           Aug         Aug         Aug           Sep         Sep         Sep           Oct         Oct         Oct	At 1
Total new patients admitted n each month:  Jul  Aug  Sep  Oct  Oct  Total new patients admitted In each month:  Total new patients admitted in each month:  Jul  Aug  Sep  Oct  Oct  Oct  Oct	Service Area
Jul	dmitted Total new patients admitted in each month:
Aug       Aug         Sep       Sep         Oct       Oct	To d
Sep         Sep           Oct         Oct             Oct         Oct	
Oct Oct	
	Sep
NOV I NOV I NOV	Oct
	Nov
Dec         Dec         Dec           Total         Total         Total	Dec Total
Total Total	