

Hospice Utilization Report Definitions

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Patient Census

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State Field ID Field Definition

Patients by Gender

400110	Male	Assigned male at birth, based on a child's genitalia
400120	Female	Assigned female at birth, based on a child's genitalia
400150	Unknown	Was not offered by patient or was not recorded
400100	Total	Total Male, Female, and Unknown

Patients by Race

400210	Caucasian	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
400220	Hispanic	A Spanish-speaking person who lives in the U.S. and comes from Portugal, Spain or Latin America, or someone of this descent.
400230	African American	A person having origins in any of the Black racial groups of Africa.
400240	Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
400260	Native American	A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
400270	Other	A person not identifying with any of the races above
400280	Unknown	Was not offered by patient or was not recorded
400200	Total	

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Patient Census

State Field ID Field

Patients by County

400301	Churchill	A county in the western U.S. state of Nevada
400302	Clark	A county located in Southern Nevada
400303	Douglas	A county in the northwestern part of the U.S. state of Nevada
400304	Elko	A county in the northeastern part of the U.S. state of Nevada
400304	Esmeralda	A county in the west of U.S. state of Nevada.
400305	Eureka	A county in the east-central part of U.S. state of Nevada.
400306	Humboldt	A county in the north-central part of U.S. state of Nevada.
400307	Lander	A county in the north-central part of U.S. state of Nevada.
400308	Lincoln	A county in the southeastern part of the U.S. state of Nevada
400309	Lyon	A county in the southwestern part of the U.S. state of Nevada
400310	Mineral	A county on the southwestern border of the U.S. state of Nevada
400311	Nye	A county in the south-central part of U.S. state of Nevada.
400312	Carson City	A county in the west of U.S. state of Nevada.
400313	Pershing	A county in the west-central part of U.S. state of Nevada.
400314	Storey	A county in the southwestern part of the U.S. state of Nevada
400315	Washoe	A county on the western border of the U.S. state of Nevada
400316	White Pine	A county on the central eastern border of the U.S. state of Nevada
400317	Unknown	Was not offered by patient or was not recorded
400318	Out of state	Not residing in the State of Nevada
400300	Total	

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State Field ID Field

Patients by Primary Diagnosis

400601	Certain infectious and parasitic diseases (A00-B99)
400602	Neoplasms (C00-D49)
400603	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)
400604	Endocrine, nutritional and metabolic diseases (E00-E89)
400605	Mental, Behavioral and Neurodevelopmental disorders (F01-F99)
400606	Diseases of the nervous system (G00-G99)
400607	Diseases of the eye and adnexa (H00-H59)
400608	Diseases of the ear and mastoid process (H60-H95)
400609	Diseases of the circulatory system (I00-I99)
400610	Diseases of the respiratory system (J00-J99)
400611	Diseases of the digestive system (K00-K95)
400612	Diseases of the skin and subcutaneous tissue (L00-L99)
400613	Diseases of the musculoskeletal system and connective tissue (M00-M99)
400614	Diseases of the genitourinary system (N00-N99)
400615	Pregnancy, childbirth and the puerperium (O00-O9A)
400616	Certain conditions originating in the perinatal period (P00-P96)
400617	Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)
400618	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)
400619	Injury, poisoning and certain other consequences of external causes (S00-T88)
400620	External causes of morbidity (V00-Y99)
400621	Factors influencing health status and contact with health services (Z00-Z99)
400622	Unknown
400600	Total

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State Field ID	Field	Definition
Admitted Patients by Referral Source (only patients that were admitted)		
400410	Physician	An authorized practitioner of medicine
400415	Hospital	An institution for the care and treatment of the acutely sick and injured
400420	Home Health Agency	An organization that provides health care in the home
400425	Nursing Home	A convalescent home or private facility for the care of patients who do not require hospitalization and who cannot be cared for at home.
400430	Self/Family	
400435	Clinic	An establishment where patients are admitted for special study and treatment by a group of health care professionals practicing together.
400440	Social Service Agency	A service, such as counseling or health care, provided by a government or by a charitable organization to advance human welfare, especially for disadvantaged people.
400445	Payer	One named responsible for paying a bill
400450	Other Hospice	A program that provides palliative care and attends to the emotional and spiritual needs of terminally ill patients at an inpatient facility or at the patient's home
400455	Other	Some other source that what is listed above
400460	Unknown	Was not offered by patient or was not recorded
400400	Total	

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State Field ID	Field	Definition
Not Admitted Patients by Referral Source (only patients that, for whatever reason, were not admitted but some services were rendered)		
400510	Physician	An authorized practitioner of medicine
400515	Hospital	An institution for the care and treatment of the acutely sick and injured
400520	Home Health Agency	An organization that provides health care in the home
400525	Nursing Home	A convalescent home or private facility for the care of patients who do not require hospitalization and who cannot be cared for at home.
400530	Self/Family	
400535	Clinic	An establishment where patients are admitted for special study and treatment by a group of health care professionals practicing together.
400540	Social Service Agency	A service, such as counseling or health care, provided by a government or by a charitable organization to advance human welfare, especially for disadvantaged people.
400545	Payer	One named responsible for paying a bill
400550	Other Hospice	A program that provides palliative care and attends to the emotional and spiritual needs of terminally ill patients at an inpatient facility or at the patient's home
400555	Other	Some other source that what is listed above
400560	Unknown	Was not offered by patient or was not recorded
400500	Total	

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Days of Care

State Field ID	Field	Definition
Routine Home Care Days (Private Residence)		
400710	Medicaid-FFS	Qualified Medicaid providers are paid for each covered service such as an office visit, test, or procedure according to rates set by the state. States may develop their payment rates based on: (1) the costs of providing the service;(2) a review of what commercial payers pay in the private market or (3) a percentage of what Medicare pays for equivalent services. The service provided must correspond to the description of covered services under the Medicaid state plan, and the service must be delivered by a qualified Medicaid provider
400720	Medicaid-MCO	Medicaid and additional services in the United States through an arrangement between a state Medicaid agency and managed care organizations (MCOs) that accept a set payment - "capitation" - for these services. The State pays the MCO a monthly premium to cover the services provided to a beneficiary.
400730	Medicare-FFS	Fee-for-service is a system of health care payment in which a provider is paid separately for each particular service rendered.
400740	Medicare-MCO	Managed care plan is one way to get coverage for the health care bills that Medicare doesn't pay. Medicare managed care plans are HMOs or PPOs that provide basic Medicare coverage plus other coverage to fill the gaps in Medicare coverage.
400750	Private Insurance	Any health insurance policy purchased by an employer or by an individual from a private insurance company.
400760	Self Pay	A type of payment where the patient's own resources pay for the care. A contract is signed between the person responsible for payment and the facility.
400770	No Pay/Charity	Free or discounted medical care and especially hospital care provided to patients who do not have health insurance or are unable to pay for all or part of medical costs due to limited income or financial hardship.
400780	Workers Comp.	A form of insurance providing wage replacement and medical benefits to employees injured in the course of employment in exchange for mandatory relinquishment of the employee's right to sue his or her employer for the tort of negligence.
400790	Other Government	DOD TRICARE, VHA, and IHS, etc. - serve particular populations with whom the federal government has a special relationship, respectively, military personnel and their dependents, veterans, and Native Americans.
400795	Other	Paid other than listed above
400700	Total	

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Days of Care

State Field ID Field Definition

Routine Home Care Days (Nursing Home)

400810	Medicaid-FFS	Qualified Medicaid providers are paid for each covered service such as an office visit, test, or procedure according to rates set by the state. States may develop their payment rates based on: (1) the costs of providing the service;(2) a review of what commercial payers pay in the private market or (3) a percentage of what Medicare pays for equivalent services. The service provided must correspond to the description of covered services under the Medicaid state plan, and the service must be delivered by a qualified Medicaid provider
400820	Medicaid-MCO	Medicaid and additional services in the United States through an arrangement between a state Medicaid agency and managed care organizations (MCOs) that accept a set payment - "capitation" - for these services. The State pays the MCO a monthly premium to cover the services provided to a beneficiary.
400830	Medicare-FFS	Fee-for-service is a system of health care payment in which a provider is paid separately for each particular service rendered.
400840	Medicare-MCO	Managed care plan is one way to get coverage for the health care bills that Medicare doesn't pay. Medicare managed care plans are HMOs or PPOs that provide basic Medicare coverage plus other coverage to fill the gaps in Medicare coverage.
400850	Private Insurance	Any health insurance policy purchased by an employer or by an individual from a private insurance company.
400860	Self Pay	A type of payment where the patient's own resources pay for the care. A contract is signed between the person responsible for payment and the facility.
400870	No Pay/Charity	Free or discounted medical care and especially hospital care provided to patients who do not have health insurance or are unable to pay for all or part of medical costs due to limited income or financial hardship.
400880	Workers Comp.	A form of insurance providing wage replacement and medical benefits to employees injured in the course of employment in exchange for mandatory relinquishment of the employee's right to sue his or her employer for the tort of negligence.
400890	Other Government	DOD TRICARE, VHA, and IHS, etc. - serve particular populations with whom the federal government has a special relationship, respectively, military personnel and their dependents, veterans, and Native Americans.
400895	Other	Paid other than listed above
400800	Total	

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Days of Care

State Field ID	Field	Definition
Routine Home Care Days (Group Home)		
400910	Medicaid-FFS	Qualified Medicaid providers are paid for each covered service such as an office visit, test, or procedure according to rates set by the state. States may develop their payment rates based on: (1) the costs of providing the service;(2) a review of what commercial payers pay in the private market or (3) a percentage of what Medicare pays for equivalent services. The service provided must correspond to the description of covered services under the Medicaid state plan, and the service must be delivered by a qualified Medicaid provider
400920	Medicaid-MCO	Medicaid and additional services in the United States through an arrangement between a state Medicaid agency and managed care organizations (MCOs) that accept a set payment - "capitation" - for these services. The State pays the MCO a monthly premium to cover the services provided to a beneficiary.
400930	Medicare-FFS	Fee-for-service is a system of health care payment in which a provider is paid separately for each particular service rendered.
400940	Medicare-MCO	Managed care plan is one way to get coverage for the health care bills that Medicare doesn't pay. Medicare managed care plans are HMOs or PPOs that provide basic Medicare coverage plus other coverage to fill the gaps in Medicare coverage.
400950	Private Insurance	Any health insurance policy purchased by an employer or by an individual from a private insurance company.
400960	Self Pay	A type of payment where the patient's own resources pay for the care. A contract is signed between the person responsible for payment and the facility.
400970	No Pay/Charity	Free or discounted medical care and especially hospital care provided to patients who do not have health insurance or are unable to pay for all or part of medical costs due to limited income or financial hardship.
400980	Workers Comp.	A form of insurance providing wage replacement and medical benefits to employees injured in the course of employment in exchange for mandatory relinquishment of the employee's right to sue his or her employer for the tort of negligence.
400990	Other Government	DOD TRICARE, VHA, and IHS, etc. - serve particular populations with whom the federal government has a special relationship, respectively, military personnel and their dependents, veterans, and Native Americans.
400995	Other	Paid other than listed above
400900	Total	

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Days of Care

State Field ID	Field	Definition
Acute Inpatient Days		
401010	Medicaid-FFS	Qualified Medicaid providers are paid for each covered service such as an office visit, test, or procedure according to rates set by the state. States may develop their payment rates based on: (1) the costs of providing the service;(2) a review of what commercial payers pay in the private market or (3) a percentage of what Medicare pays for equivalent services. The service provided must correspond to the description of covered services under the Medicaid state plan, and the service must be delivered by a qualified Medicaid provider
401020	Medicaid-MCO	Medicaid and additional services in the United States through an arrangement between a state Medicaid agency and managed care organizations (MCOs) that accept a set payment - "capitation" - for these services. The State pays the MCO a monthly premium to cover the services provided to a beneficiary.
401030	Medicare-FFS	Fee-for-service is a system of health care payment in which a provider is paid separately for each particular service rendered.
401040	Medicare-MCO	Managed care plan is one way to get coverage for the health care bills that Medicare doesn't pay. Medicare managed care plans are HMOs or PPOs that provide basic Medicare coverage plus other coverage to fill the gaps in Medicare coverage.
401050	Private Insurance	Any health insurance policy purchased by an employer or by an individual from a private insurance company.
401060	Self Pay	A type of payment where the patient's own resources pay for the care. A contract is signed between the person responsible for payment and the facility.
401070	No Pay/Charity	Free or discounted medical care and especially hospital care provided to patients who do not have health insurance or are unable to pay for all or part of medical costs due to limited income or financial hardship.
401080	Workers Comp.	A form of insurance providing wage replacement and medical benefits to employees injured in the course of employment in exchange for mandatory relinquishment of the employee's right to sue his or her employer for the tort of negligence.
401090	Other Government	DOD TRICARE, VHA, and IHS, etc. - serve particular populations with whom the federal government has a special relationship, respectively, military personnel and their dependents, veterans, and Native Americans.
401095	Other	Paid other than listed above
401000	Total	

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Days of Care

State Field ID	Field	Definition
Respite Inpatient Days		
401110	Medicaid-FFS	Qualified Medicaid providers are paid for each covered service such as an office visit, test, or procedure according to rates set by the state. States may develop their payment rates based on: (1) the costs of providing the service;(2) a review of what commercial payers pay in the private market or (3) a percentage of what Medicare pays for equivalent services. The service provided must correspond to the description of covered services under the Medicaid state plan, and the service must be delivered by a qualified Medicaid provider
401120	Medicaid-MCO	Medicaid and additional services in the United States through an arrangement between a state Medicaid agency and managed care organizations (MCOs) that accept a set payment - "capitation" - for these services. The State pays the MCO a monthly premium to cover the services provided to a beneficiary.
401130	Medicare-FFS	Fee-for-service is a system of health care payment in which a provider is paid separately for each particular service rendered.
401140	Medicare-MCO	Managed care plan is one way to get coverage for the health care bills that Medicare doesn't pay. Medicare managed care plans are HMOs or PPOs that provide basic Medicare coverage plus other coverage to fill the gaps in Medicare coverage.
401150	Private Insurance	Any health insurance policy purchased by an employer or by an individual from a private insurance company.
401160	Self Pay	A type of payment where the patient's own resources pay for the care. A contract is signed between the person responsible for payment and the facility.
401170	No Pay/Charity	Free or discounted medical care and especially hospital care provided to patients who do not have health insurance or are unable to pay for all or part of medical costs due to limited income or financial hardship.
401180	Workers Comp.	A form of insurance providing wage replacement and medical benefits to employees injured in the course of employment in exchange for mandatory relinquishment of the employee's right to sue his or her employer for the tort of negligence.
401190	Other Government	DOD TRICARE, VHA, and IHS, etc. - serve particular populations with whom the federal government has a special relationship, respectively, military personnel and their dependents, veterans, and Native Americans.
401195	Other	Paid other than listed above
401100	Total	

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Days of Care

State Field ID Field

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Continuous Care Days

401210	Medicaid-FFS	Qualified Medicaid providers are paid for each covered service such as an office visit, test, or procedure according to rates set by the state. States may develop their payment rates based on: (1) the costs of providing the service;(2) a review of what commercial payers pay in the private market or (3) a percentage of what Medicare pays for equivalent services. The service provided must correspond to the description of covered services under the Medicaid state plan, and the service must be delivered by a qualified Medicaid provider
401220	Medicaid-MCO	Medicaid and additional services in the United States through an arrangement between a state Medicaid agency and managed care organizations (MCOs) that accept a set payment - "capitation" - for these services. The State pays the MCO a monthly premium to cover the services provided to a beneficiary.
401230	Medicare-FFS	Fee-for-service is a system of health care payment in which a provider is paid separately for each particular service rendered.
401240	Medicare-MCO	Managed care plan is one way to get coverage for the health care bills that Medicare doesn't pay. Medicare managed care plans are HMOs or PPOs that provide basic Medicare coverage plus other coverage to fill the gaps in Medicare coverage.
401250	Private Insurance	Any health insurance policy purchased by an employer or by an individual from a private insurance company.
401260	Self Pay	A type of payment where the patient's own resources pay for the care. A contract is signed between the person responsible for payment and the facility.
401270	No Pay/Charity	Free or discounted medical care and especially hospital care provided to patients who do not have health insurance or are unable to pay for all or part of medical costs due to limited income or financial hardship.
401280	Workers Comp.	A form of insurance providing wage replacement and medical benefits to employees injured in the course of employment in exchange for mandatory relinquishment of the employee's right to sue his or her employer for the tort of negligence.
401290	Other Government	DOD TRICARE, VHA, and IHS, etc. - serve particular populations with whom the federal government has a special relationship, respectively, military personnel and their dependents, veterans, and Native Americans.
401295	Other	Paid other than listed above
401200	Total	

Days of Care

State Field ID Field

Definition

401300	Total Days of Care for this Quarter	Routine Home Care Days (Private Residence) #400700 + Routine Home Care Days (Nursing Home) #400800 + Routine Home Care Days (Group Home) #400900 + Acute Inpatient Days #401000 + Respite Inpatient Days #401100
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Days of Care

State Field ID Field Definition

Nursing Home Room and Board Days

401410	Medicaid-FFS	Qualified Medicaid providers are paid for each covered service such as an office visit, test, or procedure according to rates set by the state. States may develop their payment rates based on: (1) the costs of providing the service;(2) a review of what commercial payers pay in the private market or (3) a percentage of what Medicare pays for equivalent services. The service provided must correspond to the description of covered services under the Medicaid state plan, and the service must be delivered by a qualified Medicaid provider
401420	Medicaid-MCO	Medicaid and additional services in the United States through an arrangement between a state Medicaid agency and managed care organizations (MCOs) that accept a set payment - "capitation" - for these services. The State pays the MCO a monthly premium to cover the services provided to a beneficiary.
401430	Medicare-FFS	Fee-for-service is a system of health care payment in which a provider is paid separately for each particular service rendered.
401440	Medicare-MCO	Managed care plan is one way to get coverage for the health care bills that Medicare doesn't pay. Medicare managed care plans are HMOs or PPOs that provide basic Medicare coverage plus other coverage to fill the gaps in Medicare coverage.
401450	Private Insurance	Any health insurance policy purchased by an employer or by an individual from a private insurance company.
401460	Self Pay	A type of payment where the patient's own resources pay for the care. A contract is signed between the person responsible for payment and the facility.
401470	No Pay/Charity	Free or discounted medical care and especially hospital care provided to patients who do not have health insurance or are unable to pay for all or part of medical costs due to limited income or financial hardship.
401480	Workers Comp.	A form of insurance providing wage replacement and medical benefits to employees injured in the course of employment in exchange for mandatory relinquishment of the employee's right to sue his or her employer for the tort of negligence.
401490	Other Government	DOD TRICARE, VHA, and IHS, etc. - serve particular populations with whom the federal government has a special relationship, respectively, military personnel and their dependents, veterans, and Native Americans.
401495	Other	Paid other than listed above
401400	Total	

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Discharges

State Field ID	Field	Definition
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Deaths by Location

401510	Home/Group Home	A home where a small number of unrelated people in need of care, support, or supervision can live together, such as those who are elderly or mentally ill.
401520	Licensed Nursing Facility	A nursing facility providing 24-hour nonacute nursing, medical, and rehabilitative care.
401530	Hospital	An institution providing medical and surgical treatment and nursing care for sick or injured people.
401540	Hospice Facility	A facility or program designed to provide a caring environment for meeting the physical and emotional needs of the terminally ill.
401500	Total	Total, must equal Patient Death #401610 in Discharges By Reason

Discharges by Reason

401610	Patient Death	This must equal Total Deaths by Location #401500
401620	No Longer Terminally Ill	
401630	Patient Moved	
401640	Transfer to Another Hospice	
401650	Changed to Curative Treatment	
401660	Noncompliance/Safety	
401670	Group Home	
401680	Other	
401600	Total	

Days for Discharged Patients

401700	Days for Discharged Patients	For each patient discharged this quarter, number of total days under care since admittance
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Hospice Utilization Report Definitions

Facility

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State Field ID	Field	Definition
401810	Average Length of Stay	For the patients discharged this quarter, average their total length of stay.
401820	Patients on the First Day of the Quarter	The number of patients at the beginning of the quarter
401830	Total Administrative and Patient Care Hours	Number of hours of patient care for paid staff
401840	Total Quarterly Volunteer Cost Savings	Number of hours of patient care for volunteers: these hours don't count as services utilized by hospice because they were "doutated"