

PALLIATIVE CARE PILOT PROGRAM (PCPP) REPORTING INSTRUCTIONS

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1. Begin Submission

Step 1: Navigate to the [PCPP webpage](#), then click on the Submit Annual PCPP Report button or go directly to the [reporting website](#).

Step 2: You will be directed to the login screen where you can create an account by clicking the Create an account text link.

Step 3: Fill in the required fields on the Create a user account page then click Submit.

2. Sign into Your Account

Step 1: Enter your credentials and click Sign In to access your account.

Step 2: Once logged in, the Licensing and Certification portal landing page will display.

Step 3: Click on the Palliative Care Pilot Program Open Now button.



Figure 1: Palliative Care Pilot Program button

3. Navigating the Site

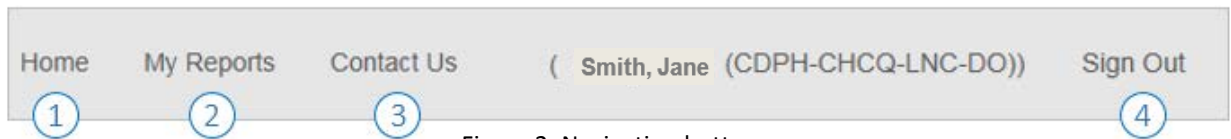


Figure 2: Navigation buttons

1: Home

- A. Access the Home page by selecting 'Home' in the top navigation bar.
 - I. Submit a new report by selecting the 'Get Started' button to create a new PCPP report.

2: My Reports

- A. Access the My Reports page by selecting 'My Reports' in the top navigation bar.
 - I. The My Reports page allows you to view your Draft Reports and Submitted Reports. Select Draft Reports or Submitted reports to view your reports.

3: Contact Us

- A. Access the Contact Us page by selecting 'Contact Us' in the top navigation bar.
 - I. You will be redirected to the PCPP webpage which contains the contact information on the right side panel.

4: Sign Out

- A. Sign Out of your account by selecting "Sign Out" in the top navigation bar.

4. Creating a New Report

Step 1: Navigate to the home page by selecting 'Home' in the top navigation bar.

Step 2: Select the Get Started button to create a new PCPP report.

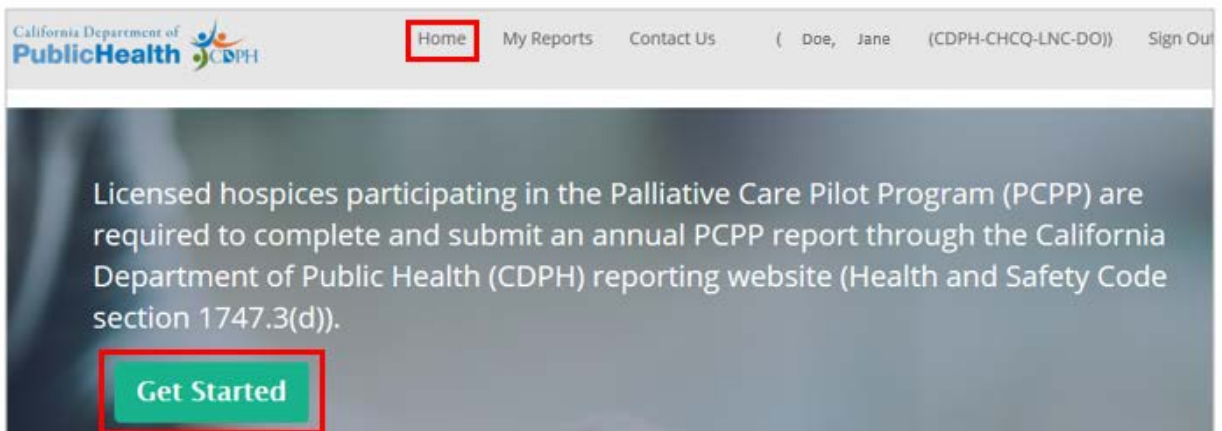


Figure 3: Home Page – Get Started button

5. Facility Search

Step 1: To search for your facility enter one of the following:

- A. Facility ID or
- B. License Number or
- C. Facility name and/or City

Step 2: Select the appropriate facility from the search results.

NOTE: The Facility ID and License Number fields accept numbers only, no text.

If no results display please try different search parameter(s) or contact CHCQ at CHCQData@cdph.ca.gov.

6. Reporting Year Selection

Step 1: Select the appropriate reporting year from the dropdown menu. The reporting year reflects the calendar year during which you provided palliative care services.

The image shows a dropdown menu with the title "Report Information". The menu is open, displaying three options: "2018", "2019", and "2020". The "2018" option is currently selected and highlighted with a blue background.

Figure 4: Reporting Year Selection

REPORTING HISTORY: If you have previously submitted a PCPP report for a reporting year and are attempting to submit a second report for the same reporting year, you will be alerted that you are submitting a second report and asked if you would like to continue reporting.

- If **YES** → You can continue submitting second report. The second report will overwrite the previous submission.
- If **NO** → If you would like to initiate a new search, please click the “Previous” button. If you would like to exit, please close your browser window.

The reporting history will display:

- Facility Name
- Submitter first and last name
- Submission date and time
- Tracking ID

The image shows a reporting history alert. At the top, a light blue box contains the text: "We have found the following submissions for this facility and reporting year in our system." Below this is a table with the following data:

Facility Name	Submitted By	Submission Time	Tracking ID
Valley Hospice, Inc.	Smith, Jane (CDP)	12/18/2018 08:11:20	PCPP-2018-49481736

Below the table, a red alert message reads: "ALERT!!! If you proceed with this submission, this will overwrite the previous submission." At the bottom, there is a question "Continue to Report?" with two radio button options: "Yes" and "No".

Figure 5: Reporting History

7. Facility Details

This section displays your selected facility's details.

NOTE: Facility and Palliative Care Pilot Program (PCPP) enrollment information is automatically entered from the CDPH licensing database.

If you find an error, you may contact the Centralized Applications Branch (CAB) at CAB@cdph.ca.gov or submit a [Report of Change Request](#).

8. PCPP Participation Status

This section displays the date the provider began providing palliative care.

NOTE: Providers who have applied to participate in the PCPP will be asked to enter start and end dates of program participation within the PCPP Participation Intervals section.

PCPP Participation Status

Pursuant to Health and Safety Code section 1747.3 the provider began providing palliative care on

Facility and Palliative Care Pilot Program (PCPP) enrollment information is automatically entered from the CDPH licensing database.

If you find an error, you may contact the Centralized Applications Branch (CAB) at CAB@cdph.ca.gov or submit a Report of Change Request at: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/ApplyForLicensure.aspx>

Figure 6: PCPP Participation Status – Provider applied to the PCPP

This message will display if the provider hasn't applied to the PCPP:

PCPP Participation Status

The CDPH licensing database **does not show that the provider is participating in PCPP program.** Please contact the Centralized Applications Branch (CAB) at CAB@cdph.ca.gov to confirm the date you began PCPP participation.

Health and Safety Code section 1747.3(b) mandates that a licensee electing to provide palliative care pursuant to Health and Safety Code section 1747.3 shall provide CDPH with the date the licensee intends to begin providing palliative care no less than 45 days before that date.

Figure 7: PCPP Participation Status – Provider has not applied to the PCPP

NOTE: Providers who haven't applied → Please contact the Centralized Applications Branch (CAB) at CAB@cdph.ca.gov for application instructions.

9. Designated Point of Contact

NOTE: CDPH will contact the Designated Point of Contact if additional PCPP data is needed. The email address provided will receive the PCPP report submission confirmation email.

The Designated Point of Contact's email address will not be made available to the public.

Step 1: Complete the designated point of contact fields.

10. PCPP Participation Intervals

DEFINITION: The “Participation Interval” is the interval between the provider’s enrollment in the PCPP program and the end of the calendar year or disenrollment in the program, regardless of whether or not there were non-hospice patients being served on all days.

Step 1: You will be asked to answer a YES or NO question.

Question: “Did Hospice provide palliative care services under the PCPP to seriously ill patients during the [current year] reporting period?”

A. If **YES** → Please enter the start and end dates of PCPP participation.

PCPP PARTICIPATION INTERVAL: The PCPP Participation start and end dates must be within the reporting year. If your hospice is still participating in the program beyond the selected reporting year, enter the last day of the reporting period as the end date. (Ex: 12/31/2018 or 12/31/2019, etc.)

NOTE: The PCPP participation dates entered are for PCPP reporting; information reported here does not update existing CDPH data.

Did hospice provide palliative care services under the PCPP to seriously ill patients during the reporting period?

Yes No

PCPP Participation Intervals

Please enter the start and end dates of PCPP participation below.

The PCPP participation dates entered only pertain to PCPP reporting; dates entered do not update existing CDPH data. Please contact the Centralized Applications Branch (CAB) by email at CAB@cdph.ca.gov to confirm the date you began PCPP participation.



PCPP Participation Start Date	<input type="text" value="04/09/2018"/>		PCPP Participation End Date	<input type="text" value="12/31/2018"/>	
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Figure 8: PCPP Participation Intervals

SCENARIOS: Hospice Provider did not participate in PCPP for full Reporting Year.

NOTE: If you did not participate in the PCPP for full Reporting Period; either by ending PCPP participation before December 1 or by not participating for at least 6 months, you will be asked to answer an additional question. Your response will be used for assessing program impact.



Did hospice provide palliative care services under the PCPP to seriously ill patients during the reporting period?

Yes No

PCPP Participation Intervals

Please enter the start and end dates of PCPP participation below.

The PCPP participation dates entered only pertain to PCPP reporting; dates entered do not update existing CDPH data. Please contact the Centralized Applications Branch (CAB) by email at CAB@cdph.ca.gov to confirm the date you began PCPP participation.

PCPP Participation Start Date  **PCPP Participation End Date** 

Why didn't you participate in the PCPP for the entire reporting period?

Figure 9: PCPP Participation Intervals – Less than 6 months PCPP Participation.



Did hospice provide palliative care services under the PCPP to seriously ill patients during the reporting period?

Yes No

PCPP Participation Intervals

Please enter the start and end dates of PCPP participation below.

The PCPP participation dates entered only pertain to PCPP reporting; dates entered do not update existing CDPH data. Please contact the Centralized Applications Branch (CAB) by email at CAB@cdph.ca.gov to confirm the date you began PCPP participation.

PCPP Participation Start Date  **PCPP Participation End Date** 

Why didn't you participate in the PCPP for the entire reporting period?

Figure 10: PCPP Participation Intervals – Participation ended prior to December 1.

PCPP REPORTING INSTRUCTIONS

1. If **NO** → Please respond to question, “Why didn’t you provide palliative care services under PCPP this year?” → Click Next button
2. You will be directed to the acknowledgement screen → Check acknowledgement box and enter signature.
3. Click Submit button.

NOTE: Your response will be used for assessing program impact.

FIELD PARAMETERS: Response has a 5000 character limit.

Did hospice provide palliative care services under the PCPP to seriously ill patients during the reporting period?

Yes No

Why didn't you provide palliative care services under PCPP this year?

We didn't provide PCPP services because....

Figure 11: PCPP Participation Intervals – Hospice did not provide PCPP services

11. Number and Type of Staff

In this section you will enter the number and type of staff for each of the following types of staff:

- Nursing – RN
- Nursing – LVN
- Medical Social Services
- Physician Services
- Home Health Aide and Homemaker Services
- Spiritual and Pastoral Care
- Other Services (Counseling, Physical Therapy, Occupational Therapy, and Speech-Language Pathology)

VALIDATION: The sum of the number of staff on the first day of the reporting period and number of staff hired during the reporting period must be equal to or greater than 1.

NOTE: It is OK to report a value of 0 for specific types of staff.

Number of staff on the first day of reporting period	Number of staff hired during the reporting period	Number of staff who left during the reporting period
<p>Step 1: Enter the number of each type of staff employed by your hospice on the first day of the reporting period.</p>	<p>Step 2: Enter the number of each type of staff hired by your hospice between the first and last day of the reporting period.</p>	<p>Step 3: Enter the number of each type of staff who terminated employment with the hospice between the first and last day of the reporting period.</p>

12. Persons and Patients Receiving Palliative Care Services

DEFINITIONS:

A **person** is an individual who has received services from the provider during the reporting year. This refers to the "human being" as opposed to the concept of "patient". The count of persons is an unduplicated count of individuals, while a count of patients considers the number of times an individual is admitted and discharged.

A **patient** is an individual who is receiving services from a provider between the time of admission and the time of discharge. This individual is considered to be one patient within the admission-to-discharge interval. If the provider discharges, then re-admits the individual, the individual will be counted as a second patient (even though it is only one person/individual).

Example: Mrs. Green was in the care of a hospice provider at the beginning of 2017 and received visits from hospice staff during January. In February she was discharged. In November she was re-admitted to the hospice and received visits from hospice staff through the remainder of the year. Mrs. Green would be considered two "patients", but only one "person" for the purposes of this section.

Non-hospice care may be provided to a patient with a serious illness. HSC 1747.3 (k) defines "serious illness" as a condition that may result in death, regardless of the estimated length of the patient's remaining period of life. Patients may continue to receive curative treatment while receiving palliative care for a serious illness.

Hospice care may be provided to patients with a terminal disease or illness. HSC 1746 (p) states "terminal disease" or "terminal illness" means a medical condition resulting in a prognosis of life of one year or less, if the disease follows its natural course.

This is for all patients and persons who received care January 1 of the calendar year or later. Be sure to count each person only once even though they may have been admitted/discharged multiple times.

VALIDATION:

- Valid range for persons receiving palliative care services is 0 to 1000.
- Valid range for patients receiving palliative care services cannot be less than persons.

	Non-Hospice (Seriously Ill)	Hospice (Terminally Ill)
Persons	Step 1: Enter the unduplicated number of non-hospice (seriously ill) <u>persons</u> receiving services during the reporting year.	Step 2: Enter the unduplicated number of hospice (terminally ill) <u>persons</u> receiving services during the reporting year.
Patients	Step 3: Enter the number of non-hospice (seriously ill) <u>patients</u> receiving services during the reporting year.	Step 4: Enter the number of hospice (terminally ill) <u>patients</u> receiving services during the reporting year.

Patients and Persons Receiving Palliative Care Services	Non-Hospice (Seriously Ill)	Hospice (Terminally Ill)
Enter the <i>unduplicated</i> number of <u>persons</u> receiving services during the reporting year.	14	11
Enter the number of <u>patients</u> receiving services during the reporting year.	18	12

Figure 12: Patients and Persons Receiving Palliative Care

13. Source of Payment

NOTE: This section provides information about the source of payment for a hospice care. Hospice care includes routine home care, or care provided in an inpatient setting, respite care, or in a nursing home, during the reporting period.

Count each patient only once, even if the patient changed payers during his/her admission. Record the first source of payment each individual patient used.

Refer to [Appendix A](#) for source of payment definitions.

VALIDATION:

- **Number of Non-Hospice Patients Served:** The sum of patients served should match the number of non-hospice (seriously ill) patients receiving palliative care services.
- **Number of Hospice Patients Served:** The sum of patients served should match the number of hospice (terminally ill) patients receiving palliative care services.
- **Non-Hospice and Hospice Total patient Care Days:** Valid range for total patient care days is between 0 and the number of days during the reporting period multiplied by number of patients.
 - **Example:** 1 patient x 75 days = 75 total patient care days

Non-Hospice (Seriously Ill)		Hospice (Terminally Ill)	
Number of Patients Served	Total Patient Care Days	Number of Patients Served	Total Patient Care Days
Step 1: Enter the total non-hospice (seriously ill) patients served, by payer category.	Step 2: Enter the total patient days for the non-hospice (seriously ill) patients served, by payer category.	Step 3: Enter the total hospice (terminally ill) patients served, by payer category.	Step 4: Enter the total patient days for the hospice (terminally ill) patients served, by payer category.

14. PCPP Patient Discharged by Reason and Length of Stay

VALIDATION:

- **Non-Hospice Patients:** The sum of non-hospice (seriously ill) patients discharged cannot be greater than the number of patients receiving palliative care services.
- **Hospice Patients:** The sum of hospice (terminally ill) patients discharged cannot be greater than the number of patients receiving palliative care services.

Non-Hospice (Seriously Ill) Number of Patients Discharged	Hospice (Terminally Ill) Number of Patients Discharged
Step 1: Enter the total non-hospice (seriously ill) patients discharged, by the reason for discharge.	Step 2: Enter the total hospice (terminally ill) patients discharged, by the reason for discharge.

NOTE: Length of stay is the number of days between date admitted and date discharged.

VALIDATION:

- **Length of Stay:** Valid range for length of stay is 0 to 1000

Non-Hospice (Seriously Ill) Number of Patients Discharged	Hospice (Terminally Ill) Number of Patients Discharged
Step 3: Enter the total non-hospice (seriously ill) patients discharged, by length of stay.	Step 4: Enter the total hospice (terminally ill) patients discharged, by length of stay.

15. Hospice Admissions by Principal Diagnosis

NOTE: ICD-10-CM medical coding resources are available online.

[CMS 2019-ICD-10-CM Codes](#)

VALIDATION:

- **Non-Hospice:** The sum of hospice admissions should not be greater than the number of non-hospice (seriously ill) patients receiving palliative care services during the reporting year.
- **Hospice:** The sum of hospice admissions should not be greater than the number of hospice (terminally ill) patients receiving palliative care services during the reporting year.

Non-Hospice (Seriously Ill) Number of Admissions	Hospice (Terminally Ill) Number of Admissions
<p>Step 1: Enter the total non-hospice (seriously ill) admissions, by the principal diagnosis for which care was given upon admission. Report each admission only once.</p>	<p>Step 2: Enter the total hospice (terminally ill) admissions, by the principal diagnosis for which care was given upon admission. Report each admission only once.</p>

16. Complaints Received

This section asks for information about the type of complaints the provider received during the reporting period.

FIELD PARAMETERS: Max value is 1000 per box.

COMPLAINT EXAMPLES:

- Delays in patient care – Examples include but are not limited to: patients waiting longer between appointments, patients experiencing longer wait times for admittance or increased wait times for assessments, or patient complaints that there are not enough staff available to provide care.
- Qualifications of staff – Examples include but are not limited to: complaints that staff do not know how to perform tasks, or that the professional level of the staff has decreased, such as a licensed vocational nurse is performing tasks previously performed by a registered nurse.
- Event or incidents that negatively impacted a patient’s mental, physical, or psychosocial status – Examples include but are not limited to: a patient is intimidated or threatened, a patient is physically abused but the conditions are no longer present and ongoing, a patient fall results in a fracture, or the inappropriate use of patient restraints resulted in injury.
- Events that caused or were likely to cause serious injury, harm, impairment or death – Examples include but are not limited to: a patient being abused or neglected, a patient’s plan of care not being followed, or a patient’s symptoms not being properly managed.

NOTE: If your hospice did not receive any complaints during the reporting year → leave fields as 0 and click next.

Non-Hospice (Seriously Ill) Number of Complaints	Hospice (Terminally Ill) Number of Complaints
<p>Step 1: Enter the number of complaints received during the reporting period for non-hospice (seriously ill) patients, for each complaint category.</p>	<p>Step 2: Enter the number of complaints received during the reporting period for hospice (terminally ill) patients, for each complaint category.</p>

17. PCPP General Questions

The purpose of this section is to gather information on the program impact your participation in the PCPP has had on your seriously-ill and terminally-ill patients, in addition, how the PCPP can achieve better outcomes.

NOTE: Responses have a 5000 character limit.

- A. What impact has your participation in the PCPP had on the seriously-ill patients you serve?
- B. What impact has your participation in the PCPP had on the seriously-ill patients you serve?
- C. How can the PCPP achieve better outcomes?
 - I. *Example:* One goal of PCPP is that, by providing seriously ill patients access to palliative care services sooner, patient outcomes will improve.

18. Acknowledgement Signature

The final section requires the hospice provider's signature, certifying under penalty of perjury that the answers provided are correct and complete to the best of the provider's knowledge.

Step 1: Check the Terms of Acceptance checkbox.

Step 2: Type your electronic signature (Please type full legal name).

Step 3: Click the Submit button.

NOTE: You will be directed to a confirmation screen after submitting report. You will additionally receive an email confirming submission. The email will include a tracking number which should be used when communicating with CDPH about your report.

19. Appendix A: Source of Payment Definitions

Source of Payment	Definition
Medicare	Health care costs are covered by Medicare, under the Social Security Amendments of 1965. These patients are primarily the aged and needy. Medicare HMO should be reported under “Managed Care”.
Medi-Cal (Fee-for-Service)	The Medi-Cal payer source includes patients who are qualified as needy under state laws and are enrolled in Medi-Cal. Medi-Cal HMO should be reported under “Managed Care”.
Managed Care	Health care costs are covered through enrollment in a managed care health plan. Patients receive health care from providers on a pre-negotiated or per diem basis, usually involving utilization review. This includes Health Maintenance Organizations (HMO), Health Maintenance Organizations with Point-of-Service option (POS), Preferred Provider Organizations (PPO), Exclusive Provider Organizations (EPO), Exclusive Provider Organizations with Point-of-Service option, etc. This also includes Medicare HMO and Medi-Cal HMO.
Private Insurance	Health care costs are covered by non-governmental, non-managed care source such as a private insurance company. Often, a patient can choose his/her provider/facility.
Self-Pay	Health care costs are covered directly by the patient, personal guarantor, relatives, or friends.
Charity	Health care is provided by a hospital or doctor for free or at reduced cost to low-income patients.
Veterans	Health care costs are covered by Veteran’s Administration (VA) benefits.
Other	Health care costs are covered by sources such as Workers Compensation, home health benefits, etc.

20. Appendix B: Glossary of Terms

Admission

The formal acceptance by a health care provider of a patient who is to be provided with hospice care and the patient/family has signed admissions paperwork.

Charity

See [Appendix A: Source of Payment Definitions](#).

Designated Point of Contact

The Designated Point of Contact is the person CDPH will contact for questions or if additional PCPP data is needed. The PCPP confirmation of submission email and PDF report will be sent to the email address provided. The Designated Point of Contact's email address will not be made available to the public.

Facility ID

Facility ID is a nine-digit identifier. Used to track facility information for all facilities stored in the CDPH Center of Healthcare Quality's Electronic Licensing Management System (ELMS).

Facility Name

The facility name is obtained from the facility's license application form.

Hospice

Hospice care may be provided to patients with a terminal disease or illness. HSC 1746 (p) states "terminal disease" or "terminal illness" means a medical condition resulting in a prognosis of life of one year or less, if the disease follows its natural course.

Length of Stay

Length of stay is the number of days between date admitted and date discharged.

License Number

License number is a nine-digit identifier. Used to track licensee information in the CDPH Center of Healthcare Quality's Licensing and Certification Program's Electronic Licensing Management System (ELMS).

Medicare

See [Appendix A: Source of Payment Definitions](#).

Medi-Cal (Fee-for-Service)

See [Appendix A: Source of Payment Definitions](#).

Managed Care

See [Appendix A: Source of Payment Definitions](#).

Non-hospice

Non-hospice care may be provided to a patient with a serious illness. HSC 1747.3 (k) defines “serious illness” as a condition that may result in death, regardless of the estimated length of the patient’s remaining period of life. Patients may continue to receive curative treatment while receiving palliative care for a serious illness.

Participation Intervals

The “Participation Interval” is the interval between the provider’s enrollment in the PCPP program and the end of the calendar year or disenrollment in the program, regardless of whether or not there were non-hospice patients being served on all days.

Patient

A patient is an individual who is receiving services from a provider between the time of admission and the time of discharge. This individual is considered to be one patient between the time of admission and the time of discharge. If the provider discharges, then re-admits the individual, the individual will be counted as a second patient (even though it is only one person/individual).

Person

A person is an individual who has received services from the provider during the reporting year. This refers to the “human being” as opposed to the concept of “patient”. The count of persons is an unduplicated count of individuals, while a count of patients considers the number of times an individual is admitted and discharged.

Private Insurance

See [Appendix A: Source of Payment Definitions](#).

Reporting Year

The Reporting Year is the calendar year in which hospice data is being collected. (Ex: January 1, 2018 to December 31, 2018 represents the 2018 Reporting Year.)

Self-Pay

See [Appendix A: Source of Payment Definitions](#).

Veterans

See [Appendix A: Source of Payment Definitions](#).

21. Appendix C: Example PCPP Report



PALLIATIVE CARE PILOT PROGRAM (PCPP) REPORT

EXAMPLE

Submission Details

User Name: Smith, Jane (CDPH-CHCQ-LNC-DO)	Submission Date: 12/18/2018 08:11:20
Tracking ID: PCPP-2018-49481736	User ID: JSmith

Facility Information

Reporting Year: [2018](#)

Facility Details

Facility Name: [Valley Hospice, Inc.](#)Facility ID: [630022255](#)License Number: [550005555](#)

Facility Address

Street Address: [1111 Disney Boulevard](#)Apt/Suite/Other: [Suite 160](#)City: [Sacramento](#)Zip Code: [95668-3888](#)

Designated Point of Contact Information

First Name: [Jane](#)Last Name: [Smith](#)Title: [Administrator](#)Phone Number: [\(123\) 456-7891](#)Email: Jane.Smith@gov.ca.gov

Participation Information

Palliative Start Date: [01/15/2018](#)

PCPP Participation Intervals

Did hospice provide palliative care services under the PCPP to seriously ill patients during the reporting period? [Yes](#)PCPP Participation Start Date: [04/09/2018](#)PCPP Participation End Date: [12/31/2018](#)

Provider Information

Number and Type of Staff

Type of Staff	Number of staff on the first day of the reporting period	Number of staff hired during the reporting period	Number of staff who left during the reporting period
Nursing - RN	4	2	0
Nursing - LVN	7	3	1
Medical Social Services	1	0	0
Physician Services	2	1	0
Home Health Aide and Homemaker Services	6	1	1
Spiritual and Pastoral Care	0	0	0
Other Services	0	0	0
Total	20	7	2

Patient Information

Persons Receiving Palliative Care Services

Unduplicated number of non-hospice (seriously ill) persons receiving services during the reporting year. 14

Unduplicated number of hospice (terminally ill) persons receiving services during the reporting year. 11

Patients Receiving Palliative Care Services

Number of non-hospice (seriously ill) patients receiving services during the reporting year. 18

Number of hospice (terminally ill) patients receiving services during the reporting year. 12

Source of Payment

This section provides information about the source of payment for a hospice care. Hospice care includes routine home care, or care provided in an inpatient setting, respite care, or in a nursing home, during the reporting period. Count each patient only once, even if the patient changed payers during his/her admission. Record the first source of payment each individual patient used.

Source of Payment	Non-Hospice (Seriously Ill) Number of Patients Served	Non-Hospice (Seriously Ill) Total Patient Care Days	Hospice (Terminally Ill) Number of Patients Served	Hospice (Terminally Ill) Total Patient Care Days
Medicare	8	124	9	175
Medi-Cal (Fee-for-Service)	3	180	2	136
Managed Care	2	87	0	0
Private Insurance	5	165	0	0
Self-Pay	0	0	0	0
Charity	0	0	0	0
Veterans	0	0	1	180
Other	0	0	0	0
Total	18	556	12	491

PCPP Patients Discharged By Reason and Length of Stay

Reason for Discharge	Non-Hospice (Seriously III)	Hospice (Terminally III)
Death	0	0
Patient Moved Out of Area	1	0
Patient Refused Service	0	0
Transferred to Another Local Hospice	0	2
Transferred to Home Health Agency	0	0
Prognosis Extended	0	0
Patient Desired Curative Treatment	Not Applicable	0
Patient Health Improved	0	0
Other	0	0
Total	1	2

Length of Stay (Days)	Non-Hospice (Seriously III)	Hospice (Terminally III)
0 - 7 Days	0	0
8 - 30 Days	1	0
31 - 90 Days	0	1
91 - 179 Days	0	1
180 - 365 Days	0	0
More than 365 Days	0	0
Total	1	2

Hospice Admissions by Principal Diagnosis

Enter the total non-hospice and hospice admissions, by the principal diagnosis for which care was given upon admission. Report each admission only once. ICD-10-CM medical coding resources are available online.

Principal Diagnosis Category	ICD-10-CM Codes	Number of Non-Hospice (Seriously Ill) Admissions	Number of Hospice (Terminally Ill) Admissions
Cancer	C00 - D09	2	0
Heart	A01.02, A18.84, A32.82, A36.81, A39.50 - A39.53, A52.00, A52.03, A52.06, A54.83, B26.82, B33.20 - B33.24, B37.6, B58.81, I01 - I11, I13, I20 - I52, I97.0 - I97.191, I97.410, I97.610 - I97.611, I97.710 - I97.791, M05.30 - M05.39, M32.11 - M32.12, T82.01 - T82.228, T82.510 - T82.9, T86.20 - T86.39	3	4
Dementia and Cerebral Degeneration	F01 - F09, F10.27, F10.97, F13.27, F13.97, F18.27, F18.97, F19.27, F19.97, G30 - G32	1	1
Lung excluding cancer	A01.03, A15, A22.1, A36.0 - A36.2, A37, A42.0, A43.0, A54.5, A54.84, B00.2, B01.2, B05.2, B06.81, B08.5, B25.0, B37.1, B38.0 - B38.2, B59, B77.81, J00 - J99, M32.13, T81.82, T86.810 - T86.819	1	0
Kidney excluding cancer and Diabetic Kidney Disease	A02.25, A18.11, A36.84, A51.44, A54.21, I12, I15.0 - I15.1, M32.14 - M32.15, N00 - N29, T82.4, T86.10 - T86.19	0	3
Liver excluding cancer	A06.4, A51.45, A52.74, B00.81, B15 - B19, B25.1, B26.81, B58.1, B67.0, B67.5, B67.8, K70 - K77, K91.82, T86.40 - T86.49	4	0
HIV	B20	0	3
Brain Stroke and late effects	A52.04, A52.05, G45, I60 - I69, I97.810 - I97.821	2	0
Coma, with or without brain injury	R40.0 - R40.4, S06	0	0
Diabetes	E08 - E13	0	0
Amyotrophic Lateral Sclerosis (ALS), also called Lou Gehrig's Disease	G12.21	1	0
GI Disease excluding cancer	K20 - K63, K65 - K68, K90 - K95	0	0
Multiple Sclerosis	G35	0	0
Congenital Defects	Q00 - Q99	0	0
General Debility and Failure to Thrive	G93.3, R41.81, R53.8, R54, R62.51, R62.7	0	0
Other	All other codes that are not listed above.	0	0
Total		14	11

Complaint Information

This section provides information about the type of complaints the provider received during the reporting period

Complaints Related To:	Number of Complaints	
	Non-Hospice (Seriously III)	Hospice (Terminally III)
Delays in patient care for hospice and non-hospice patients who received palliative care pursuant to HSC section 1747.3.	2	0
Qualifications of staff.	0	3
Events or incidents that negatively impacted a patient's mental, physical, or psychosocial status and were of such consequence to the patient's well-being that a rapid response was required.	1	1
Events that caused or were likely to cause serious injury, harm, impairment, or death.	0	0

General Questions

What impact has your participation in the PCPP had on the seriously-ill patients you serve?

The ability to offer palliative care to seriously-ill patients has increased patient functioning and quality of life.

What impact has your participation in the PCPP had on the terminally-ill patients you serve?

The terminally-ill patients have received the same level of care they received prior to the pilot program. Level of care has not declined in response to expanding palliative care to seriously-ill patients.

How can the PCPP achieve better outcomes?

Applicant Signature

I agree to submit this application by electronic means. By signing this application electronically, I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge. I also certify that:

- I understand the questions and statements on this application.
- I understand the penalties for giving false information.
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

I acknowledge and agree to the above Terms of Acceptance.

Electronic Signature (Please type your full legal name)

Jane Smith