



Field Definitions

Hospice Utilization Report

Presented by
Comagine Health and Nevada Department of Health and Human Services — Division of Health Care Financing and Policy



Nevada Department of
Health and Human Services
DIVISION OF HEALTH CARE
FINANCING AND POLICY



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	Gender not offered by patient or not recorded.
400100	Total	Total.

State Field ID	Field	Definition
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	Race not offered by patient or not recorded.
400200	Total	Total.

Patient Census

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State Field ID	Field	Definition
Patients by County		
400301	Churchill	A county in the western U.S. state of Nevada
400302	Clark	A county located in the southern part of the U.S. state of 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	County not offered by patient or not recorded.
400318	Out of state	Does not reside in the State of Nevada.
400300	Total	Total.

Patient Census

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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

Patient Census

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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	A patient or a patient's family provides care.
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	Source other than what is listed above.
400460	Unknown	Not offered by patient or not recorded.
400400	Total	Total.

Patient Census

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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	A patient or a patient's family provides care.
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	Source other than what is listed above.
400560	Unknown	Not offered by patient or not recorded.
400500	Total	Total.

Patient Care Days

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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. (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 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' compensation	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 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	Total.

Patient Care Days

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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. (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 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' compensation	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 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	Total.

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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. (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 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' compensation	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 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	Total.

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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. (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 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' compensation	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 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	Total.

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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. (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 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' compensation	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 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	Total.

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State Field ID	Field	Definition
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. (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 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' compensation	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 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.

Patient Care Days

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State Field ID	Field	Definition
Total Patient Care Days for the Quarter		
401300	Total patient care days (sum of all care days for the quarter)	Total Patient Care Days for the 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).

Patient Care Days

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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. (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 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' compensation	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 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	Total.

Patient Discharges

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State Field ID	Field	Definition
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 non-acute 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.

State Field ID	Field	Definition
Discharges by Reason		
401610	Patient death	
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	

State Field ID	Field	Definition
Total Patient Discharge Care Days		
401700	Total care days for discharged patients	For each patient discharged this quarter, the number of total days under care since admittance.

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	Administrative and patient care hours	The number of hours of patient care for paid staff.
401840	Quarterly volunteer cost savings	The number of hours of patient care for volunteers (these hours don't count as services used by hospice because they were "donated").