
Wisconsin Hospice Directory

2003

July 2004

*Bureau of Health Information and Policy
Division of Public Health
Wisconsin Department of Health and Family Services*

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FOREWORD

This report presents detailed information on individual hospices in Wisconsin. The data were drawn from the 2003 Annual Survey of Hospices, conducted by the Bureau of Health Information and Policy, Division of Public Health (DPH), in cooperation with Wisconsin-licensed hospices; the Bureau of Fee-for-Service Health Care Benefits, Division of Health Care Financing (DHCF) ; and the Bureau of Quality Assurance, Division of Disability and Elder Services.

Note: The Bureau of Health Information and Policy is a new bureau in the Division of Public Health. It comprises the former Bureau of Health Information (which was part of the Division of Health Care Financing) and selected policy staff from the Division of Public Health.

The Hospice Organization and Palliative Experts (HOPE) of Wisconsin has endorsed the Annual Survey of Hospices. The 2003 survey represents the fifth year that data have been collected on all Wisconsin hospices and their patients. Sincere appreciation is expressed to all hospices for their cooperation in completing the survey.

This directory was produced by the Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. Jane Conner, research analyst, prepared the directory. She also coordinated and implemented the data collection and editing activities. Lu Ann Hahn and Kim Voss, research technicians, participated in the survey follow-up process. Judith Nugent, chief, Health Care Information Section, provided supervision. Susan Wood, Director, Bureau of Health Information and Policy, provided overall direction.

Inquiries concerning the information presented in this publication should be directed to the Bureau of Health Information and Policy, P.O. Box 309, Madison, WI 53701-0309, telephone (608) 267-9055, or e-mail connejp@dhfs.state.wi.us.

This directory is available online at <http://dhfs.wisconsin.gov/provider/hospices.htm>. To obtain a printed copy of this directory, please send a \$10.00 check (made payable to the Division of Public Health), along with a note requesting the 2003 Hospice Directory, to the following address:

Division of Public Health
Bureau of Health Information and Policy
ATTN: Karen Leick
P.O. Box 309
Madison WI 53701-0309

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INTRODUCTION

As part of its responsibility to collect and disseminate information on Wisconsin's health facilities, the Department of Health and Family Services collects information about the characteristics of hospices and the patients they serve. Data for 2003 were obtained from the fifth Annual Survey of Hospices. The purpose of the survey is to meet the common information needs identified by a partnership comprised of the Hospice Organization and Palliative Experts (HOPE) of Wisconsin, the Bureau of Fee-for-Service Health Care Benefits, Division of Health Care Financing, and the Bureau of Quality Assurance, Division of Disability and Elder Services. The survey also seeks to meet the information needs of hospice administrators, public and private health care professionals, and other interested citizens.

This directory presents individual data for each of the 60 hospices that submitted a 2003 survey (all hospices licensed by the State of Wisconsin to operate in the state in 2003). Hospice profiles are organized alphabetically by county of location, and by city within each county. The indices included at the back of this directory list all hospices statewide by county, city, name of hospice, and license number assigned to each hospice by the Bureau of Quality Assurance.

Data contained in each profile are hospice-specific and appear most frequently in the form of percentages. Caution should be used when comparing percentages for hospices with small numbers of patients because of the high potential for variability. Throughout these profiles, a " ." in any category indicates that the data for that item were not provided by the hospice.

The following information is presented for each hospice:

1. A description of hospice characteristics such as licensure, ownership, Title 18 (Medicare) and Title 19 (Medicaid) certification, and identifying information (name, address, city, zip code, county, telephone number and license number).
2. Measures of hospice utilization such as admissions, discharges, average daily census and number of patients served.
3. The percentage distribution of patient characteristics (such as age, sex, length of stay, level of care, diagnosis, and deaths).
4. Staffing data, including the number of full-time equivalent employees (FTEs) in various categories (not including contracted staff or volunteers); and the number of volunteers and volunteer hours of service provided.

To assist the reader in interpreting the information shown in each profile, the following example is provided using data from Franciscan Skemp Hospice Services in La Crosse (Page 19). To calculate the number of patients served by this hospice who were age 75 to 84, divide the percentage for the age group (30.3%) by 100 (.303) and multiply the result by the total number of patients served during the year (178). The product (.303 x 178) is 53.93, which when rounded to 54 is the number of unduplicated patients age 75 to 84 served by this hospice during the 2003 calendar year.

Hospice Profiles

Regional Hospice Services, Inc.

2101 Beaser Avenue
Ashland WI 54806

License Number: 526
County: Ashland
(715) 685-5151

Ownership of Hospice: Private Nonprofit
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2003 Caseload: 34
Unduplicated Patient Count for 2003: 206
Average Daily Census: 32
Medicare Certified Inpatient Facility? No

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | | CASELOAD ON 12/31/03 BY PAY SOURCE | |
|--|-------|--|-------|--|--------|--|--------------|
| Under 20 | 0.0% | Malignant neoplasm (cancer) | 66.5% | Physician | 36.4% | Medicare | 88.2% |
| 20 to 54 | 6.8 | Cardiovascular disease | 13.1 | Self-referral | 0.0 | Medicaid | 2.9 |
| 55 to 64 | 11.7 | Pulmonary disease | 6.8 | Patient's family | 25.7 | Medicare/Medicaid | 0.0 |
| 65 to 74 | 24.3 | Renal failure/kidney disease | 2.4 | Hospital | 21.8 | Managed Care/HMO | 0.0 |
| 75 to 84 | 35.0 | Diabetes | 0.0 | Home health agency | 3.9 | PACE/Partnership | 0.0 |
| 85 to 94 | 20.4 | Alzheimer's disease | 1.0 | Nursing home | 4.9 | Private Insurance | 8.8 |
| 95 & over | 1.9 | AIDS | 0.0 | Assisted living: Residential care apt. complex | 0.0 | Self Pay | 0.0 |
| Total Patients | 206 | ALS | 1.0 | Adult family home | 0.0 | Other | 0.0 |
| Male | 52.4% | Other | 9.2 | Community-based res. facility | 0.5 | Caseload | 34 |
| Female | 47.6 | Total Patients | 206 | Other | 6.8 | | |
| Total Patients | 206 | | | Total Patients | 206 | | |
| TOTAL ADMISSIONS | 183 | | | | | STAFFING | FTEs* |
| TOTAL DISCHARGES | 179 | ADMISSIONS BY PAY SOURCE | | | | Administrators | 2.0 |
| REASON FOR DISCHARGE | | Medicare | 83.6% | PATIENT DAYS BY LEVEL OF CARE | | Physicians | 0.0 |
| Hospice care not appropriate | 1.1% | Medicaid | 4.4 | Routine home care | 98.0% | Registered Nurses | 8.7 |
| Transferred: care provided by another hospice | 1.7 | Medicare/Medicaid | 0.0 | Continuous care | 0.0 | Lic. Prac. Nurses | 0.1 |
| Revocation of hospice benefit | 9.5 | Managed Care/HMO | 0.0 | Inpatient care: acute symptom mgmt | 1.5 | Hospice Aides | 3.0 |
| Other | 0.6 | PACE/Partnership | 0.0 | Respite care | 0.5 | Physical Therapists | 0.0 |
| Deaths | 87.2 | Private Insurance | 11.5 | Total Patient Days | 11,762 | Occupational Therapists | 0.0 |
| Total Discharges | 179 | Self Pay | 0.5 | | | Speech/Language Pathologists | 0.0 |
| DISCHARGES BY LENGTH OF STAY | | Other | 0.0 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | | Bereavement Counselors | 0.8 |
| 1 - 7 days | 22.9% | Total Admissions | 183 | Private residence | 82.4% | Social Workers | 1.7 |
| 8 - 14 days | 15.6 | DEATHS BY SITE OF OCCURRENCE | | Nursing home | 11.8 | Dietary | 0.0 |
| 15 - 29 days | 20.1 | Private residence | 76.9% | Hospice res. fac. | 0.0 | Chaplain | 0.0 |
| 30 - 59 days | 19.0 | Nursing home | 16.7 | Assisted living: Residential care apt. complex | 0.0 | Clerical/Office Support | 3.7 |
| 60 - 89 days | 6.7 | Hospice res. fac. | 0.0 | Adult family home | 0.0 | Volunter Coordinator | 0.4 |
| 90 - 179 days | 7.3 | Assisted living: Residential care apt. complex | 0.0 | Nursing home | 11.8 | Other | 0.0 |
| 180 days - 1 year | 6.7 | Community-based res. facility | 0.6 | Hospice res. fac. | 0.0 | Total FTEs | 20.3 |
| 1 year or more | 1.7 | Inpatient facility | 5.8 | Assisted living: Residential care apt. complex | 0.0 | | |
| Total Discharges | 179 | Other site | 0.0 | Adult family home | 0.0 | * Full-time equivalents | |
| | | Total Deaths | 156 | Community-based res. facility | 2.9 | Volunteers who served patients of the hospice in 2003: | 136 |
| | | | | Inpatient facility | 2.9 | Total hours of service provided during 2003 by these volunteers: | 3,355 |
| | | | | Other site | 0.0 | | |
| | | | | Caseload | 34 | | |

Lakeview Medical Center
 212 South Main Street
 Rice Lake WI 54868

License Number: 555
 County: Barron
 (715) 236-6256

Ownership of Hospice: Private Nonprofit
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2003 Caseload: 22
 Unduplicated Patient Count for 2003: 83
 Average Daily Census: 10
 Medicare Certified Inpatient Facility? No

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | | CASELOAD ON 12/31/03 BY PAY SOURCE | |
|--|-------|--|-------|--|-------|--|--------------|
| Under 20 | 0.0% | Malignant neoplasm (cancer) | 54.2% | Physician | 31.3% | Medicare | 100.0% |
| 20 to 54 | 8.4 | Cardiovascular disease | 15.7 | Self-referral | 0.0 | Medicaid | 0.0 |
| 55 to 64 | 7.2 | Pulmonary disease | 10.8 | Patient's family | 16.9 | Medicare/Medicaid | 0.0 |
| 65 to 74 | 20.5 | Renal failure/kidney disease | 2.4 | Hospital | 36.1 | Managed Care/HMO | 0.0 |
| 75 to 84 | 34.9 | Diabetes | 0.0 | Home health agency | 6.0 | PACE/Partnership | 0.0 |
| 85 to 94 | 25.3 | Alzheimer's disease | 4.8 | Nursing home | 9.6 | Private Insurance | 0.0 |
| 95 & over | 3.6 | AIDS | 0.0 | Assisted living: Residential care apt. complex | 0.0 | Self Pay | 0.0 |
| Total Patients | 83 | ALS | 0.0 | Adult family home | 0.0 | Other | 0.0 |
| Male | 47.0% | Other | 12.0 | Community-based res. facility | 0.0 | Caseload | 22 |
| Female | 53.0 | Total Patients | 83 | Other | 0.0 | | |
| Total Patients | 83 | | | Total Patients | 83 | | |
| TOTAL ADMISSIONS | 74 | | | | | STAFFING | FTEs* |
| TOTAL DISCHARGES | 61 | ADMISSIONS BY PAY SOURCE | | PATIENT DAYS BY LEVEL OF CARE | | Administrators | 0.5 |
| REASON FOR DISCHARGE | | Medicare | 94.6% | Routine home care | 97.0% | Physicians | 0.1 |
| Hospice care not appropriate | 0.0% | Medicaid | 0.0 | Continuous care | 0.0 | Registered Nurses | 2.7 |
| Transferred: care provided by another hospice | 0.0 | Medicare/Medicaid | 0.0 | Inpatient care: acute symptom mgmt | 2.5 | Lic. Prac. Nurses | 0.0 |
| Revocation of hospice benefit | 6.6 | Managed Care/HMO | 0.0 | Respite care | 0.5 | Hospice Aides | 1.5 |
| Other | 0.0 | PACE/Partnership | 0.0 | Total Patient Days | 3,581 | Physical Therapists | 0.0 |
| Deaths | 93.4 | Private Insurance | 5.4 | | | Occupational Therapists | 0.0 |
| Total Discharges | 61 | Self Pay | 0.0 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | | Speech/Language Pathologists | 0.0 |
| DISCHARGES BY LENGTH OF STAY | | Other | 0.0 | Private residence | 77.3% | Bereavement Counselors | 0.4 |
| 1 - 7 days | 31.1% | Total Admissions | 74 | Nursing home | 18.2 | Social Workers | 0.6 |
| 8 - 14 days | 16.4 | DEATHS BY SITE OF OCCURRENCE | | Hospice res. fac. | 0.0 | Dietary | 0.0 |
| 15 - 29 days | 16.4 | Private residence | 61.4% | Assisted living: Residential care apt. complex | 0.0 | Chaplain | 0.0 |
| 30 - 59 days | 18.0 | Nursing home | 17.5 | Adult family home | 0.0 | Clerical/Office Support | 0.5 |
| 60 - 89 days | 4.9 | Hospice res. fac. | 0.0 | Community-based res. facility | 4.5 | Volunter Coordinator | 0.4 |
| 90 - 179 days | 8.2 | Assisted living: Residential care apt. complex | 0.0 | Inpatient facility | 0.0 | Other | 0.0 |
| 180 days - 1 year | 0.0 | Adult family home | 0.0 | Other site | 0.0 | Total FTEs | 6.6 |
| 1 year or more | 4.9 | Community-based res. facility | 8.8 | Caseload | 22 | | |
| Total Discharges | 61 | Inpatient facility | 12.3 | | | * Full-time equivalents | |
| | | Other site | 0.0 | | | Volunteers who served patients of the hospice in 2003: | 35 |
| | | Total Deaths | 57 | | | Total hours of service provided during 2003 by these volunteers: | 1,792 |

Heartland Home Health Care & Hospice
 2050 Riverside Drive, 1st Floor
 Green Bay WI 54301

License Number: 2005
 County: Brown
 (920) 436-9380

| | | | |
|--|-------------------------|--|-----|
| Ownership of Hospice: | Proprietary Corporation | December 31, 2003 Caseload: | 53 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 176 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 40 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|--|--|--|
| Under 20 0.0% | Malignant neoplasm (cancer) 15.9% | Physician 2.8% | Medicare 34.0% |
| 20 to 54 1.7 | Cardiovascular disease 22.7 | Self-referral 0.0 | Medicaid 0.0 |
| 55 to 64 1.7 | Pulmonary disease 5.7 | Patient's family 1.1 | Medicare/Medicaid 66.0 |
| 65 to 74 8.0 | Renal failure/ kidney disease 6.8 | Hospital 5.1 | Managed Care/HMO 0.0 |
| 75 to 84 28.4 | Diabetes 2.8 | Home health agency 0.6 | PACE/Partnership 0.0 |
| 85 to 94 42.6 | Alzheimer's disease 26.7 | Nursing home 81.3 | Private Insurance 0.0 |
| 95 & over 17.6 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 176 | ALS 0.0 | Adult family home 0.0 | Other 0.0 |
| Male 35.2% | Other 19.3 | Community-based res. facility 9.1 | Caseload 53 |
| Female 64.8 | Total Patients 176 | Other 0.0 | |
| Total Patients 176 | | Total Patients 176 | |
| TOTAL ADMISSIONS 157 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 124 | Medicare 47.8% | | Administrators 1.0 |
| REASON FOR DISCHARGE | Medicaid 0.0 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 2.4% | Medicare/Medicaid 50.3 | Routine home care 99.6% | Registered Nurses 7.2 |
| Transferred: care provided by another hospice 0.0 | Managed Care/HMO 0.0 | Continuous care 0.3 | Lic. Prac. Nurses 1.1 |
| Revocation of hospice benefit 4.8 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 0.0 | Hospice Aides 5.9 |
| Other 0.0 | Private Insurance 1.9 | Respite care 0.0 | Physical Therapists 0.0 |
| Deaths 92.7 | Self Pay 0.0 | Total Patient Days 14,611 | Occupational Therapists 0.0 |
| Total Discharges 124 | Other 0.0 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 157 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.3 |
| 1 - 7 days 29.0% | DEATHS BY SITE OF OCCURRENCE | Private residence 3.8% | Social Workers 2.0 |
| 8 - 14 days 16.1 | Private residence 13.9% | Nursing home 86.8 | Dietary 0.1 |
| 15 - 29 days 14.5 | Nursing home 63.5 | Hospice res. fac. 0.0 | Chaplain 1.0 |
| 30 - 59 days 12.1 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 2.0 |
| 60 - 89 days 4.8 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 1.0 |
| 90 - 179 days 11.3 | Community-based res. facility 22.6 | Community-based res. facility 9.4 | Other 1.0 |
| 180 days - 1 year 9.7 | Inpatient facility 0.0 | Inpatient facility 0.0 | Total FTEs 22.5 |
| 1 year or more 2.4 | Other site 0.0 | Other site 0.0 | |
| Total Discharges 124 | Total Deaths 115 | Caseload 53 | * Full-time equivalents |
| | | | Volunteers who served patients of the hospice in 2003: 15 |
| | | | Total hours of service provided during 2003 by these volunteers: 595 |

Unity Hospice
 916 Willard Drive, Suite 100
 Green Bay WI 54324

License Number: 1503
 County: Brown
 (800) 990-9249

| | | | |
|--|-----|--|-----|
| Ownership of Hospice: | | December 31, 2003 Caseload: | 159 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 918 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 162 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|--|--|---|
| Under 20 0.8% | Malignant neoplasm (cancer) 52.1% | Physician 28.9% | Medicare 77.4% |
| 20 to 54 7.6 | Cardiovascular disease 21.6 | Self-referral 5.1 | Medicaid 1.9 |
| 55 to 64 9.6 | Pulmonary disease 5.9 | Patient's family 16.7 | Medicare/Medicaid 3.8 |
| 65 to 74 21.8 | Renal failure/ kidney disease 2.1 | Hospital 36.8 | Managed Care/HMO 0.0 |
| 75 to 84 30.1 | Diabetes 0.0 | Home health agency 3.6 | PACE/Partnership 0.0 |
| 85 to 94 26.5 | Alzheimer's disease 3.8 | Nursing home 4.0 | Private Insurance 3.8 |
| 95 & over 3.7 | AIDS 0.1 | Assisted living: Residential care apt. complex 0.0 | Self Pay 13.2 |
| Total Patients 918 | ALS 1.0 | Adult family home 0.0 | Other 0.0 |
| Male 47.7% | Other 13.5 | Community-based res. facility 3.7 | Caseload 159 |
| Female 52.3 | Total Patients 918 | Other 1.2 | |
| Total Patients 918 | | Total Patients 918 | |
| TOTAL ADMISSIONS 816 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 794 | Medicare 79.8% | | Administrators 7.0 |
| REASON FOR DISCHARGE | Medicaid 2.9 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.1 |
| Hospice care not appropriate 3.5% | Medicare/Medicaid 5.4 | Routine home care 97.8% | Registered Nurses 24.9 |
| Transferred: care provided by another hospice 0.0 | Managed Care/HMO 0.0 | Continuous care 0.0 | Lic. Prac. Nurses 4.0 |
| Revocation of hospice benefit 10.5 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 1.4 | Hospice Aides 10.0 |
| Other 0.0 | Private Insurance 10.4 | Respite care 0.8 | Physical Therapists 0.0 |
| Deaths 86.0 | Self Pay 1.5 | Total Patient Days 59,167 | Occupational Therapists 0.0 |
| Total Discharges 794 | Other 0.0 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 816 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 3.0 |
| 1 - 7 days 23.8% | DEATHS BY SITE OF OCCURRENCE | Private residence 62.3% | Social Workers 8.5 |
| 8 - 14 days 14.4 | Private residence 54.5% | Nursing home 11.3 | Dietary 0.0 |
| 15 - 29 days 17.9 | Nursing home 16.1 | Hospice res. fac. 0.0 | Chaplain 1.8 |
| 30 - 59 days 17.4 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.6 | Clerical/Office Support 7.0 |
| 60 - 89 days 7.2 | Assisted living: Residential care apt. complex 0.6 | Adult family home 0.0 | Volunter Coordinator 1.0 |
| 90 - 179 days 10.5 | Adult family home 0.0 | Community-based res. facility 9.1 | Other 2.0 |
| 180 days - 1 year 5.4 | Community-based res. facility 9.1 | Inpatient facility 19.8 | Total FTEs 69.3 |
| 1 year or more 3.5 | Inpatient facility 19.8 | Other site 0.0 | |
| Total Discharges 794 | Other site 0.0 | Caseload 159 | * Full-time equivalents |
| | Total Deaths 683 | | Volunteers who served patients of the hospice in 2003: 132 |
| | | | Total hours of service provided during 2003 by these volunteers: 13,302 |

VNA of WI Hospice - Green Bay

931 Discovery Road
Green Bay WI 54311

License Number: 2004
County: Brown
(920) 288-5100

| | | | |
|--|-----------------------|--|-----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 21 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 109 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 18 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|--|--|--|
| Under 20 0.0% | Malignant neoplasm (cancer) 38.5% | Physician 84.4% | Medicare 90.5% |
| 20 to 54 7.3 | Cardiovascular disease 32.1 | Self-referral 0.0 | Medicaid 0.0 |
| 55 to 64 6.4 | Pulmonary disease 8.3 | Patient's family 3.7 | Medicare/Medicaid 0.0 |
| 65 to 74 17.4 | Renal failure/ kidney disease 4.6 | Hospital 6.4 | Managed Care/HMO 0.0 |
| 75 to 84 29.4 | Diabetes 0.0 | Home health agency 2.8 | PACE/Partnership 0.0 |
| 85 to 94 33.0 | Alzheimer's disease 2.8 | Nursing home 2.8 | Private Insurance 9.5 |
| 95 & over 6.4 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 109 | ALS 0.9 | Adult family home 0.0 | Other 0.0 |
| Male 44.0% | Other 12.8 | Community-based res. facility 0.0 | Caseload 21 |
| Female 56.0 | Total Patients 109 | Other 0.0 | |
| Total Patients 109 | | Total Patients 109 | |
| TOTAL ADMISSIONS 98 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 91 | Medicare 90.8% | | Administrators 1.0 |
| REASON FOR DISCHARGE | Medicaid 0.0 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 7.7% | Medicare/Medicaid 0.0 | Routine home care 98.5% | Registered Nurses 8.5 |
| Transferred: care provided by another hospice 1.1 | Managed Care/HMO 0.0 | Continuous care 0.0 | Lic. Prac. Nurses 0.1 |
| Revocation of hospice benefit 0.0 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 1.4 | Hospice Aides 7.5 |
| Other 1.1 | Private Insurance 9.2 | Respite care 0.1 | Physical Therapists 1.0 |
| Deaths 90.1 | Self Pay 0.0 | Total Patient Days 6,492 | Occupational Therapists 0.0 |
| Total Discharges 91 | Other 0.0 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 98 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.2 |
| 1 - 7 days 42.9% | DEATHS BY SITE OF OCCURRENCE | Private residence 81.0% | Social Workers 1.3 |
| 8 - 14 days 17.6 | Private residence 90.2% | Nursing home 4.8 | Dietary 0.0 |
| 15 - 29 days 5.5 | Nursing home 3.7 | Hospice res. fac. 0.0 | Chaplain 0.5 |
| 30 - 59 days 12.1 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 0.0 |
| 60 - 89 days 9.9 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 0.1 |
| 90 - 179 days 7.7 | Adult family home 0.0 | Nursing home 4.8 | Other 0.0 |
| 180 days - 1 year 4.4 | Community-based res. facility 0.0 | Hospice res. fac. 0.0 | Total FTEs 20.2 |
| 1 year or more 0.0 | Inpatient facility 6.1 | Assisted living: Residential care apt. complex 4.8 | |
| Total Discharges 91 | Other site 0.0 | Adult family home 0.0 | * Full-time equivalents |
| | Total Deaths 82 | Community-based res. facility 4.8 | Volunteers who served patients of the hospice in 2003: 14 |
| | | Inpatient facility 4.8 | Total hours of service provided during 2003 by these volunteers: 395 |
| | | Other site 0.0 | |
| | | Caseload 21 | |

Calumet County Hospice Agency

206 Court Street
Chilton WI 53014

License Number: 557
County: Calumet
(920) 849-1424

| | | | |
|--|---------------------|--|----|
| Ownership of Hospice: | Governmental County | December 31, 2003 Caseload: | 1 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 15 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 1 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|--|--|---|
| Under 20 0.0% | Malignant neoplasm (cancer) 60.0% | Physician 6.7% | Medicare 0.0% |
| 20 to 54 6.7 | Cardiovascular disease 0.0 | Self-referral 0.0 | Medicaid 0.0 |
| 55 to 64 20.0 | Pulmonary disease 0.0 | Patient's family 6.7 | Medicare/Medicaid 0.0 |
| 65 to 74 0.0 | Renal failure/ kidney disease 0.0 | Hospital 20.0 | Managed Care/HMO 0.0 |
| 75 to 84 46.7 | Diabetes 0.0 | Home health agency 20.0 | PACE/Partnership 0.0 |
| 85 to 94 26.7 | Alzheimer's disease 6.7 | Nursing home 40.0 | Private Insurance 0.0 |
| 95 & over 0.0 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 15 | ALS 0.0 | Adult family home 0.0 | Other 100.0 |
| Male 33.3% | Other 33.3 | Community-based res. facility 6.7 | Caseload 1 |
| Female 66.7 | Total Patients 15 | Other 0.0 | |
| Total Patients 15 | | Total Patients 15 | |
| TOTAL ADMISSIONS 15 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 14 | Medicare 73.3% | | Administrators 0.0 |
| REASON FOR DISCHARGE | Medicaid 0.0 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 0.0% | Medicare/Medicaid 0.0 | Routine home care 100.0% | Registered Nurses 0.1 |
| Transferred: care provided by another hospice 0.0 | Managed Care/HMO 6.7 | Continuous care 0.0 | Lic. Prac. Nurses 0.0 |
| Revocation of hospice benefit 14.3 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 0.0 | Hospice Aides 0.0 |
| Other 0.0 | Private Insurance 20.0 | Respite care 0.0 | Physical Therapists 0.0 |
| Deaths 85.7 | Self Pay 0.0 | Total Patient Days 519 | Occupational Therapists 0.0 |
| Total Discharges 14 | Other 0.0 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 15 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.0 |
| 1 - 7 days 42.9% | DEATHS BY SITE OF OCCURRENCE | Private residence 100.0% | Social Workers 0.0 |
| 8 - 14 days 14.3 | Private residence 58.3% | Nursing home 0.0 | Dietary 0.0 |
| 15 - 29 days 21.4 | Nursing home 41.7 | Hospice res. fac. 0.0 | Chaplain 0.0 |
| 30 - 59 days 14.3 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 0.0 |
| 60 - 89 days 0.0 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 0.0 |
| 90 - 179 days 7.1 | Community-based res. facility 0.0 | Hospice res. fac. 0.0 | Other 0.0 |
| 180 days - 1 year 0.0 | Inpatient facility 0.0 | Assisted living: Residential care apt. complex 0.0 | Total FTEs 0.1 |
| 1 year or more 0.0 | Other site 0.0 | Adult family home 0.0 | |
| Total Discharges 14 | Total Deaths 12 | Community-based res. facility 0.0 | * Full-time equivalents |
| | | Inpatient facility 0.0 | Volunteers who served patients of the hospice in 2003: 4 |
| | | Other site 0.0 | Total hours of service provided during 2003 by these volunteers: 49 |
| | | Caseload 1 | |

St. Joseph's Hospice
 2661 County Highway I
 Chippewa Falls WI 54729

License Number: 1524
 County: Chippewa
 (715) 726-3485

Ownership of Hospice: Nonprofit Church
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2003 Caseload: 31
 Unduplicated Patient Count for 2003: 167
 Average Daily Census: 23
 Medicare Certified Inpatient Facility? No

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | | CASELOAD ON 12/31/03 BY PAY SOURCE | |
|--|-------|--|-------|--|-------|--|--------------|
| Under 20 | 1.2% | Malignant neoplasm (cancer) | 74.3% | Physician | 28.7% | Medicare | 90.3% |
| 20 to 54 | 8.4 | Cardiovascular disease | 6.6 | Self-referral | 0.0 | Medicaid | 0.0 |
| 55 to 64 | 13.8 | Pulmonary disease | 6.6 | Patient's family | 5.4 | Medicare/Medicaid | 0.0 |
| 65 to 74 | 18.6 | Renal failure/kidney disease | 0.6 | Hospital | 32.9 | Managed Care/HMO | 3.2 |
| 75 to 84 | 34.7 | Diabetes | 0.0 | Home health agency | 16.8 | PACE/Partnership | 0.0 |
| 85 to 94 | 21.6 | Alzheimer's disease | 2.4 | Nursing home | 8.4 | Private Insurance | 6.5 |
| 95 & over | 1.8 | AIDS | 0.6 | Assisted living: Residential care apt. complex | 0.0 | Self Pay | 0.0 |
| Total Patients | 167 | ALS | 0.0 | Adult family home | 0.0 | Other | 0.0 |
| Male | 50.3% | Other | 9.0 | Community-based res. facility | 0.6 | Caseload | 31 |
| Female | 49.7 | Total Patients | 167 | Other | 7.2 | | |
| Total Patients | 167 | | | Total Patients | 167 | | |
| TOTAL ADMISSIONS | 161 | | | | | STAFFING | FTEs* |
| TOTAL DISCHARGES | 142 | ADMISSIONS BY PAY SOURCE | | | | Administrators | 0.5 |
| REASON FOR DISCHARGE | | Medicare | 78.9% | PATIENT DAYS BY LEVEL OF CARE | | Physicians | 0.0 |
| Hospice care not appropriate | 11.3% | Medicaid | 5.6 | Routine home care | 98.6% | Registered Nurses | 6.0 |
| Transferred: care provided by another hospice | 0.0 | Medicare/Medicaid | 0.0 | Continuous care | 0.0 | Lic. Prac. Nurses | 0.0 |
| Revocation of hospice benefit | 2.1 | Managed Care/HMO | 3.1 | Inpatient care: acute symptom mgmt | 0.9 | Hospice Aides | 0.8 |
| Other | 0.0 | PACE/Partnership | 0.0 | Respite care | 0.5 | Physical Therapists | 0.0 |
| Deaths | 86.6 | Private Insurance | 11.8 | Total Patient Days | 8,330 | Occupational Therapists | 0.0 |
| Total Discharges | 142 | Self Pay | 0.0 | | | Speech/Language Pathologists | 0.0 |
| DISCHARGES BY LENGTH OF STAY | | Other | 0.6 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | | Bereavement Counselors | 0.0 |
| 1 - 7 days | 21.8% | Total Admissions | 161 | Private residence | 77.4% | Social Workers | 1.7 |
| 8 - 14 days | 11.3 | DEATHS BY SITE OF OCCURRENCE | | Nursing home | 19.4 | Dietary | 0.0 |
| 15 - 29 days | 26.1 | Private residence | 80.5% | Hospice res. fac. | 0.0 | Chaplain | 0.5 |
| 30 - 59 days | 23.9 | Nursing home | 17.1 | Assisted living: Residential care apt. complex | 0.0 | Clerical/Office Support | 1.8 |
| 60 - 89 days | 3.5 | Hospice res. fac. | 0.0 | Adult family home | 0.0 | Volunter Coordinator | 0.5 |
| 90 - 179 days | 10.6 | Assisted living: Residential care apt. complex | 0.0 | Nursing home | 19.4 | Other | 0.0 |
| 180 days - 1 year | 2.1 | Community-based res. facility | 0.8 | Hospice res. fac. | 0.0 | Total FTEs | 11.8 |
| 1 year or more | 0.7 | Inpatient facility | 1.6 | Assisted living: Residential care apt. complex | 0.0 | | |
| Total Discharges | 142 | Other site | 0.0 | Adult family home | 0.0 | * Full-time equivalents | |
| | | Total Deaths | 123 | Community-based res. facility | 3.2 | Volunteers who served patients of the hospice in 2003: | 47 |
| | | | | Inpatient facility | 0.0 | Total hours of service provided during 2003 by these volunteers: | 1,984 |
| | | | | Other site | 0.0 | | |
| | | | | Caseload | 31 | | |

Prairie du Chien Hospice
 705 East Taylor Street
 Prairie du Chien WI 53821

License Number: 1513
 County: Crawford
 (608) 357-2000

| | | | |
|--|-----------------------|--|-----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 15 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 128 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 16 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDULICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT | REFERRAL SOURCE OF UNDULICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|---|---|--|
| Under 20 0.0% | Malignant neoplasm (cancer) 60.2% | Physician 51.6% | Medicare 66.7% |
| 20 to 54 9.4 | Cardiovascular disease 22.7 | Self-referral 2.3 | Medicaid 0.0 |
| 55 to 64 8.6 | Pulmonary disease 1.6 | Patient's family 7.0 | Medicare/Medicaid 26.7 |
| 65 to 74 20.3 | Renal failure/ kidney disease 5.5 | Hospital 28.9 | Managed Care/HMO 0.0 |
| 75 to 84 32.0 | Diabetes 0.0 | Home health agency 3.1 | PACE/Partnership 0.0 |
| 85 to 94 26.6 | Alzheimer's disease 0.0 | Nursing home 6.3 | Private Insurance 6.7 |
| 95 & over 3.1 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 128 | ALS 0.0 | Adult family home 0.0 | Other 0.0 |
| Male 46.9% | Other 10.2 | Community-based res. facility 0.0 | Caseload 15 |
| Female 53.1 | Total Patients 128 | Other 0.8 | |
| Total Patients 128 | | Total Patients 128 | |
| TOTAL ADMISSIONS 108 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 114 | Medicare 60.2% | | Administrators 2.0 |
| REASON FOR DISCHARGE | Medicaid 1.9 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 4.4% | Medicare/Medicaid 17.6 | Routine home care 91.3% | Registered Nurses 4.7 |
| Transferred: care provided by another hospice 0.0 | Managed Care/HMO 0.0 | Continuous care 0.0 | Lic. Prac. Nurses 0.0 |
| Revocation of hospice benefit 5.3 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 7.8 | Hospice Aides 0.5 |
| Other 0.0 | Private Insurance 20.4 | Respite care 0.8 | Physical Therapists 0.0 |
| Deaths 90.4 | Self Pay 0.0 | Total Patient Days 5,918 | Occupational Therapists 0.0 |
| Total Discharges 114 | Other 0.0 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 108 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.2 |
| 1 - 7 days 35.1% | DEATHS BY SITE OF OCCURRENCE | Private residence 53.3% | Social Workers 1.2 |
| 8 - 14 days 14.0 | Private residence 27.2% | Nursing home 40.0 | Dietary 0.0 |
| 15 - 29 days 19.3 | Nursing home 21.4 | Hospice res. fac. 0.0 | Chaplain 0.0 |
| 30 - 59 days 10.5 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 1.0 |
| 60 - 89 days 5.3 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 0.1 |
| 90 - 179 days 9.6 | Adult family home 0.0 | Nursing home 40.0 | Other 0.0 |
| 180 days - 1 year 5.3 | Community-based res. facility 0.0 | Hospice res. fac. 0.0 | Total FTEs 9.6 |
| 1 year or more 0.9 | Inpatient facility 45.6 | Assisted living: Residential care apt. complex 0.0 | |
| Total Discharges 114 | Other site 5.8 | Adult family home 0.0 | * Full-time equivalents |
| | Total Deaths 103 | Community-based res. facility 0.0 | Volunteers who served patients of the hospice in 2003: 50 |
| | | Inpatient facility 6.7 | Total hours of service provided during 2003 by these volunteers: 729 |
| | | Other site 0.0 | |
| | | Caseload 15 | |

Hospicecare, Inc.
 5395 East Cheryl Parkway
 Madison WI 53711

License Number: 1505
 County: Dane
 (608) 276-4660

| | | | |
|--|-----------------------|--|-------|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 223 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 1,452 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 226 |
| Licensed Hospice Residential Facility? | Yes | Medicare Certified Inpatient Facility? | Yes |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|--|--|---|
| Under 20 0.8% | Malignant neoplasm | Physician 32.6% | Medicare 85.2% |
| 20 to 54 10.1 | (cancer) 57.4% | Self-referral 2.7 | Medicaid 2.7 |
| 55 to 64 10.8 | Cardiovascular | Patient's family 13.8 | Medicare/Medicaid 0.0 |
| 65 to 74 18.8 | disease 12.0 | Hospital 32.9 | Managed Care/HMO 5.8 |
| 75 to 84 30.8 | Pulmonary disease 7.1 | Home health agency 1.8 | PACE/Partnership 0.0 |
| 85 to 94 24.4 | Renal failure/ | Nursing home 4.3 | Private Insurance 5.8 |
| 95 & over 4.3 | kidney disease 2.4 | Assisted living: | Self Pay 0.4 |
| Total Patients 1,452 | Diabetes 0.3 | Residential care | Other 0.0 |
| | Alzheimer's disease 7.3 | apt. complex 0.0 | Caseload 223 |
| Male 44.9% | AIDS 0.1 | Adult family home 0.0 | |
| Female 55.1 | ALS 0.5 | Community-based | |
| Total Patients 1,452 | Other 12.9 | res. facility 2.7 | STAFFING FTEs* |
| | Total Patients 1,452 | Other 9.3 | Administrators 15.3 |
| TOTAL ADMISSIONS 1,350 | | Total Patients 1,452 | Physicians 1.6 |
| | ADMISSIONS BY PAY SOURCE | | Registered Nurses 59.6 |
| TOTAL DISCHARGES 1,304 | Medicare 78.7% | | Lic. Prac. Nurses 7.4 |
| | Medicaid 3.0 | PATIENT DAYS BY | Hospice Aides 20.8 |
| REASON FOR DISCHARGE | Medicare/Medicaid 0.0 | LEVEL OF CARE | Physical Therapists 0.0 |
| Hospice care not appropriate 3.9% | Managed Care/HMO 9.9 | Routine home care 93.3% | Occupational Therapists 0.0 |
| Transferred: care provided by another hospice 0.7 | PACE/Partnership 0.0 | Continuous care 0.0 | Speech/Language Pathologists 0.0 |
| Revocation of hospice benefit 2.8 | Private Insurance 7.2 | Inpatient care: acute symptom mgmt 6.1 | Bereavement Counselors 4.7 |
| Other 4.6 | Self Pay 1.3 | Respite care 0.6 | Social Workers 14.8 |
| Deaths 88.0 | Other 0.0 | Total Patient Days 82,383 | Dietary 0.4 |
| Total Discharges 1,304 | Total Admissions 1,350 | | Chaplain 4.1 |
| | DEATHS BY SITE OF OCCURRENCE | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Clerical/Office Support 44.4 |
| DISCHARGES BY LENGTH OF STAY | Private residence 33.0% | Private residence 62.8% | Volunter Coordinator 5.0 |
| 1 - 7 days 25.8% | Nursing home 9.4 | Nursing home 11.2 | Other 9.2 |
| 8 - 14 days 15.0 | Hospice res. fac. 1.7 | Hospice res. fac. 0.9 | Total FTEs 187.3 |
| 15 - 29 days 14.6 | Assisted living: | Assisted living: | * Full-time equivalents |
| 30 - 59 days 13.4 | Residential care | Residential care | |
| 60 - 89 days 7.1 | apt. complex 0.0 | apt. complex 0.0 | Volunteers who served patients of the hospice in 2003: 601 |
| 90 - 179 days 7.4 | Adult family home 0.0 | Adult family home 0.0 | |
| 180 days - 1 year 3.0 | Community-based res. facility 9.9 | Community-based res. facility 17.0 | Total hours of service provided during 2003 by these volunteers: 21,676 |
| 1 year or more 13.7 | Inpatient facility 46.0 | Inpatient facility 8.1 | |
| Total Discharges 1,304 | Other site 0.0 | Other site 0.0 | |
| | Total Deaths 1E3 | Caseload 223 | |

Hillside Home Care/Hospice
 709 South University Avenue
 Beaver Dam WI 53916

License Number: 1518
 County: Dodge
 (920) 887-4050

Ownership of Hospice: Private Nonprofit
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2003 Caseload: 13
 Unduplicated Patient Count for 2003: 117
 Average Daily Census: 10
 Medicare Certified Inpatient Facility? No

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | | CASELOAD ON 12/31/03 BY PAY SOURCE | |
|--|-------|--|-------|--|-------|--|--------------|
| Under 20 | 0.0% | Malignant neoplasm (cancer) | 68.4% | Physician | 47.0% | Medicare | 100.0% |
| 20 to 54 | 5.1 | Cardiovascular disease | 12.8 | Self-referral | 2.6 | Medicaid | 0.0 |
| 55 to 64 | 8.5 | Pulmonary disease | 7.7 | Patient's family | 0.0 | Medicare/Medicaid | 0.0 |
| 65 to 74 | 23.1 | Renal failure/kidney disease | 4.3 | Hospital | 28.2 | Managed Care/HMO | 0.0 |
| 75 to 84 | 35.0 | Diabetes | 0.0 | Home health agency | 7.7 | PACE/Partnership | 0.0 |
| 85 to 94 | 28.2 | Alzheimer's disease | 0.9 | Nursing home | 13.7 | Private Insurance | 0.0 |
| 95 & over | 0.0 | AIDS | 0.0 | Assisted living: Residential care apt. complex | 0.0 | Self Pay | 0.0 |
| Total Patients | 117 | ALS | 0.0 | Adult family home | 0.0 | Other | 0.0 |
| Male | 51.3% | Other | 6.0 | Community-based res. facility | 0.9 | Caseload | 13 |
| Female | 48.7 | Total Patients | 117 | Other | 0.0 | | |
| Total Patients | 117 | | | Total Patients | 117 | | |
| TOTAL ADMISSIONS | 100 | | | | | STAFFING | FTEs* |
| TOTAL DISCHARGES | 104 | ADMISSIONS BY PAY SOURCE | | | | Administrators | 0.6 |
| REASON FOR DISCHARGE | | Medicare | 86.0% | PATIENT DAYS BY LEVEL OF CARE | | Physicians | 0.0 |
| Hospice care not appropriate | 4.8% | Medicaid | 3.0 | Routine home care | 99.3% | Registered Nurses | 2.7 |
| Transferred: care provided by another hospice | 1.9 | Medicare/Medicaid | 0.0 | Continuous care | 0.0 | Lic. Prac. Nurses | 0.0 |
| Revocation of hospice benefit | 3.8 | Managed Care/HMO | 6.0 | Inpatient care: acute symptom mgmt | 0.3 | Hospice Aides | 1.9 |
| Other | 0.0 | PACE/Partnership | 0.0 | Respite care | 0.3 | Physical Therapists | 0.0 |
| Deaths | 89.4 | Private Insurance | 4.0 | Total Patient Days | 3,508 | Occupational Therapists | 0.0 |
| Total Discharges | 104 | Self Pay | 0.0 | | | Speech/Language Pathologists | 0.0 |
| DISCHARGES BY LENGTH OF STAY | | Other | 1.0 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | | Bereavement Counselors | 0.4 |
| 1 - 7 days | 30.8% | Total Admissions | 100 | Private residence | 84.6% | Social Workers | 0.2 |
| 8 - 14 days | 17.3 | DEATHS BY SITE OF OCCURRENCE | | Nursing home | 0.0 | Dietary | 0.0 |
| 15 - 29 days | 17.3 | Private residence | 69.9% | Hospice res. fac. | 0.0 | Chaplain | 0.0 |
| 30 - 59 days | 16.3 | Nursing home | 22.6 | Assisted living: Residential care apt. complex | 0.0 | Clerical/Office Support | 0.7 |
| 60 - 89 days | 8.7 | Hospice res. fac. | 0.0 | Adult family home | 0.0 | Volunter Coordinator | 0.4 |
| 90 - 179 days | 4.8 | Assisted living: Residential care apt. complex | 0.0 | Community-based res. facility | 15.4 | Other | 0.0 |
| 180 days - 1 year | 2.9 | Community-based res. facility | 6.5 | Inpatient facility | 0.0 | Total FTEs | 6.9 |
| 1 year or more | 1.9 | Inpatient facility | 1.1 | Hospice res. fac. | 0.0 | | |
| Total Discharges | 104 | Other site | 0.0 | Assisted living: Residential care apt. complex | 0.0 | * Full-time equivalents | |
| | | Total Deaths | 93 | Adult family home | 0.0 | Volunteers who served patients of the hospice in 2003: | 20 |
| | | | | Community-based res. facility | 15.4 | Total hours of service provided during 2003 by these volunteers: | 1,023 |

Northwest Wisconsin Homecare Hospice

2620 Stein Boulevard, Box 2060
Eau Claire WI 54702

License Number: 1519
County: Eau Claire
(715) 831-0100

Ownership of Hospice: Private Nonprofit
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2003 Caseload: 72
Unduplicated Patient Count for 2003: 360
Average Daily Census: 67
Medicare Certified Inpatient Facility? No

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | | CASELOAD ON 12/31/03 BY PAY SOURCE | |
|--|-------|--|-------|--|--------|--|-------|
| Under 20 | 0.8% | Malignant neoplasm (cancer) | 44.2% | Physician | 26.7% | Medicare | 91.7% |
| 20 to 54 | 4.4 | Cardiovascular disease | 18.9 | Self-referral | 0.8 | Medicaid | 4.2 |
| 55 to 64 | 8.6 | Pulmonary disease | 9.7 | Patient's family | 16.9 | Medicare/Medicaid | 0.0 |
| 65 to 74 | 14.4 | Renal failure/kidney disease | 0.0 | Hospital | 33.1 | Managed Care/HMO | 0.0 |
| 75 to 84 | 33.6 | Diabetes | 0.0 | Home health agency | 0.8 | PACE/Partnership | 0.0 |
| 85 to 94 | 32.5 | Alzheimer's disease | 3.1 | Nursing home | 15.8 | Private Insurance | 4.2 |
| 95 & over | 5.6 | AIDS | 0.0 | Assisted living: Residential care apt. complex | 0.0 | Self Pay | 0.0 |
| Total Patients | 360 | ALS | 0.3 | Adult family home | 0.0 | Other | 0.0 |
| Male | 45.6% | Other | 23.9 | Community-based res. facility | 3.6 | Caseload | 72 |
| Female | 54.4 | Total Patients | 360 | Other | 2.2 | | |
| Total Patients | 360 | | | Total Patients | 360 | | |
| TOTAL ADMISSIONS | 320 | ADMISSIONS BY PAY SOURCE | | | | STAFFING FTEs* | |
| TOTAL DISCHARGES | 304 | Medicare | 86.3% | | | Administrators | 3.3 |
| REASON FOR DISCHARGE | | Medicaid | 4.1 | PATIENT DAYS BY LEVEL OF CARE | | Physicians | 0.0 |
| Hospice care not appropriate | 3.3% | Medicare/Medicaid | 0.0 | Routine home care | 99.5% | Registered Nurses | 5.5 |
| Transferred: care provided by another hospice | 0.0 | Managed Care/HMO | 0.0 | Continuous care | 0.1 | Lic. Prac. Nurses | 0.0 |
| Revocation of hospice benefit | 10.5 | PACE/Partnership | 0.0 | Inpatient care: acute symptom mgmt | 0.3 | Hospice Aides | 4.0 |
| Other | 1.0 | Private Insurance | 9.7 | Respite care | 0.2 | Physical Therapists | 0.0 |
| Deaths | 85.2 | Self Pay | 0.0 | Total Patient Days | 24,576 | Occupational Therapists | 0.0 |
| Total Discharges | 304 | Other | 0.0 | | | Speech/Language Pathologists | 0.0 |
| DISCHARGES BY LENGTH OF STAY | | Total Admissions | 320 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | | Bereavement Counselors | 3.6 |
| 1 - 7 days | 24.3% | | | Private residence | 55.6% | Social Workers | 8.4 |
| 8 - 14 days | 17.1 | DEATHS BY SITE OF OCCURRENCE | | Nursing home | 33.3 | Dietary | 0.2 |
| 15 - 29 days | 18.1 | Private residence | 61.0% | Hospice res. fac. | 0.0 | Chaplain | 0.0 |
| 30 - 59 days | 15.1 | Nursing home | 33.6 | Assisted living: Residential care apt. complex | 0.0 | Clerical/Office Support | 16.9 |
| 60 - 89 days | 6.3 | Hospice res. fac. | 0.0 | Adult family home | 0.0 | Volunter Coordinator | 0.6 |
| 90 - 179 days | 11.5 | Assisted living: Residential care apt. complex | 0.0 | Nursing home | 33.3 | Other | 0.0 |
| 180 days - 1 year | 4.9 | Community-based res. facility | 4.6 | Hospice res. fac. | 0.0 | Total FTEs | 42.5 |
| 1 year or more | 2.6 | Inpatient facility | 0.8 | Assisted living: Residential care apt. complex | 4.2 | | |
| Total Discharges | 304 | Other site | 0.0 | Adult family home | 0.0 | * Full-time equivalents | |
| | | Total Deaths | 259 | Community-based res. facility | 6.9 | Volunteers who served patients of the hospice in 2003: | 23 |
| | | | | Inpatient facility | 0.0 | Total hours of service provided during 2003 by these volunteers: | 606 |
| | | | | Other site | 0.0 | | |
| | | | | Caseload | 72 | | |

St. Agnes Hospital Hospice Hope

239 Trowbridge, Box 385
Fond du Lac WI 54936

License Number: 1512
County: Fond du Lac
(920) 923-7950

| | | | |
|--|------------------------------|--|-----|
| Ownership of Hospice: | Nonprofit Church/Corporation | December 31, 2003 Caseload: | 61 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 483 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 55 |
| Licensed Hospice Residential Facility? | Yes | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|--|--|--|
| Under 20 0.0% | Malignant neoplasm (cancer) 60.7% | Physician 21.7% | Medicare 86.9% |
| 20 to 54 7.7 | Cardiovascular disease 13.5 | Self-referral 9.1 | Medicaid 0.0 |
| 55 to 64 9.1 | Pulmonary disease 0.0 | Patient's family 0.0 | Medicare/Medicaid 0.0 |
| 65 to 74 21.3 | Renal failure/ kidney disease 3.7 | Hospital 44.1 | Managed Care/HMO 0.0 |
| 75 to 84 31.1 | Diabetes 0.0 | Home health agency 3.1 | PACE/Partnership 0.0 |
| 85 to 94 24.0 | Alzheimer's disease 1.2 | Nursing home 14.3 | Private Insurance 13.1 |
| 95 & over 6.8 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.2 | Self Pay 0.0 |
| Total Patients 483 | ALS 0.6 | Adult family home 0.0 | Other 0.0 |
| Male 44.3% | Other 20.3 | Community-based res. facility 1.4 | Caseload 61 |
| Female 55.7 | Total Patients 483 | Other 6.0 | |
| Total Patients 483 | | Total Patients 483 | |
| TOTAL ADMISSIONS 486 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 469 | Medicare 81.1% | | Administrators 2.0 |
| REASON FOR DISCHARGE | Medicaid 3.5 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 3.6% | Medicare/Medicaid 0.0 | Routine home care 99.9% | Registered Nurses 12.0 |
| Transferred: care provided by another hospice 8.7 | Managed Care/HMO 0.0 | Continuous care 0.0 | Lic. Prac. Nurses 0.7 |
| Revocation of hospice benefit 4.7 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 0.1 | Hospice Aides 12.0 |
| Other 0.0 | Private Insurance 12.8 | Respite care 0.0 | Physical Therapists 0.0 |
| Deaths 82.9 | Self Pay 1.9 | Total Patient Days 19,995 | Occupational Therapists 0.0 |
| Total Discharges 469 | Other 0.8 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 486 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 1.0 |
| 1 - 7 days 32.0% | DEATHS BY SITE OF OCCURRENCE | Private residence 60.7% | Social Workers 0.9 |
| 8 - 14 days 16.4 | Private residence 61.7% | Nursing home 18.0 | Dietary 0.0 |
| 15 - 29 days 17.9 | Nursing home 11.3 | Hospice res. fac. 14.8 | Chaplain 0.0 |
| 30 - 59 days 16.0 | Hospice res. fac. 21.3 | Assisted living: Residential care apt. complex 1.5 | Clerical/Office Support 1.8 |
| 60 - 89 days 7.5 | Assisted living: Residential care apt. complex 1.5 | Adult family home 0.0 | Volunter Coordinator 0.0 |
| 90 - 179 days 6.4 | Community-based res. facility 4.1 | Hospice res. fac. 14.8 | Other 1.0 |
| 180 days - 1 year 2.8 | Inpatient facility 0.0 | Assisted living: Residential care apt. complex 1.6 | Total FTEs 31.3 |
| 1 year or more 1.1 | Other site 0.0 | Adult family home 0.0 | |
| Total Discharges 469 | Total Deaths 389 | Community-based res. facility 4.9 | * Full-time equivalents |
| | | Inpatient facility 0.0 | Volunteers who served patients of the hospice in 2003: 267 |
| | | Other site 0.0 | Total hours of service provided during 2003 by these volunteers: 8,852 |
| | | Caseload 61 | |

Grant County Hospice
 111 South Jefferson Street
 Lancaster WI 53813

License Number: 516
 County: Grant
 (608) 723-6416

| | | | |
|--|---------------------|--|----|
| Ownership of Hospice: | Governmental County | December 31, 2003 Caseload: | 6 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 71 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 10 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|--|--|--|--|
| Under 20 2.8% | Malignant neoplasm (cancer) 76.1% | Physician 28.2% | Medicare 83.3% |
| 20 to 54 9.9 | Cardiovascular disease 9.9 | Self-referral 0.0 | Medicaid 16.7 |
| 55 to 64 9.9 | Pulmonary disease 1.4 | Patient's family 14.1 | Medicare/Medicaid 0.0 |
| 65 to 74 19.7 | Renal failure/ kidney disease 2.8 | Hospital 29.6 | Managed Care/HMO 0.0 |
| 75 to 84 36.6 | Diabetes 0.0 | Home health agency 7.0 | PACE/Partnership 0.0 |
| 85 to 94 21.1 | Alzheimer's disease 2.8 | Nursing home 19.7 | Private Insurance 0.0 |
| 95 & over 0.0 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 71 | ALS 0.0 | Adult family home 0.0 | Other 0.0 |
| Male 46.5% | Other 7.0 | Community-based res. facility 0.0 | Caseload 6 |
| Female 53.5 | Total Patients 71 | Other 1.4 | |
| Total Patients 71 | | Total Patients 71 | |
| TOTAL ADMISSIONS 63 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 65 | Medicare 79.4% | | Administrators 1.0 |
| REASON FOR DISCHARGE | Medicaid 3.2 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.1 |
| Hospice care not appropriate 7.7% | Medicare/Medicaid 0.0 | Routine home care 98.0% | Registered Nurses 1.7 |
| Transferred: care provided by another hospice 0.0 | Managed Care/HMO 6.3 | Continuous care 0.0 | Lic. Prac. Nurses 0.0 |
| Revocation of hospice benefit 9.2 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 1.4 | Hospice Aides 0.7 |
| Other 0.0 | Private Insurance 9.5 | Respite care 0.7 | Physical Therapists 0.0 |
| Deaths 83.1 | Self Pay 1.6 | Total Patient Days 3,596 | Occupational Therapists 0.0 |
| Total Discharges 65 | Other 0.0 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 63 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.2 |
| 1 - 7 days 30.8% | DEATHS BY SITE OF OCCURRENCE | Private residence 66.7% | Social Workers 0.4 |
| 8 - 14 days 13.8 | Private residence 46.3% | Nursing home 33.3 | Dietary 0.0 |
| 15 - 29 days 9.2 | Nursing home 29.6 | Hospice res. fac. 0.0 | Chaplain 0.0 |
| 30 - 59 days 15.4 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 0.4 |
| 60 - 89 days 6.2 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 0.1 |
| 90 - 179 days 15.4 | Adult family home 0.0 | Community-based res. facility 0.0 | Other 0.0 |
| 180 days - 1 year 7.7 | Community-based res. facility 1.9 | Inpatient facility 0.0 | Total FTEs 4.6 |
| 1 year or more 1.5 | Inpatient facility 22.2 | Other site 0.0 | |
| Total Discharges 65 | Other site 0.0 | Caseload 6 | * Full-time equivalents |
| | Total Deaths 54 | | Volunteers who served patients of the hospice in 2003: 16 |
| | | | Total hours of service provided during 2003 by these volunteers: 338 |

The Monroe Clinic Hospice
 515 22nd Avenue
 Monroe WI 53566

License Number: 1523
 County: Green
 (608) 324-1230

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|--|-----------------------|--|-----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 14 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 107 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 12 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|--|--|--|--|
| Under 20 0.0% | Malignant neoplasm (cancer) 57.9% | Physician 37.4% | Medicare 71.4% |
| 20 to 54 5.6 | Cardiovascular disease 18.7 | Self-referral 0.0 | Medicaid 0.0 |
| 55 to 64 11.2 | Pulmonary disease 3.7 | Patient's family 11.2 | Medicare/Medicaid 0.0 |
| 65 to 74 22.4 | Renal failure/ kidney disease 1.9 | Hospital 30.8 | Managed Care/HMO 14.3 |
| 75 to 84 27.1 | Diabetes 0.0 | Home health agency 0.0 | PACE/Partnership 0.0 |
| 85 to 94 32.7 | Alzheimer's disease 9.3 | Nursing home 13.1 | Private Insurance 14.3 |
| 95 & over 0.9 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.9 | Self Pay 0.0 |
| Total Patients 107 | ALS 0.0 | Adult family home 0.0 | Other 0.0 |
| Male 50.5% | Other 8.4 | Community-based res. facility 6.5 | Caseload 14 |
| Female 49.5 | Total Patients 107 | Other 0.0 | |
| Total Patients 107 | | Total Patients 107 | |
| TOTAL ADMISSIONS 99 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 97 | Medicare 80.8% | | Administrators 1.0 |
| REASON FOR DISCHARGE | Medicaid 1.0 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 13.4% | Medicare/Medicaid 0.0 | Routine home care 99.3% | Registered Nurses 3.3 |
| Transferred: care provided by another hospice 1.0 | Managed Care/HMO 12.1 | Continuous care 0.0 | Lic. Prac. Nurses 0.0 |
| Revocation of hospice benefit 0.0 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 0.1 | Hospice Aides 0.8 |
| Other 0.0 | Private Insurance 5.1 | Respite care 0.7 | Physical Therapists 0.0 |
| Deaths 85.6 | Self Pay 1.0 | Total Patient Days 4,498 | Occupational Therapists 0.0 |
| Total Discharges 97 | Other 0.0 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 99 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.8 |
| 1 - 7 days 16.5% | DEATHS BY SITE OF OCCURRENCE | Private residence 71.4% | Social Workers 0.5 |
| 8 - 14 days 24.7 | Private residence 50.6% | Nursing home 7.1 | Dietary 0.0 |
| 15 - 29 days 14.4 | Nursing home 31.3 | Hospice res. fac. 0.0 | Chaplain 0.1 |
| 30 - 59 days 21.6 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 1.0 |
| 60 - 89 days 11.3 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 0.3 |
| 90 - 179 days 11.3 | Community-based res. facility 14.5 | Community-based res. facility 14.3 | Other 0.0 |
| 180 days - 1 year 0.0 | Inpatient facility 3.6 | Inpatient facility 0.0 | Total FTEs 7.6 |
| 1 year or more 0.0 | Other site 0.0 | Other site 0.0 | |
| Total Discharges 97 | Total Deaths 83 | Caseload 14 | * Full-time equivalents |
| | | | Volunteers who served patients of the hospice in 2003: 40 |
| | | | Total hours of service provided during 2003 by these volunteers: 2,631 |

| | | | |
|--|-----------------------|--|----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 21 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 87 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 15 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDULICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT | REFERRAL SOURCE OF UNDULICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|---|---|--|
| Under 20 0.0% | Malignant neoplasm (cancer) 72.4% | Physician 42.5% | Medicare 90.5% |
| 20 to 54 12.6 | Cardiovascular disease 11.5 | Self-referral 9.2 | Medicaid 4.8 |
| 55 to 64 12.6 | Pulmonary disease 2.3 | Patient's family 20.7 | Medicare/Medicaid 0.0 |
| 65 to 74 25.3 | Renal failure/ kidney disease 3.4 | Hospital 14.9 | Managed Care/HMO 0.0 |
| 75 to 84 28.7 | Diabetes 0.0 | Home health agency 2.3 | PACE/Partnership 0.0 |
| 85 to 94 17.2 | Alzheimer's disease 0.0 | Nursing home 9.2 | Private Insurance 4.8 |
| 95 & over 3.4 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 87 | ALS 0.0 | Adult family home 0.0 | Other 0.0 |
| Male 58.6% | Other 10.3 | Community-based res. facility 0.0 | Caseload 21 |
| Female 41.4 | Total Patients 87 | Other 1.1 | |
| Total Patients 87 | | Total Patients 87 | |
| TOTAL ADMISSIONS 77 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 70 | Medicare 79.2% | | Administrators 1.0 |
| REASON FOR DISCHARGE | Medicaid 3.9 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.1 |
| Hospice care not appropriate 0.0% | Medicare/Medicaid 0.0 | Routine home care 98.7% | Registered Nurses 2.8 |
| Transferred: care provided by another hospice 5.7 | Managed Care/HMO 0.0 | Continuous care 0.0 | Lic. Prac. Nurses 0.8 |
| Revocation of hospice benefit 12.9 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 0.2 | Hospice Aides 1.0 |
| Other 0.0 | Private Insurance 13.0 | Respite care 1.1 | Physical Therapists 0.0 |
| Deaths 81.4 | Self Pay 0.0 | Total Patient Days 5,562 | Occupational Therapists 0.0 |
| Total Discharges 70 | Other 3.9 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 77 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.4 |
| 1 - 7 days 15.7% | DEATHS BY SITE OF OCCURRENCE | Private residence 100.0% | Social Workers 0.9 |
| 8 - 14 days 10.0 | Private residence 56.1% | Nursing home 0.0 | Dietary 0.0 |
| 15 - 29 days 30.0 | Nursing home 0.0 | Hospice res. fac. 0.0 | Chaplain 0.0 |
| 30 - 59 days 20.0 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 0.8 |
| 60 - 89 days 11.4 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 0.6 |
| 90 - 179 days 11.4 | Adult family home 0.0 | Community-based res. facility 0.0 | Other 0.0 |
| 180 days - 1 year 1.4 | Community-based res. facility 10.5 | Inpatient facility 0.0 | Total FTEs 8.1 |
| 1 year or more 0.0 | Inpatient facility 33.3 | Other site 0.0 | |
| Total Discharges 70 | Other site 0.0 | Caseload 21 | * Full-time equivalents |
| | Total Deaths 57 | | Volunteers who served patients of the hospice in 2003: 27 |
| | | | Total hours of service provided during 2003 by these volunteers: 2,290 |

Black River Hospice
 711 West Adams Street
 Black River Falls WI 54615

License Number: 2006
 County: Jackson
 (715) 284-1343

| | | | |
|--|-----------------------|--|----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 15 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 68 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 10 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|--|--|--|--|
| Under 20 1.5% | Malignant neoplasm (cancer) 41.2% | Physician 54.4% | Medicare 93.3% |
| 20 to 54 4.4 | Cardiovascular disease 25.0 | Self-referral 2.9 | Medicaid 0.0 |
| 55 to 64 16.2 | Pulmonary disease 7.4 | Patient's family 7.4 | Medicare/Medicaid 0.0 |
| 65 to 74 10.3 | Renal failure/ kidney disease 2.9 | Hospital 16.2 | Managed Care/HMO 0.0 |
| 75 to 84 38.2 | Diabetes 0.0 | Home health agency 1.5 | PACE/Partnership 0.0 |
| 85 to 94 27.9 | Alzheimer's disease 0.0 | Nursing home 17.6 | Private Insurance 6.7 |
| 95 & over 1.5 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 68 | ALS 1.5 | Adult family home 0.0 | Other 0.0 |
| Male 52.9% | Other 22.1 | Community-based res. facility 0.0 | Caseload 15 |
| Female 47.1 | Total Patients 68 | Other 0.0 | |
| Total Patients 68 | | Total Patients 68 | |
| TOTAL ADMISSIONS 63 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 54 | Medicare 88.9% | | Administrators 1.0 |
| REASON FOR DISCHARGE | Medicaid 4.8 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.1 |
| Hospice care not appropriate 0.0% | Medicare/Medicaid 0.0 | Routine home care 98.9% | Registered Nurses 1.5 |
| Transferred: care provided by another hospice 0.0 | Managed Care/HMO 0.0 | Continuous care 0.0 | Lic. Prac. Nurses 0.0 |
| Revocation of hospice benefit 5.6 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 0.9 | Hospice Aides 2.0 |
| Other 1.9 | Private Insurance 4.8 | Respite care 0.2 | Physical Therapists 0.0 |
| Deaths 92.6 | Self Pay 1.6 | Total Patient Days 3,572 | Occupational Therapists 0.0 |
| Total Discharges 54 | Other 0.0 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 63 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.1 |
| 1 - 7 days 18.5% | DEATHS BY SITE OF OCCURRENCE | Private residence 66.7% | Social Workers 0.7 |
| 8 - 14 days 11.1 | Private residence 66.0% | Nursing home 20.0 | Dietary 0.0 |
| 15 - 29 days 24.1 | Nursing home 30.0 | Hospice res. fac. 0.0 | Chaplain 0.5 |
| 30 - 59 days 25.9 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 0.0 |
| 60 - 89 days 5.6 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 0.0 |
| 90 - 179 days 14.8 | Community-based res. facility 0.0 | Community-based res. facility 13.3 | Other 0.0 |
| 180 days - 1 year 0.0 | Inpatient facility 4.0 | Inpatient facility 0.0 | Total FTEs 5.7 |
| 1 year or more 0.0 | Other site 0.0 | Other site 0.0 | |
| Total Discharges 54 | Total Deaths 50 | Caseload 15 | * Full-time equivalents |
| | | | Volunteers who served patients of the hospice in 2003: 28 |
| | | | Total hours of service provided during 2003 by these volunteers: 761 |

Rainbow Hospice Care, Inc.
 147 West Rockwell Street
 Jefferson WI 53549

License Number: 508
 County: Jefferson
 (920) 674-6255

Ownership of Hospice: Private Nonprofit
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2003 Caseload: 33
 Unduplicated Patient Count for 2003: 250
 Average Daily Census: 34
 Medicare Certified Inpatient Facility? No

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | | CASELOAD ON 12/31/03 BY PAY SOURCE | |
|--|-------|--|-------|--|--------|--|-------|
| Under 20 | 0.0% | Malignant neoplasm (cancer) | 49.6% | Physician | 23.2% | Medicare | 78.8% |
| 20 to 54 | 3.6 | Cardiovascular disease | 13.2 | Self-referral | 0.4 | Medicaid | 3.0 |
| 55 to 64 | 7.6 | Pulmonary disease | 5.2 | Patient's family | 24.8 | Medicare/Medicaid | 3.0 |
| 65 to 74 | 16.4 | Renal failure/kidney disease | 4.0 | Hospital | 30.4 | Managed Care/HMO | 3.0 |
| 75 to 84 | 34.8 | Diabetes | 0.0 | Home health agency | 3.6 | PACE/Partnership | 0.0 |
| 85 to 94 | 29.2 | Alzheimer's disease | 4.4 | Nursing home | 9.2 | Private Insurance | 3.0 |
| 95 & over | 8.4 | AIDS | 0.0 | Assisted living: Residential care apt. complex | 0.0 | Self Pay | 0.0 |
| Total Patients | 250 | ALS | 0.4 | Community-based res. facility | 4.8 | Other | 9.1 |
| Male | 46.0% | Other | 23.2 | Other | 3.6 | Caseload | 33 |
| Female | 54.0 | Total Patients | 250 | Total Patients | 250 | | |
| Total Patients | 250 | | | | | | |
| TOTAL ADMISSIONS | 237 | ADMISSIONS BY PAY SOURCE | | PATIENT DAYS BY LEVEL OF CARE | | STAFFING FTEs* | |
| TOTAL DISCHARGES | 227 | Medicare | 83.1% | Routine home care | 97.4% | Administrators | 3.0 |
| REASON FOR DISCHARGE | | Medicaid | 3.0 | Continuous care | 0.1 | Physicians | 0.0 |
| Hospice care not appropriate | 6.2% | Medicare/Medicaid | 5.5 | Inpatient care: acute symptom mgmt | 1.5 | Registered Nurses | 7.1 |
| Transferred: care provided by another hospice | 0.4 | Managed Care/HMO | 1.3 | Respite care | 1.0 | Lic. Prac. Nurses | 0.0 |
| Revocation of hospice benefit | 5.7 | PACE/Partnership | 0.0 | Total Patient Days | 12,315 | Hospice Aides | 3.6 |
| Other | 0.0 | Private Insurance | 6.3 | | | Physical Therapists | 0.0 |
| Deaths | 87.7 | Self Pay | 0.4 | | | Occupational Therapists | 0.0 |
| Total Discharges | 227 | Other | 0.4 | | | Speech/Language Pathologists | 0.0 |
| DISCHARGES BY LENGTH OF STAY | | Total Admissions | 237 | | | Bereavement Counselors | 0.6 |
| 1 - 7 days | 23.3% | DEATHS BY SITE OF OCCURRENCE | | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | | Social Workers | 2.0 |
| 8 - 14 days | 16.7 | Private residence | 56.3% | Private residence | 84.8% | Dietary | 0.0 |
| 15 - 29 days | 18.1 | Nursing home | 16.6 | Nursing home | 3.0 | Chaplain | 0.0 |
| 30 - 59 days | 20.3 | Hospice res. fac. | 0.0 | Hospice res. fac. | 0.0 | Clerical/Office Support | 4.3 |
| 60 - 89 days | 7.9 | Assisted living: Residential care apt. complex | 0.0 | Assisted living: Residential care apt. complex | 3.0 | Volunter Coordinator | 0.8 |
| 90 - 179 days | 7.9 | Adult family home | 0.5 | Adult family home | 0.0 | Other | 0.6 |
| 180 days - 1 year | 4.4 | Community-based res. facility | 13.6 | Community-based res. facility | 9.1 | Total FTEs | 22.0 |
| 1 year or more | 1.3 | Inpatient facility | 13.1 | Inpatient facility | 0.0 | | |
| Total Discharges | 227 | Other site | 0.0 | Other site | 0.0 | * Full-time equivalents | |
| | | Total Deaths | 199 | Caseload | 33 | Volunteers who served patients of the hospice in 2003: | 62 |
| | | | | | | Total hours of service provided during 2003 by these volunteers: | 1,776 |

Hospice Alliance, Inc.
 10220 Prairie Ridge Boulevard
 Pleasant Prairie WI 53158

License Number: 1502
 County: Kenosha
 (262) 652-4400

| | | | |
|--|-----------------------|--|-----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 52 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 369 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 53 |
| Licensed Hospice Residential Facility? | Yes | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDULICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT | REFERRAL SOURCE OF UNDULICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|---|--|--|
| Under 20 0.3% | Malignant neoplasm (cancer) 53.4% | Physician 64.0% | Medicare 92.3% |
| 20 to 54 4.3 | Cardiovascular disease 29.5 | Self-referral 0.0 | Medicaid 0.0 |
| 55 to 64 7.9 | Pulmonary disease 9.8 | Patient's family 20.9 | Medicare/Medicaid 0.0 |
| 65 to 74 19.2 | Renal failure/ kidney disease 3.3 | Hospital 14.9 | Managed Care/HMO 0.0 |
| 75 to 84 43.9 | Diabetes 0.0 | Home health agency 0.0 | PACE/Partnership 0.0 |
| 85 to 94 20.6 | Alzheimer's disease 3.0 | Nursing home 0.0 | Private Insurance 7.7 |
| 95 & over 3.8 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 369 | ALS 0.8 | Adult family home 0.0 | Other 0.0 |
| Male 48.0% | Other 0.3 | Community-based res. facility 0.3 | Caseload 52 |
| Female 52.0 | Total Patients 369 | Other 0.0 | |
| Total Patients 369 | | Total Patients 369 | |
| TOTAL ADMISSIONS 313 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 317 | Medicare 87.5% | | Administrators 0.5 |
| REASON FOR DISCHARGE | Medicaid 1.3 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 2.5% | Medicare/Medicaid 0.0 | Routine home care 99.9% | Registered Nurses 5.5 |
| Transferred: care provided by another hospice 0.0 | Managed Care/HMO 0.0 | Continuous care 0.0 | Lic. Prac. Nurses 1.5 |
| Revocation of hospice benefit 6.3 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 0.0 | Hospice Aides 3.0 |
| Other 0.0 | Private Insurance 9.3 | Respite care 0.1 | Physical Therapists 0.0 |
| Deaths 91.2 | Self Pay 1.9 | Total Patient Days 19,186 | Occupational Therapists 0.0 |
| Total Discharges 317 | Other 0.0 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 313 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.5 |
| 1 - 7 days 29.7% | DEATHS BY SITE OF OCCURRENCE | Private residence 75.0% | Social Workers 0.5 |
| 8 - 14 days 17.4 | Private residence 49.1% | Nursing home 25.0 | Dietary 0.0 |
| 15 - 29 days 15.5 | Nursing home 50.5 | Hospice res. fac. 0.0 | Chaplain 0.3 |
| 30 - 59 days 13.9 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 2.8 |
| 60 - 89 days 6.0 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 0.5 |
| 90 - 179 days 7.6 | Adult family home 0.0 | Nursing home 25.0 | Other 0.0 |
| 180 days - 1 year 10.1 | Community-based res. facility 0.3 | Hospice res. fac. 0.0 | Total FTEs 15.0 |
| 1 year or more 0.0 | Community-based res. facility 0.0 | Assisted living: Residential care apt. complex 0.0 | |
| Total Discharges 317 | Inpatient facility 0.0 | Adult family home 0.0 | * Full-time equivalents |
| | Other site 0.0 | Community-based res. facility 0.0 | Volunteers who served patients of the hospice in 2003: 600 |
| | Total Deaths 289 | Inpatient facility 0.0 | Total hours of service provided during 2003 by these volunteers: 6,002 |
| | | Other site 0.0 | |
| | | Caseload 52 | |

Franciscan Skemp Hospice Services
 212 South 11th Street
 La Crosse WI 54601

License Number: 1507
 County: La Crosse
 (608) 791-9790

| | | | |
|--|-----------------------|--|-----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 32 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 178 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 30 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|--|--|--|--|
| Under 20 0.0% | Malignant neoplasm (cancer) 53.4% | Physician 64.6% | Medicare 93.8% |
| 20 to 54 8.4 | Cardiovascular disease 19.1 | Self-referral 3.4 | Medicaid 0.0 |
| 55 to 64 9.6 | Pulmonary disease 7.9 | Patient's family 0.0 | Medicare/Medicaid 0.0 |
| 65 to 74 18.5 | Renal failure/ kidney disease 2.8 | Hospital 15.2 | Managed Care/HMO 0.0 |
| 75 to 84 30.3 | Diabetes 1.1 | Home health agency 3.4 | PACE/Partnership 0.0 |
| 85 to 94 29.2 | Alzheimer's disease 2.2 | Nursing home 13.5 | Private Insurance 6.3 |
| 95 & over 3.9 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 178 | ALS 0.0 | Adult family home 0.0 | Other 0.0 |
| Male 46.6% | Other 13.5 | Community-based res. facility 0.0 | Caseload 32 |
| Female 53.4 | Total Patients 178 | Other 0.0 | |
| Total Patients 178 | | Total Patients 178 | |
| TOTAL ADMISSIONS 150 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 148 | Medicare 82.0% | | Administrators 1.0 |
| REASON FOR DISCHARGE | Medicaid 3.3 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.1 |
| Hospice care not appropriate 6.8% | Medicare/Medicaid 0.0 | Routine home care 97.3% | Registered Nurses 4.2 |
| Transferred: care provided by another hospice 0.7 | Managed Care/HMO 0.0 | Continuous care 0.1 | Lic. Prac. Nurses 0.0 |
| Revocation of hospice benefit 4.7 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 1.0 | Hospice Aides 1.5 |
| Other 0.7 | Private Insurance 14.0 | Respite care 1.6 | Physical Therapists 0.1 |
| Deaths 87.2 | Self Pay 0.7 | Total Patient Days 10,905 | Occupational Therapists 0.1 |
| Total Discharges 148 | Other 0.0 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 150 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.3 |
| 1 - 7 days 26.4% | DEATHS BY SITE OF OCCURRENCE | Private residence 65.6% | Social Workers 0.8 |
| 8 - 14 days 16.2 | Private residence 54.3% | Nursing home 25.0 | Dietary 0.0 |
| 15 - 29 days 11.5 | Nursing home 27.9 | Hospice res. fac. 0.0 | Chaplain 0.7 |
| 30 - 59 days 16.2 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 0.8 |
| 60 - 89 days 8.1 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 0.1 |
| 90 - 179 days 13.5 | Adult family home 0.0 | Nursing home 25.0 | Other 0.0 |
| 180 days - 1 year 5.4 | Community-based res. facility 0.0 | Hospice res. fac. 0.0 | Total FTEs 9.7 |
| 1 year or more 2.7 | Community-based res. facility 0.0 | Assisted living: Residential care apt. complex 0.0 | |
| Total Discharges 148 | Inpatient facility 17.1 | Adult family home 0.0 | * Full-time equivalents |
| | Other site 0.8 | Community-based res. facility 0.0 | Volunteers who served patients of the hospice in 2003: 53 |
| | Total Deaths 129 | Inpatient facility 0.0 | Total hours of service provided during 2003 by these volunteers: 1,268 |
| | | Other site 9.4 | |
| | | Caseload 32 | |

Gundersen Lutheran Medical Center, Inc.
 811 Monitor Street, Suite 101
 La Crosse WI 54601

License Number: 2007
 County: La Crosse
 (608) 775-8400

| | | | |
|--|-----------------------|--|-----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 40 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 174 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 37 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|--|--|--|
| Under 20 0.0% | Malignant neoplasm (cancer) 59.2% | Physician 34.5% | Medicare 85.0% |
| 20 to 54 10.9 | Cardiovascular disease 23.0 | Self-referral 0.0 | Medicaid 2.5 |
| 55 to 64 13.2 | Pulmonary disease 4.6 | Patient's family 1.7 | Medicare/Medicaid 0.0 |
| 65 to 74 19.5 | Renal failure/ kidney disease 3.4 | Hospital 28.7 | Managed Care/HMO 0.0 |
| 75 to 84 37.9 | Diabetes 0.0 | Home health agency 4.0 | PACE/Partnership 0.0 |
| 85 to 94 17.8 | Alzheimer's disease 0.6 | Nursing home 13.2 | Private Insurance 12.5 |
| 95 & over 0.6 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 174 | ALS 1.1 | Adult family home 0.0 | Other 0.0 |
| Male 52.3% | Other 8.0 | Community-based res. facility 1.1 | Caseload 40 |
| Female 47.7 | Total Patients 174 | Other 16.7 | |
| Total Patients 174 | | Total Patients 174 | |
| TOTAL ADMISSIONS 174 | ADMISSIONS BY PAY SOURCE | PATIENT DAYS BY LEVEL OF CARE | STAFFING FTEs* |
| TOTAL DISCHARGES 134 | Medicare 77.0% | Routine home care 98.7% | Administrators 1.0 |
| REASON FOR DISCHARGE | Medicaid 1.1 | Continuous care 0.0 | Physicians 0.0 |
| Hospice care not appropriate 3.0% | Medicare/Medicaid 0.0 | Inpatient care: acute symptom mgmt 0.0 | Registered Nurses 8.4 |
| Transferred: care provided by another hospice 1.5 | Managed Care/HMO 8.6 | Respite care 1.3 | Lic. Prac. Nurses 0.0 |
| Revocation of hospice benefit 3.7 | PACE/Partnership 0.0 | Total Patient Days 9,059 | Hospice Aides 2.7 |
| Other 0.0 | Private Insurance 12.1 | | Physical Therapists 0.0 |
| Deaths 91.8 | Self Pay 0.6 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Occupational Therapists 0.0 |
| Total Discharges 134 | Other 0.6 | Private residence 70.0% | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 174 | Nursing home 20.0 | Bereavement Counselors 0.7 |
| 1 - 7 days 33.6% | DEATHS BY SITE OF OCCURRENCE | Hospice res. fac. 0.0 | Social Workers 2.0 |
| 8 - 14 days 17.2 | Private residence 72.4% | Assisted living: Residential care apt. complex 0.0 | Dietary 0.0 |
| 15 - 29 days 17.9 | Nursing home 22.0 | Adult family home 0.0 | Chaplain 0.5 |
| 30 - 59 days 11.2 | Hospice res. fac. 0.0 | Community-based res. facility 7.5 | Clerical/Office Support 4.5 |
| 60 - 89 days 9.7 | Assisted living: Residential care apt. complex 0.0 | Inpatient facility 0.0 | Volunter Coordinator 0.0 |
| 90 - 179 days 5.2 | Community-based res. facility 0.0 | Other site 0.0 | Other 0.0 |
| 180 days - 1 year 5.2 | Inpatient facility 4.9 | Caseload 40 | Total FTEs 19.8 |
| 1 year or more 0.0 | Other site 0.8 | | * Full-time equivalents |
| Total Discharges 134 | Total Deaths 123 | | Volunteers who served patients of the hospice in 2003: 110 |
| | | | Total hours of service provided during 2003 by these volunteers: 976 |

Lafayette County Hospice
 729 Clay Street, PO. Box 118
 Darlington WI 53530

License Number: 538
 County: Lafayette
 (608) 776-4895

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|--|---------------------|--|----|
| Ownership of Hospice: | Governmental County | December 31, 2003 Caseload: | 2 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 40 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 5 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|--|--|--|--|
| Under 20 0.0% | Malignant neoplasm | Physician 25.0% | Medicare 100.0% |
| 20 to 54 7.5 | (cancer) 67.5% | Self-referral 0.0 | Medicaid 0.0 |
| 55 to 64 7.5 | Cardiovascular | Patient's family 22.5 | Medicare/Medicaid 0.0 |
| 65 to 74 22.5 | disease 12.5 | Hospital 20.0 | Managed Care/HMO 0.0 |
| 75 to 84 25.0 | Pulmonary disease 2.5 | Home health agency 7.5 | PACE/Partnership 0.0 |
| 85 to 94 35.0 | Renal failure/ | Nursing home 22.5 | Private Insurance 0.0 |
| 95 & over 2.5 | kidney disease 0.0 | Assisted living: | Self Pay 0.0 |
| Total Patients 40 | Diabetes 0.0 | Residential care | Other 0.0 |
| | Alzheimer's disease 7.5 | apt. complex 0.0 | Caseload 2 |
| Male 45.0% | AIDS 0.0 | Adult family home 0.0 | |
| Female 55.0 | ALS 0.0 | Community-based | |
| Total Patients 40 | Other 10.0 | res. facility 0.0 | |
| | Total Patients 40 | Other 2.5 | STAFFING FTEs* |
| TOTAL ADMISSIONS 35 | | Total Patients 40 | Administrators 0.0 |
| | ADMISSIONS BY PAY SOURCE | | Physicians 0.0 |
| TOTAL DISCHARGES 38 | Medicare 74.3% | | Registered Nurses 1.1 |
| | Medicaid 2.9 | PATIENT DAYS BY LEVEL OF CARE | Lic. Prac. Nurses 0.0 |
| REASON FOR DISCHARGE | Medicare/Medicaid 8.6 | Routine home care 95.1% | Hospice Aides 0.0 |
| Hospice care not appropriate 2.6% | Managed Care/HMO 0.0 | Continuous care 0.0 | Physical Therapists 0.0 |
| Transferred: care provided by another hospice 2.6 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 2.3 | Occupational Therapists 0.0 |
| Revocation of hospice benefit 2.6 | Private Insurance 11.4 | Respite care 2.6 | Speech/Language Pathologists 0.0 |
| Other 0.0 | Self Pay 0.0 | Total Patient Days 1,835 | Bereavement Counselors 0.0 |
| Deaths 92.1 | Other 2.9 | | Social Workers 0.1 |
| Total Discharges 38 | Total Admissions 35 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Dietary 0.1 |
| | DEATHS BY SITE OF OCCURRENCE | Private residence 0.0% | Chaplain 0.0 |
| DISCHARGES BY LENGTH OF STAY | Private residence 34.3% | Nursing home 100.0 | Clerical/Office Support 0.2 |
| 1 - 7 days 39.5% | Nursing home 42.9 | Hospice res. fac. 0.0 | Volunter Coordinator 0.0 |
| 8 - 14 days 7.9 | Hospice res. fac. 0.0 | Assisted living: | Other 0.0 |
| 15 - 29 days 18.4 | Assisted living: | Residential care | Total FTEs 1.4 |
| 30 - 59 days 10.5 | Residential care | apt. complex 0.0 | |
| 60 - 89 days 5.3 | apt. complex 0.0 | Adult family home 0.0 | |
| 90 - 179 days 7.9 | Adult family home 0.0 | Community-based | |
| 180 days - 1 year 7.9 | Community-based | res. facility 0.0 | |
| 1 year or more 2.6 | res. facility 2.9 | Inpatient facility 0.0 | |
| Total Discharges 38 | Inpatient facility 20.0 | Other site 0.0 | |
| | Other site 0.0 | Caseload 2 | |
| | Total Deaths 35 | | * Full-time equivalents |
| | | | Volunteers who served patients of the hospice in 2003: 21 |
| | | | Total hours of service provided during 2003 by these volunteers: 360 |

LeRoy Hospice
 112 East Fifth Avenue
 Antigo WI 54409

License Number: 524
 County: Langlade
 (715) 623-2331

| | | | |
|--|------------------------------|--|----|
| Ownership of Hospice: | Nonprofit Church/Corporation | December 31, 2003 Caseload: | 11 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 85 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 9 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDULICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT | REFERRAL SOURCE OF UNDULICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|---|---|--|
| Under 20 0.0% | Malignant neoplasm (cancer) 57.6% | Physician 72.9% | Medicare 72.7% |
| 20 to 54 10.6 | Cardiovascular disease 20.0 | Self-referral 0.0 | Medicaid 0.0 |
| 55 to 64 10.6 | Pulmonary disease 5.9 | Patient's family 12.9 | Medicare/Medicaid 18.2 |
| 65 to 74 25.9 | Renal failure/ kidney disease 4.7 | Hospital 9.4 | Managed Care/HMO 0.0 |
| 75 to 84 25.9 | Diabetes 0.0 | Home health agency 0.0 | PACE/Partnership 0.0 |
| 85 to 94 22.4 | Alzheimer's disease 1.2 | Nursing home 1.2 | Private Insurance 0.0 |
| 95 & over 4.7 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 85 | ALS 0.0 | Adult family home 0.0 | Other 9.1 |
| Male 49.4% | Other 10.6 | Community-based res. facility 0.0 | Caseload 11 |
| Female 50.6 | Total Patients 85 | Other 3.5 | |
| Total Patients 85 | | Total Patients 85 | |
| TOTAL ADMISSIONS 75 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 74 | Medicare 76.0% | | Administrators 2.0 |
| REASON FOR DISCHARGE | Medicaid 2.7 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 0.0% | Medicare/Medicaid 8.0 | Routine home care 94.7% | Registered Nurses 2.0 |
| Transferred: care provided by another hospice 1.4 | Managed Care/HMO 0.0 | Continuous care 0.0 | Lic. Prac. Nurses 0.0 |
| Revocation of hospice benefit 1.4 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 4.3 | Hospice Aides 0.1 |
| Other 0.0 | Private Insurance 10.7 | Respite care 1.0 | Physical Therapists 0.0 |
| Deaths 97.3 | Self Pay 0.0 | Total Patient Days 3,296 | Occupational Therapists 0.0 |
| Total Discharges 74 | Other 2.7 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 75 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.3 |
| 1 - 7 days 44.6% | DEATHS BY SITE OF OCCURRENCE | Private residence 63.6% | Social Workers 0.3 |
| 8 - 14 days 13.5 | Private residence 59.7% | Nursing home 18.2 | Dietary 0.0 |
| 15 - 29 days 12.2 | Nursing home 2.8 | Hospice res. fac. 0.0 | Chaplain 0.5 |
| 30 - 59 days 13.5 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 0.3 |
| 60 - 89 days 5.4 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 0.3 |
| 90 - 179 days 6.8 | Community-based res. facility 5.6 | Community-based res. facility 9.1 | Other 0.0 |
| 180 days - 1 year 4.1 | Inpatient facility 31.9 | Inpatient facility 9.1 | Total FTEs 5.6 |
| 1 year or more 0.0 | Other site 0.0 | Other site 0.0 | |
| Total Discharges 74 | Total Deaths 72 | Caseload 11 | * Full-time equivalents |
| | | | Volunteers who served patients of the hospice in 2003: 21 |
| | | | Total hours of service provided during 2003 by these volunteers: 1,815 |

| | | | |
|--|------------------------------|--|----|
| Ownership of Hospice: | Nonprofit Church/Corporation | December 31, 2003 Caseload: | 14 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 64 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 6 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|--|--|--|
| Under 20 0.0% | Malignant neoplasm (cancer) 64.1% | Physician 39.1% | Medicare 92.9% |
| 20 to 54 6.3 | Cardiovascular disease 10.9 | Self-referral 0.0 | Medicaid 0.0 |
| 55 to 64 7.8 | Pulmonary disease 6.3 | Patient's family 17.2 | Medicare/Medicaid 0.0 |
| 65 to 74 15.6 | Renal failure/kidney disease 3.1 | Hospital 32.8 | Managed Care/HMO 0.0 |
| 75 to 84 31.3 | Diabetes 0.0 | Home health agency 6.3 | PACE/Partnership 0.0 |
| 85 to 94 34.4 | Alzheimer's disease 0.0 | Nursing home 3.1 | Private Insurance 7.1 |
| 95 & over 4.7 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 64 | ALS 1.6 | Adult family home 0.0 | Other 0.0 |
| Male 46.9% | Other 14.1 | Community-based res. facility 1.6 | Caseload 14 |
| Female 53.1 | Total Patients 64 | Other 0.0 | |
| Total Patients 64 | | Total Patients 64 | |
| TOTAL ADMISSIONS 59 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 51 | Medicare 93.2% | | Administrators 0.2 |
| REASON FOR DISCHARGE | Medicaid 0.0 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 7.8% | Medicare/Medicaid 0.0 | Routine home care 100.0% | Registered Nurses 0.8 |
| Transferred: care provided by another hospice 0.0 | Managed Care/HMO 0.0 | Continuous care 0.0 | Lic. Prac. Nurses 0.0 |
| Revocation of hospice benefit 0.0 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 0.0 | Hospice Aides 0.3 |
| Other 0.0 | Private Insurance 6.8 | Respite care 0.0 | Physical Therapists 0.0 |
| Deaths 92.2 | Self Pay 0.0 | Total Patient Days 2,313 | Occupational Therapists 0.0 |
| Total Discharges 51 | Other 0.0 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 59 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.1 |
| 1 - 7 days 23.5% | DEATHS BY SITE OF OCCURRENCE | Private residence 71.4% | Social Workers 0.3 |
| 8 - 14 days 15.7 | Private residence 80.9% | Nursing home 7.1 | Dietary 0.0 |
| 15 - 29 days 11.8 | Nursing home 14.9 | Hospice res. fac. 0.0 | Chaplain 0.2 |
| 30 - 59 days 27.5 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 0.2 |
| 60 - 89 days 5.9 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 0.4 |
| 90 - 179 days 13.7 | Adult family home 0.0 | Nursing home 7.1 | Other 0.8 |
| 180 days - 1 year 2.0 | Community-based res. facility 4.3 | Hospice res. fac. 0.0 | Total FTEs 3.3 |
| 1 year or more 0.0 | Community-based res. facility 21.4 | Assisted living: Residential care apt. complex 0.0 | |
| Total Discharges 51 | Inpatient facility 0.0 | Adult family home 0.0 | * Full-time equivalents |
| | Other site 0.0 | Community-based res. facility 21.4 | Volunteers who served patients of the hospice in 2003: 17 |
| | Total Deaths 47 | Inpatient facility 0.0 | Total hours of service provided during 2003 by these volunteers: 915 |
| | | Other site 0.0 | |
| | | Caseload 14 | |

Manitowoc County Community Hospice

1004 Washington Street
Manitowoc WI 54220

License Number: 1508
County: Manitowoc
(920) 684-7155

| | | | |
|--|-------------------------|--|----|
| Ownership of Hospice: | Proprietary Corporation | December 31, 2003 Caseload: | 5 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 13 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 5 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|--|--|--|
| Under 20 0.0% | Malignant neoplasm (cancer) 38.5% | Physician 30.8% | Medicare 100.0% |
| 20 to 54 0.0 | Cardiovascular disease 30.8 | Self-referral 0.0 | Medicaid 0.0 |
| 55 to 64 0.0 | Pulmonary disease 0.0 | Patient's family 46.2 | Medicare/Medicaid 0.0 |
| 65 to 74 23.1 | Renal failure/ kidney disease 0.0 | Hospital 15.4 | Managed Care/HMO 0.0 |
| 75 to 84 30.8 | Diabetes 0.0 | Home health agency 0.0 | PACE/Partnership 0.0 |
| 85 to 94 38.5 | Alzheimer's disease 15.4 | Nursing home 0.0 | Private Insurance 0.0 |
| 95 & over 7.7 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 13 | ALS 0.0 | Adult family home 0.0 | Other 0.0 |
| Male 23.1% | Other 15.4 | Community-based res. facility 7.7 | Caseload 5 |
| Female 76.9 | Total Patients 13 | Other 0.0 | |
| Total Patients 13 | | Total Patients 13 | |
| TOTAL ADMISSIONS 9 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 8 | Medicare 100.0% | | Administrators 0.2 |
| REASON FOR DISCHARGE | Medicaid 0.0 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.1 |
| Hospice care not appropriate 0.0% | Medicare/Medicaid 0.0 | Routine home care 99.9% | Registered Nurses 0.5 |
| Transferred: care provided by another hospice 0.0 | Managed Care/HMO 0.0 | Continuous care 0.1 | Lic. Prac. Nurses 0.0 |
| Revocation of hospice benefit 0.0 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 0.0 | Hospice Aides 0.5 |
| Other 0.0 | Private Insurance 0.0 | Respite care 0.0 | Physical Therapists 0.0 |
| Deaths 100.0 | Self Pay 0.0 | Total Patient Days 1,730 | Occupational Therapists 0.0 |
| Total Discharges 8 | Other 0.0 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 9 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.1 |
| 1 - 7 days 37.5% | DEATHS BY SITE OF OCCURRENCE | Private residence 40.0% | Social Workers 0.1 |
| 8 - 14 days 0.0 | Private residence 50.0% | Nursing home 20.0 | Dietary 0.0 |
| 15 - 29 days 25.0 | Nursing home 25.0 | Hospice res. fac. 0.0 | Chaplain 0.0 |
| 30 - 59 days 0.0 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 0.1 |
| 60 - 89 days 12.5 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 0.0 |
| 90 - 179 days 0.0 | Adult family home 0.0 | Nursing home 20.0 | Other 0.0 |
| 180 days - 1 year 25.0 | Community-based res. facility 25.0 | Hospice res. fac. 0.0 | Total FTEs 1.5 |
| 1 year or more 0.0 | Community-based res. facility 25.0 | Assisted living: Residential care apt. complex 0.0 | |
| Total Discharges 8 | Inpatient facility 0.0 | Adult family home 0.0 | * Full-time equivalents |
| | Other site 0.0 | Community-based res. facility 40.0 | Volunteers who served patients of the hospice in 2003: 5 |
| | Total Deaths 8 | Inpatient facility 0.0 | Total hours of service provided during 2003 by these volunteers: 616 |
| | | Other site 0.0 | |
| | | Caseload 5 | |

Comfort Care & Hospice Services

333 Pine Ridge Boulevard
Wausau WI 54401

License Number: 1514
County: Marathon
(715) 847-2707

| | | | |
|--|-----------------------|--|-----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 78 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 588 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 86 |
| Licensed Hospice Residential Facility? | Yes | Medicare Certified Inpatient Facility? | Yes |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|--|--|---|
| Under 20 0.9% | Malignant neoplasm (cancer) 36.6% | Physician 61.7% | Medicare 61.5% |
| 20 to 54 4.1 | Cardiovascular disease 15.6 | Self-referral 1.4 | Medicaid 0.0 |
| 55 to 64 7.5 | Pulmonary disease 12.9 | Patient's family 13.3 | Medicare/Medicaid 25.6 |
| 65 to 74 13.3 | Renal failure/ kidney disease 4.1 | Hospital 2.0 | Managed Care/HMO 0.0 |
| 75 to 84 35.7 | Diabetes 0.7 | Home health agency 0.0 | PACE/Partnership 0.0 |
| 85 to 94 32.5 | Alzheimer's disease 4.9 | Nursing home 15.8 | Private Insurance 10.3 |
| 95 & over 6.1 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 2.6 |
| Total Patients 588 | ALS 0.2 | Adult family home 0.2 | Other 0.0 |
| Male 44.6% | Other 25.0 | Community-based res. facility 5.6 | Caseload 78 |
| Female 55.4 | Total Patients 588 | Other 0.0 | |
| Total Patients 588 | | Total Patients 588 | |
| TOTAL ADMISSIONS 520 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 526 | Medicare 65.2% | | Administrators 4.0 |
| REASON FOR DISCHARGE | Medicaid 2.7 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 2.3% | Medicare/Medicaid 23.7 | Routine home care 95.2% | Registered Nurses 24.3 |
| Transferred: care provided by another hospice 0.2 | Managed Care/HMO 0.0 | Continuous care 0.0 | Lic. Prac. Nurses 3.1 |
| Revocation of hospice benefit 2.3 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 4.8 | Hospice Aides 17.6 |
| Other 1.9 | Private Insurance 7.5 | Respite care 0.1 | Physical Therapists 0.0 |
| Deaths 93.3 | Self Pay 1.0 | Total Patient Days 31,547 | Occupational Therapists 0.0 |
| Total Discharges 526 | Other 0.0 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 520 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.8 |
| 1 - 7 days 37.1% | DEATHS BY SITE OF OCCURRENCE | Private residence 43.6% | Social Workers 4.8 |
| 8 - 14 days 14.6 | Private residence 23.2% | Nursing home 25.6 | Dietary 0.0 |
| 15 - 29 days 13.1 | Nursing home 24.2 | Hospice res. fac. 9.0 | Chaplain 1.0 |
| 30 - 59 days 10.5 | Hospice res. fac. 6.5 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 6.1 |
| 60 - 89 days 6.1 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 1.0 |
| 90 - 179 days 10.6 | Community-based res. facility 10.2 | Community-based res. facility 15.4 | Other 0.0 |
| 180 days - 1 year 4.4 | Inpatient facility 35.8 | Inpatient facility 6.4 | Total FTEs 62.7 |
| 1 year or more 3.6 | Other site 0.0 | Other site 0.0 | |
| Total Discharges 526 | Total Deaths 491 | Caseload 78 | * Full-time equivalents |
| | | | Volunteers who served patients of the hospice in 2003: 269 |
| | | | Total hours of service provided during 2003 by these volunteers: 12,882 |

Heartland Home Health Care & Hospice
 13255 West Bluemound Road, Suite 100
 Brookfield WI 53005

License Number: 2003
 County: Milwaukee
 (262) 334-5775

| | | | |
|--|-------------------------|--|-----|
| Ownership of Hospice: | Proprietary Corporation | December 31, 2003 Caseload: | 84 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 367 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 67 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|--|--|--|
| Under 20 0.0% | Malignant neoplasm (cancer) 31.1% | Physician 21.5% | Medicare 78.6% |
| 20 to 54 1.9 | Cardiovascular disease 14.7 | Self-referral 0.0 | Medicaid 3.6 |
| 55 to 64 4.6 | Pulmonary disease 5.4 | Patient's family 4.1 | Medicare/Medicaid 17.9 |
| 65 to 74 10.1 | Renal failure/ kidney disease 3.8 | Hospital 10.1 | Managed Care/HMO 0.0 |
| 75 to 84 34.1 | Diabetes 0.3 | Home health agency 5.7 | PACE/Partnership 0.0 |
| 85 to 94 42.2 | Alzheimer's disease 24.3 | Nursing home 51.2 | Private Insurance 0.0 |
| 95 & over 7.1 | AIDS 0.5 | Assisted living: Residential care apt. complex 0.5 | Self Pay 0.0 |
| Total Patients 367 | ALS 0.8 | Adult family home 0.0 | Other 0.0 |
| Male 39.0% | Other 19.1 | Community-based res. facility 4.6 | Caseload 84 |
| Female 61.0 | Total Patients 367 | Other 2.2 | |
| Total Patients 367 | | Total Patients 367 | |
| TOTAL ADMISSIONS 323 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 291 | Medicare 78.3% | | Administrators 3.0 |
| REASON FOR DISCHARGE | Medicaid 3.1 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 4.8% | Medicare/Medicaid 14.9 | Routine home care 98.7% | Registered Nurses 12.3 |
| Transferred: care provided by another hospice 2.1 | Managed Care/HMO 0.9 | Continuous care 1.0 | Lic. Prac. Nurses 2.7 |
| Revocation of hospice benefit 3.8 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 0.2 | Hospice Aides 9.1 |
| Other 3.1 | Private Insurance 2.5 | Respite care 0.1 | Physical Therapists 0.0 |
| Deaths 86.3 | Self Pay 0.0 | Total Patient Days 24,455 | Occupational Therapists 0.0 |
| Total Discharges 291 | Other 0.3 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 323 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.4 |
| 1 - 7 days 33.0% | DEATHS BY SITE OF OCCURRENCE | Private residence 34.5% | Social Workers 4.0 |
| 8 - 14 days 14.4 | Private residence 23.9% | Nursing home 53.6 | Dietary 0.2 |
| 15 - 29 days 12.7 | Nursing home 64.5 | Hospice res. fac. 0.0 | Chaplain 0.6 |
| 30 - 59 days 10.7 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 3.2 | Clerical/Office Support 3.3 |
| 60 - 89 days 5.8 | Assisted living: Residential care apt. complex 3.2 | Adult family home 0.0 | Volunter Coordinator 1.4 |
| 90 - 179 days 10.3 | Adult family home 0.0 | Community-based res. facility 8.3 | Other 0.0 |
| 180 days - 1 year 8.9 | Community-based res. facility 6.0 | Inpatient facility 0.0 | Total FTEs 37.0 |
| 1 year or more 4.1 | Inpatient facility 2.4 | Other site 0.0 | |
| Total Discharges 291 | Other site 0.0 | Caseload 84 | * Full-time equivalents |
| | Total Deaths 251 | | Volunteers who served patients of the hospice in 2003: 27 |
| | | | Total hours of service provided during 2003 by these volunteers: 2,440 |

Horizon Home Care & Hospice, Inc.
 8949 North Deerbrook Trail
 Brown Deer WI 53223

License Number: 525
 County: Milwaukee
 (414) 365-8300

Ownership of Hospice: Private Nonprofit
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2003 Caseload: 40
 Unduplicated Patient Count for 2003: 477
 Average Daily Census: 58
 Medicare Certified Inpatient Facility? No

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | | CASELOAD ON 12/31/03 BY PAY SOURCE | |
|--|-------|--|-------|--|--------|--|--------------|
| Under 20 | 0.4% | Malignant neoplasm (cancer) | 64.8% | Physician | 41.7% | Medicare | 85.0% |
| 20 to 54 | 8.2 | Cardiovascular disease | 13.4 | Self-referral | 0.2 | Medicaid | 0.0 |
| 55 to 64 | 13.6 | Pulmonary disease | 3.6 | Patient's family | 2.3 | Medicare/Medicaid | 0.0 |
| 65 to 74 | 20.5 | Renal failure/kidney disease | 2.7 | Hospital | 42.8 | Managed Care/HMO | 5.0 |
| 75 to 84 | 33.5 | Diabetes | 0.0 | Home health agency | 6.1 | PACE/Partnership | 0.0 |
| 85 to 94 | 18.0 | Alzheimer's disease | 4.6 | Nursing home | 6.1 | Private Insurance | 10.0 |
| 95 & over | 5.7 | AIDS | 0.4 | Assisted living: Residential care apt. complex | 0.0 | Self Pay | 0.0 |
| Total Patients | 477 | ALS | 0.2 | Adult family home | 0.2 | Other | 0.0 |
| Male | 46.5% | Other | 10.3 | Community-based res. facility | 0.6 | Caseload | 40 |
| Female | 53.5 | Total Patients | 477 | Other | 0.0 | | |
| Total Patients | 477 | | | Total Patients | 477 | | |
| TOTAL ADMISSIONS | 430 | | | | | STAFFING | FTEs* |
| TOTAL DISCHARGES | 453 | ADMISSIONS BY PAY SOURCE | | | | Administrators | 1.0 |
| REASON FOR DISCHARGE | | Medicare | 75.1% | PATIENT DAYS BY LEVEL OF CARE | | Physicians | 0.0 |
| Hospice care not appropriate | 7.1% | Medicaid | 4.2 | Routine home care | 94.4% | Registered Nurses | 8.8 |
| Transferred: care provided by another hospice | 4.4 | Medicare/Medicaid | 0.0 | Continuous care | 0.0 | Lic. Prac. Nurses | 0.5 |
| Revocation of hospice benefit | 4.2 | Managed Care/HMO | 2.8 | Inpatient care: acute symptom mgmt | 5.1 | Hospice Aides | 0.0 |
| Other | 0.0 | PACE/Partnership | 0.0 | Respite care | 0.4 | Physical Therapists | 0.0 |
| Deaths | 84.3 | Private Insurance | 17.7 | Total Patient Days | 21,050 | Occupational Therapists | 0.0 |
| Total Discharges | 453 | Self Pay | 0.2 | | | Speech/Language Pathologists | 0.0 |
| DISCHARGES BY LENGTH OF STAY | | Other | 0.0 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | | Bereavement Counselors | 0.4 |
| 1 - 7 days | 29.4% | Total Admissions | 430 | Private residence | 100.0% | Social Workers | 4.0 |
| 8 - 14 days | 20.8 | DEATHS BY SITE OF OCCURRENCE | | Nursing home | 0.0 | Dietary | 0.0 |
| 15 - 29 days | 18.5 | Private residence | 63.6% | Hospice res. fac. | 0.0 | Chaplain | 2.8 |
| 30 - 59 days | 11.3 | Nursing home | 3.9 | Assisted living: Residential care apt. complex | 0.0 | Clerical/Office Support | 1.0 |
| 60 - 89 days | 5.1 | Hospice res. fac. | 2.6 | Adult family home | 0.0 | Volunter Coordinator | 0.6 |
| 90 - 179 days | 9.7 | Assisted living: Residential care apt. complex | 0.0 | Community-based res. facility | 0.0 | Other | 0.0 |
| 180 days - 1 year | 3.8 | Community-based res. facility | 1.6 | Inpatient facility | 0.0 | Total FTEs | 19.1 |
| 1 year or more | 1.5 | Inpatient facility | 28.3 | Other site | 0.0 | | |
| Total Discharges | 453 | Other site | 0.0 | Caseload | 40 | * Full-time equivalents | |
| | | Total Deaths | 382 | | | Volunteers who served patients of the hospice in 2003: | 11 |
| | | | | | | Total hours of service provided during 2003 by these volunteers: | 1,372 |

Hospice Preferred Choice

4861 South 27th Street
Greenfield WI 53221

License Number: 549
County: Milwaukee
(414) 282-4592

| | | | |
|--|-------------------------|--|-----|
| Ownership of Hospice: | Proprietary Corporation | December 31, 2003 Caseload: | 67 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 449 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 81 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|--|--|--|--|
| Under 20 0.0% | Malignant neoplasm (cancer) 18.5% | Physician 2.9% | Medicare 25.4% |
| 20 to 54 2.4 | Cardiovascular disease 16.3 | Self-referral 0.7 | Medicaid 0.0 |
| 55 to 64 3.3 | Pulmonary disease 3.6 | Patient's family 1.6 | Medicare/Medicaid 74.6 |
| 65 to 74 9.6 | Renal failure/ kidney disease 3.8 | Hospital 8.0 | Managed Care/HMO 0.0 |
| 75 to 84 33.2 | Diabetes 1.8 | Home health agency 0.2 | PACE/Partnership 0.0 |
| 85 to 94 38.3 | Alzheimer's disease 24.9 | Nursing home 78.0 | Private Insurance 0.0 |
| 95 & over 13.1 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 449 | ALS 0.7 | Adult family home 0.0 | Other 0.0 |
| Male 35.9% | Other 30.5 | Community-based res. facility 8.7 | Caseload 67 |
| Female 64.1 | Total Patients 449 | Other 0.0 | |
| Total Patients 449 | | Total Patients 449 | |
| TOTAL ADMISSIONS 390 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 390 | Medicare 26.2% | | Administrators 2.0 |
| REASON FOR DISCHARGE | Medicaid 2.8 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 12.1% | Medicare/Medicaid 70.5 | Routine home care 100.0% | Registered Nurses 7.8 |
| Transferred: care provided by another hospice 0.8 | Managed Care/HMO 0.5 | Continuous care 0.0 | Lic. Prac. Nurses 0.0 |
| Revocation of hospice benefit 5.6 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 0.0 | Hospice Aides 5.0 |
| Other 0.0 | Private Insurance 0.0 | Respite care 0.0 | Physical Therapists 0.0 |
| Deaths 81.5 | Self Pay 0.0 | Total Patient Days 29,638 | Occupational Therapists 0.0 |
| Total Discharges 390 | Other 0.0 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 390 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.5 |
| 1 - 7 days 27.4% | DEATHS BY SITE OF OCCURRENCE | Private residence 14.9% | Social Workers 2.1 |
| 8 - 14 days 14.6 | Private residence 9.1% | Nursing home 74.6 | Dietary 0.0 |
| 15 - 29 days 12.1 | Nursing home 83.0 | Hospice res. fac. 0.0 | Chaplain 2.0 |
| 30 - 59 days 11.3 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 2.0 |
| 60 - 89 days 10.5 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 1.0 |
| 90 - 179 days 13.1 | Community-based res. facility 7.9 | Community-based res. facility 10.4 | Other 2.0 |
| 180 days - 1 year 8.2 | Inpatient facility 0.0 | Inpatient facility 0.0 | Total FTEs 24.3 |
| 1 year or more 2.8 | Other site 0.0 | Other site 0.0 | |
| Total Discharges 390 | Total Deaths 318 | Caseload 67 | * Full-time equivalents |
| | | | Volunteers who served patients of the hospice in 2003: 28 |
| | | | Total hours of service provided during 2003 by these volunteers: 1,772 |

Covenant Hospice/Palliative Care

9688 West Appleton Avenue
Milwaukee WI 53225

License Number: 556
County: Milwaukee
(414) 535-6900

| | | | |
|--|-----------------------|--|-----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 56 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 597 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 50 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|--|--|--|
| Under 20 1.8% | Malignant neoplasm (cancer) 53.3% | Physician 37.5% | Medicare 78.6% |
| 20 to 54 8.4 | Cardiovascular disease 10.6 | Self-referral 0.0 | Medicaid 3.6 |
| 55 to 64 12.7 | Pulmonary disease 7.4 | Patient's family 0.5 | Medicare/Medicaid 7.1 |
| 65 to 74 15.4 | Renal failure/ kidney disease 4.7 | Hospital 48.7 | Managed Care/HMO 7.1 |
| 75 to 84 31.2 | Diabetes 0.2 | Home health agency 3.4 | PACE/Partnership 0.0 |
| 85 to 94 24.8 | Alzheimer's disease 1.5 | Nursing home 9.5 | Private Insurance 3.6 |
| 95 & over 5.7 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 597 | ALS 0.5 | Adult family home 0.0 | Other 0.0 |
| Male 46.4% | Other 21.9 | Community-based res. facility 0.3 | Caseload 56 |
| Female 53.6 | Total Patients 597 | Other 0.0 | |
| Total Patients 597 | | Total Patients 597 | |
| TOTAL ADMISSIONS 556 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 565 | Medicare 75.5% | | Administrators 1.0 |
| REASON FOR DISCHARGE | Medicaid 3.8 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 2.1% | Medicare/Medicaid 0.0 | Routine home care 96.2% | Registered Nurses 6.5 |
| Transferred: care provided by another hospice 3.7 | Managed Care/HMO 12.9 | Continuous care 0.0 | Lic. Prac. Nurses 0.0 |
| Revocation of hospice benefit 7.3 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 3.6 | Hospice Aides 4.2 |
| Other 2.7 | Private Insurance 7.7 | Respite care 0.2 | Physical Therapists 0.0 |
| Deaths 84.2 | Self Pay 0.0 | Total Patient Days 18,259 | Occupational Therapists 0.0 |
| Total Discharges 565 | Other 0.0 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 556 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.8 |
| 1 - 7 days 25.3% | DEATHS BY SITE OF OCCURRENCE | Private residence 76.8% | Social Workers 3.6 |
| 8 - 14 days 16.6 | Private residence 96.0% | Nursing home 14.3 | Dietary 0.0 |
| 15 - 29 days 22.5 | Nursing home 1.3 | Hospice res. fac. 0.0 | Chaplain 1.0 |
| 30 - 59 days 13.6 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 1.7 |
| 60 - 89 days 11.9 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 1.0 |
| 90 - 179 days 6.7 | Adult family home 0.0 | Community-based res. facility 0.0 | Other 0.0 |
| 180 days - 1 year 2.7 | Community-based res. facility 0.0 | Inpatient facility 8.9 | Total FTEs 19.7 |
| 1 year or more 0.7 | Inpatient facility 2.7 | Other site 0.0 | |
| Total Discharges 565 | Other site 0.0 | Caseload 56 | * Full-time equivalents |
| | Total Deaths 476 | | Volunteers who served patients of the hospice in 2003: 39 |
| | | | Total hours of service provided during 2003 by these volunteers: 1,277 |

Ruth Hospice
 8526 West Mill Road
 Milwaukee WI 53225

License Number: 2002
 County: Milwaukee
 (414) 607-4710

| | | | |
|--|-----------------------|--|-----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 22 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 380 |
| Title 19 (Medicaid) Certified? | No | Average Daily Census: | 16 |
| Licensed Hospice Residential Facility? | Yes | Medicare Certified Inpatient Facility? | Yes |

| AGE AND SEX OF UNDULICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT | REFERRAL SOURCE OF UNDULICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|---|--|--|
| Under 20 0.0% | Malignant neoplasm (cancer) 49.7% | Physician 0.8% | Medicare 95.5% |
| 20 to 54 0.0 | Cardiovascular disease 22.6 | Self-referral 6.6 | Medicaid 0.0 |
| 55 to 64 6.3 | Pulmonary disease 6.1 | Patient's family 0.0 | Medicare/Medicaid 0.0 |
| 65 to 74 15.3 | Renal failure/ kidney disease 6.6 | Hospital 63.4 | Managed Care/HMO 0.0 |
| 75 to 84 44.7 | Diabetes 0.0 | Home health agency 0.0 | PACE/Partnership 0.0 |
| 85 to 94 27.9 | Alzheimer's disease 5.5 | Nursing home 8.2 | Private Insurance 4.5 |
| 95 & over 5.8 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 380 | ALS 0.5 | Adult family home 0.3 | Other 0.0 |
| Male 40.8% | Other 8.9 | Community-based res. facility 0.8 | Caseload 22 |
| Female 59.2 | Total Patients 380 | Other 20.0 | |
| Total Patients 380 | | Total Patients 380 | |
| TOTAL ADMISSIONS 376 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 367 | Medicare 93.9% | | Administrators 1.0 |
| REASON FOR DISCHARGE | Medicaid 0.0 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 0.5% | Medicare/Medicaid 0.0 | Routine home care 57.4% | Registered Nurses 10.1 |
| Transferred: care provided by another hospice 0.0 | Managed Care/HMO 0.0 | Continuous care 0.0 | Lic. Prac. Nurses 0.6 |
| Revocation of hospice benefit 0.0 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 41.0 | Hospice Aides 10.9 |
| Other 6.3 | Private Insurance 2.1 | Respite care 1.6 | Physical Therapists 0.0 |
| Deaths 93.2 | Self Pay 4.0 | Total Patient Days 5,797 | Occupational Therapists 0.0 |
| Total Discharges 367 | Other 0.0 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 376 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 1.0 |
| 1 - 7 days 56.7% | DEATHS BY SITE OF OCCURRENCE | Private residence 0.0% | Social Workers 1.0 |
| 8 - 14 days 21.3 | Private residence 0.0% | Nursing home 0.0 | Dietary 1.0 |
| 15 - 29 days 13.4 | Hospice res. fac. 100.0 | Hospice res. fac. 0.0 | Chaplain 0.6 |
| 30 - 59 days 3.5 | Assisted living: Residential care apt. complex 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 1.2 |
| 60 - 89 days 2.5 | Adult family home 0.0 | Adult family home 0.0 | Volunter Coordinator 1.0 |
| 90 - 179 days 2.5 | Community-based res. facility 0.0 | Community-based res. facility 0.0 | Other 0.0 |
| 180 days - 1 year 0.0 | Inpatient facility 0.0 | Inpatient facility 100.0 | Total FTEs 28.4 |
| 1 year or more 0.3 | Other site 0.0 | Other site 0.0 | |
| Total Discharges 367 | Total Deaths 342 | Caseload 22 | * Full-time equivalents |
| | | | Volunteers who served patients of the hospice in 2003: 48 |
| | | | Total hours of service provided during 2003 by these volunteers: 2,322 |

Seasons Hospice & Palliative Care - WI, Inc.
 4650 North Port Washington Road
 Milwaukee WI 53212

License Number: 2008
 County: Milwaukee
 (800) 379-5105

| | | | |
|--|-------------------------|--|-----|
| Ownership of Hospice: | Proprietary Corporation | December 31, 2003 Caseload: | 26 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 144 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 19 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDULICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT | REFERRAL SOURCE OF UNDULICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|---|--|--|
| Under 20 0.0% | Malignant neoplasm (cancer) 53.5% | Physician 20.1% | Medicare 73.1% |
| 20 to 54 11.8 | Cardiovascular disease 11.8 | Self-referral 0.0 | Medicaid 7.7 |
| 55 to 64 16.0 | Pulmonary disease 4.9 | Patient's family 4.9 | Medicare/Medicaid 0.0 |
| 65 to 74 16.0 | Renal failure/ kidney disease 2.8 | Hospital 29.9 | Managed Care/HMO 0.0 |
| 75 to 84 30.6 | Diabetes 0.0 | Home health agency 0.0 | PACE/Partnership 0.0 |
| 85 to 94 22.2 | Alzheimer's disease 16.0 | Nursing home 24.3 | Private Insurance 11.5 |
| 95 & over 3.5 | AIDS 1.4 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 144 | ALS 0.0 | Adult family home 0.0 | Other 7.7 |
| Male 43.1% | Other 9.7 | Community-based res. facility 6.9 | Caseload 26 |
| Female 56.9 | Total Patients 144 | Other 13.9 | |
| Total Patients 144 | | Total Patients 144 | |
| TOTAL ADMISSIONS 149 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 123 | Medicare 73.2% | | Administrators 1.0 |
| REASON FOR DISCHARGE | Medicaid 8.7 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.3 |
| Hospice care not appropriate 0.8% | Medicare/Medicaid 0.0 | Routine home care 98.3% | Registered Nurses 7.5 |
| Transferred: care provided by another hospice 4.1 | Managed Care/HMO 0.0 | Continuous care 1.4 | Lic. Prac. Nurses 1.0 |
| Revocation of hospice benefit 13.8 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 0.3 | Hospice Aides 6.0 |
| Other 2.4 | Private Insurance 12.1 | Respite care 0.1 | Physical Therapists 0.0 |
| Deaths 78.9 | Self Pay 0.0 | Total Patient Days 6,050 | Occupational Therapists 0.0 |
| Total Discharges 123 | Other 6.0 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 149 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.5 |
| 1 - 7 days 35.8% | DEATHS BY SITE OF OCCURRENCE | Private residence 57.7% | Social Workers 1.0 |
| 8 - 14 days 14.6 | Private residence 45.4% | Nursing home 26.9 | Dietary 0.0 |
| 15 - 29 days 15.4 | Nursing home 32.0 | Hospice res. fac. 0.0 | Chaplain 0.5 |
| 30 - 59 days 17.9 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 1.0 | Clerical/Office Support 2.0 |
| 60 - 89 days 4.9 | Assisted living: Residential care apt. complex 1.0 | Adult family home 0.0 | Volunter Coordinator 1.0 |
| 90 - 179 days 11.4 | Community-based res. facility 12.4 | Community-based res. facility 15.4 | Other 3.0 |
| 180 days - 1 year 0.0 | Inpatient facility 9.3 | Inpatient facility 0.0 | Total FTEs 23.8 |
| 1 year or more 0.0 | Other site 0.0 | Other site 0.0 | |
| Total Discharges 123 | Total Deaths 97 | Caseload 26 | * Full-time equivalents |
| | | | Volunteers who served patients of the hospice in 2003: 11 |
| | | | Total hours of service provided during 2003 by these volunteers: 523 |

St. Mary's Hospice
 Box 503, 2350 North Lake Drive
 Milwaukee WI 53211

License Number: 521
 County: Milwaukee
 (414) 291-1240

Ownership of Hospice: Private Nonprofit
 Title 18 (Medicare) Certified? No
 Title 19 (Medicaid) Certified? No
 Licensed Hospice Residential Facility? No

December 31, 2003 Caseload: 0
 Unduplicated Patient Count for 2003: 398
 Average Daily Census: 8
 Medicare Certified Inpatient Facility? No

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | | CASELOAD ON 12/31/03 BY PAY SOURCE | |
|---|-------|---|-------|--|-------|--|-------|
| Under 20 | 0.5% | Malignant neoplasm (cancer) | 55.5% | Physician | 43.0% | Medicare | 0.0% |
| 20 to 54 | 12.8 | Cardiovascular disease | 14.3 | Self-referral | 23.4 | Medicaid | 0.0 |
| 55 to 64 | 11.1 | Pulmonary disease | 3.5 | Patient's family | 0.0 | Medicare/Medicaid | 0.0 |
| 65 to 74 | 21.1 | Renal failure/ kidney disease | 1.3 | Hospital | 0.0 | Managed Care/HMO | 0.0 |
| 75 to 84 | 29.6 | Diabetes | 0.0 | Home health agency | 0.0 | PACE/Partnership | 0.0 |
| 85 to 94 | 21.4 | Alzheimer's disease | 0.0 | Nursing home | 0.0 | Private Insurance | 0.0 |
| 95 & over | 3.5 | AIDS | 0.5 | Assisted living: Residential care apt. complex | 0.0 | Self Pay | 0.0 |
| Total Patients | 398 | ALS | 0.0 | Adult family home | 0.0 | Other | 0.0 |
| Male | 44.2% | Other | 24.9 | Community-based res. facility | 0.0 | Caseload | 0 |
| Female | 55.8 | Total Patients | 398 | Other | 33.7 | | |
| Total Patients | 398 | | | Total Patients | 398 | | |
| TOTAL ADMISSIONS | 398 | ADMISSIONS BY PAY SOURCE | | PATIENT DAYS BY LEVEL OF CARE | | STAFFING FTEs* | |
| TOTAL DISCHARGES | 398 | Medicare | 23.4% | Routine home care | 0.0% | Administrators | 1.0 |
| REASON FOR DISCHARGE | | Medicaid | 3.5 | Continuous care | 0.0 | Physicians | 1.0 |
| Hospice care not appropriate | 1.5% | Medicare/Medicaid | 0.0 | Inpatient care: acute symptom mgmt | 84.9 | Registered Nurses | 12.6 |
| Transferred: care provided by another hospice | 10.3 | Managed Care/HMO | 69.6 | Respite care | 15.1 | Lic. Prac. Nurses | 1.1 |
| Revocation of hospice benefit | 0.0 | PACE/Partnership | 0.0 | Total Patient Days | 2,751 | Hospice Aides | 1.0 |
| Other | 16.8 | Private Insurance | 0.0 | | | Physical Therapists | 0.0 |
| Deaths | 71.4 | Self Pay | 0.3 | | | Occupational Therapists | 0.0 |
| Total Discharges | 398 | Other | 3.3 | | | Speech/Language Pathologists | 0.0 |
| DISCHARGES BY LENGTH OF STAY | | Total Admissions | 398 | | | Bereavement Counselors | 0.2 |
| 1 - 7 days | 70.1% | | | | | Social Workers | 0.3 |
| 8 - 14 days | 19.1 | DEATHS BY SITE OF OCCURRENCE | | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | | Dietary | 0.0 |
| 15 - 29 days | 8.0 | Private residence | 0.0% | Private residence | 0.0% | Chaplain | 0.3 |
| 30 - 59 days | 1.5 | Nursing home | 0.0 | Nursing home | 0.0 | Clerical/Office Support | 1.0 |
| 60 - 89 days | 1.3 | Hospice res. fac. | 0.0 | Hospice res. fac. | 0.0 | Volunter Coordinator | 0.2 |
| 90 - 179 days | 0.0 | Assisted living: Residential care apt. complex | 0.0 | Assisted living: Residential care apt. complex | 0.0 | Other | 0.0 |
| 180 days - 1 year | 0.0 | Adult family home | 0.0 | Adult family home | 0.0 | Total FTEs | 18.5 |
| 1 year or more | 0.0 | Community-based res. facility | 0.0 | Community-based res. facility | 0.0 | | |
| Total Discharges | 398 | Inpatient facility | 100.0 | Inpatient facility | 0.0 | * Full-time equivalents | |
| | | Other site | 0.0 | Other site | 0.0 | Volunteers who served patients of the hospice in 2003: | 1,876 |
| | | Total Deaths | 284 | Caseload | 0 | Total hours of service provided during 2003 by these volunteers: | 1,876 |

VNA of Wisconsin Hospice
 11333 West National Avenue
 Milwaukee WI 53227

License Number: 1528
 County: Milwaukee
 (414) 327-2295

| | | | |
|--|-----------------------|--|-----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 132 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 977 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 105 |
| Licensed Hospice Residential Facility? | Yes | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | | CASELOAD ON 12/31/03 BY PAY SOURCE | |
|---|-------|---|-------|--|--------|--|--------------|
| Under 20 | 3.1% | Malignant neoplasm (cancer) | 57.1% | Physician | 37.5% | Medicare | 72.7% |
| 20 to 54 | 7.8 | Cardiovascular disease | 15.4 | Self-referral | 0.0 | Medicaid | 12.1 |
| 55 to 64 | 10.1 | Pulmonary disease | 7.7 | Patient's family | 1.7 | Medicare/Medicaid | 0.0 |
| 65 to 74 | 22.7 | Renal failure/kidney disease | 2.6 | Hospital | 34.7 | Managed Care/HMO | 0.0 |
| 75 to 84 | 31.0 | Diabetes | 0.0 | Home health agency | 21.7 | PACE/Partnership | 0.0 |
| 85 to 94 | 21.1 | Alzheimer's disease | 4.9 | Nursing home | 2.4 | Private Insurance | 12.9 |
| 95 & over | 4.2 | AIDS | 0.0 | Assisted living: Residential care apt. complex | 0.0 | Self Pay | 2.3 |
| Total Patients | 977 | ALS | 0.5 | Adult family home | 0.0 | Other | 0.0 |
| Male | 43.1% | Other | 11.9 | Community-based res. facility | 0.0 | Caseload | 132 |
| Female | 56.9 | Total Patients | 977 | Other | 2.0 | | |
| Total Patients | 977 | | | Total Patients | 977 | | |
| TOTAL ADMISSIONS | 894 | | | | | STAFFING | FTEs* |
| TOTAL DISCHARGES | 878 | ADMISSIONS BY PAY SOURCE | | | | Administrators | 5.0 |
| REASON FOR DISCHARGE | | Medicare | 81.2% | PATIENT DAYS BY LEVEL OF CARE | | Physicians | 1.0 |
| Hospice care not appropriate | 12.9% | Medicaid | 4.9 | Routine home care | 97.5% | Registered Nurses | 15.0 |
| Transferred: care provided by another hospice | 3.6 | Medicare/Medicaid | 0.0 | Continuous care | 0.1 | Lic. Prac. Nurses | 0.4 |
| Revocation of hospice benefit | 0.9 | Managed Care/HMO | 0.9 | Inpatient care: acute symptom mgmt | 1.6 | Hospice Aides | 7.6 |
| Other | 0.0 | PACE/Partnership | 0.0 | Respite care | 0.8 | Physical Therapists | 0.0 |
| Deaths | 82.6 | Private Insurance | 12.2 | Total Patient Days | 38,344 | Occupational Therapists | 0.0 |
| Total Discharges | 878 | Self Pay | 0.8 | | | Speech/Language Pathologists | 0.0 |
| DISCHARGES BY LENGTH OF STAY | | Other | 0.0 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | | Bereavement Counselors | 1.5 |
| 1 - 7 days | 31.7% | Total Admissions | 894 | Private residence | 87.9% | Social Workers | 4.6 |
| 8 - 14 days | 16.1 | DEATHS BY SITE OF OCCURRENCE | | Nursing home | 2.3 | Dietary | 1.0 |
| 15 - 29 days | 16.5 | Private residence | 89.7% | Hospice res. fac. | 3.0 | Chaplain | 1.5 |
| 30 - 59 days | 14.2 | Nursing home | 0.0 | Assisted living: Residential care apt. complex | 0.8 | Clerical/Office Support | 5.4 |
| 60 - 89 days | 5.0 | Hospice res. fac. | 9.1 | Adult family home | 0.0 | Volunter Coordinator | 1.8 |
| 90 - 179 days | 10.1 | Assisted living: Residential care apt. complex | 0.0 | Community-based res. facility | 3.8 | Other | 0.0 |
| 180 days - 1 year | 4.8 | Community-based res. facility | 0.0 | Inpatient facility | 2.3 | Total FTEs | 44.8 |
| 1 year or more | 1.6 | Inpatient facility | 1.2 | Other site | 0.0 | | |
| Total Discharges | 878 | Other site | 0.0 | Caseload | 132 | * Full-time equivalents | |
| | | Total Deaths | 725 | | | Volunteers who served patients of the hospice in 2003: | 199 |
| | | | | | | Total hours of service provided during 2003 by these volunteers: | 8,215 |

| | | | |
|--|-------------------------|--|-------|
| Ownership of Hospice: | Proprietary Corporation | December 31, 2003 Caseload: | 208 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 1,306 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 178 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|--|--|--|
| Under 20 0.1% | Malignant neoplasm (cancer) 36.0% | Physician 19.6% | Medicare 93.3% |
| 20 to 54 2.8 | Cardiovascular disease 14.9 | Self-referral 0.0 | Medicaid 2.9 |
| 55 to 64 4.7 | Pulmonary disease 6.9 | Patient's family 9.8 | Medicare/Medicaid 0.0 |
| 65 to 74 7.9 | Renal failure/ kidney disease 2.1 | Hospital 26.7 | Managed Care/HMO 0.0 |
| 75 to 84 23.3 | Diabetes 0.2 | Home health agency 0.5 | PACE/Partnership 0.0 |
| 85 to 94 37.1 | Alzheimer's disease 10.6 | Nursing home 40.5 | Private Insurance 3.4 |
| 95 & over 24.1 | AIDS 0.1 | Assisted living: Residential care apt. complex 0.5 | Self Pay 0.0 |
| Total Patients 1,306 | ALS 0.7 | Adult family home 0.0 | Other 0.5 |
| Male 37.8% | Other 28.7 | Community-based res. facility 2.4 | Caseload 208 |
| Female 62.2 | Total Patients 1,306 | Other 0.0 | |
| Total Patients 1,306 | | Total Patients 1,306 | |
| TOTAL ADMISSIONS 1,185 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 1,101 | Medicare 90.5% | | Administrators 1.0 |
| REASON FOR DISCHARGE | Medicaid 3.2 | PATIENT DAYS BY LEVEL OF CARE | Physicians 1.1 |
| Hospice care not appropriate 5.0% | Medicare/Medicaid 0.0 | Routine home care 94.8% | Registered Nurses 21.5 |
| Transferred: care provided by another hospice 1.2 | Managed Care/HMO 0.3 | Continuous care 2.3 | Lic. Prac. Nurses 16.0 |
| Revocation of hospice benefit 4.5 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 2.8 | Hospice Aides 20.3 |
| Other 0.0 | Private Insurance 5.6 | Respite care 0.1 | Physical Therapists 0.0 |
| Deaths 89.3 | Self Pay 0.0 | Total Patient Days 64,916 | Occupational Therapists 0.0 |
| Total Discharges 1,101 | Other 0.4 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 1,185 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.7 |
| 1 - 7 days 37.5% | DEATHS BY SITE OF OCCURRENCE | Private residence 35.1% | Social Workers 4.8 |
| 8 - 14 days 15.6 | Private residence 27.1% | Nursing home 51.0 | Dietary 0.0 |
| 15 - 29 days 12.7 | Nursing home 49.5 | Hospice res. fac. 0.0 | Chaplain 3.3 |
| 30 - 59 days 12.1 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.4 | Clerical/Office Support 8.1 |
| 60 - 89 days 6.4 | Assisted living: Residential care apt. complex 0.4 | Adult family home 0.0 | Volunter Coordinator 0.5 |
| 90 - 179 days 8.7 | Community-based res. facility 1.6 | Community-based res. facility 8.7 | Other 5.0 |
| 180 days - 1 year 4.6 | Inpatient facility 21.4 | Inpatient facility 4.3 | Total FTEs 82.2 |
| 1 year or more 2.3 | Other site 0.0 | Other site 0.0 | |
| Total Discharges 1,101 | Total Deaths 983 | Caseload 208 | * Full-time equivalents |
| | | | Volunteers who served patients of the hospice in 2003: 55 |
| | | | Total hours of service provided during 2003 by these volunteers: 3,214 |

| | | | |
|--|-------------------------|--|-----|
| Ownership of Hospice: | Proprietary Partnership | December 31, 2003 Caseload: | 146 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 613 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 141 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | | CASELOAD ON 12/31/03 BY PAY SOURCE | |
|---|-------|---|-------|--|--------|--|--------------|
| Under 20 | 0.0% | Malignant neoplasm (cancer) | 14.2% | Physician | 1.8% | Medicare | 36.3% |
| 20 to 54 | 2.3 | Cardiovascular disease | 9.6 | Self-referral | 0.3 | Medicaid | 1.4 |
| 55 to 64 | 2.1 | Pulmonary disease | 4.7 | Patient's family | 5.2 | Medicare/Medicaid | 61.0 |
| 65 to 74 | 9.0 | Renal failure/kidney disease | 1.3 | Hospital | 2.4 | Managed Care/HMO | 0.0 |
| 75 to 84 | 30.5 | Diabetes | 0.0 | Home health agency | 0.2 | PACE/Partnership | 0.0 |
| 85 to 94 | 44.4 | Alzheimer's disease | 36.4 | Nursing home | 83.5 | Private Insurance | 1.4 |
| 95 & over | 11.7 | AIDS | 0.0 | Assisted living: Residential care apt. complex | 6.0 | Self Pay | 0.0 |
| Total Patients | 613 | ALS | 0.3 | Adult family home | 0.2 | Other | 0.0 |
| Male | 31.3% | Other | 33.4 | Community-based res. facility | 0.0 | Caseload | 146 |
| Female | 68.7 | Total Patients | 613 | Other | 0.3 | | |
| Total Patients | 613 | | | Total Patients | 613 | | |
| TOTAL ADMISSIONS | 480 | | | | | STAFFING | FTEs* |
| TOTAL DISCHARGES | 474 | ADMISSIONS BY PAY SOURCE | | PATIENT DAYS BY LEVEL OF CARE | | Administrators | 5.0 |
| REASON FOR DISCHARGE | | Medicare | 42.5% | Routine home care | 100.0% | Physicians | 2.0 |
| Hospice care not appropriate | 4.6% | Medicaid | 2.3 | Continuous care | 0.0 | Registered Nurses | 13.1 |
| Transferred: care provided by another hospice | 1.5 | Medicare/Medicaid | 54.0 | Inpatient care: acute symptom mgmt | 0.0 | Lic. Prac. Nurses | 2.1 |
| Revocation of hospice benefit | 4.4 | Managed Care/HMO | 0.0 | Respite care | 0.0 | Hospice Aides | 11.0 |
| Other | 0.0 | PACE/Partnership | 0.0 | Total Patient Days | 51,560 | Physical Therapists | 0.0 |
| Deaths | 89.5 | Private Insurance | 1.3 | | | Occupational Therapists | 0.0 |
| Total Discharges | 474 | Self Pay | 0.0 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | | Speech/Language Pathologists | 0.0 |
| DISCHARGES BY LENGTH OF STAY | | Other | 0.0 | Private residence | 19.9% | Bereavement Counselors | 1.0 |
| 1 - 7 days | 30.8% | Total Admissions | 480 | Nursing home | 80.1 | Social Workers | 4.0 |
| 8 - 14 days | 12.9 | DEATHS BY SITE OF OCCURRENCE | | Hospice res. fac. | 0.0 | Dietary | 0.0 |
| 15 - 29 days | 13.1 | Private residence | 8.3% | Assisted living: Residential care apt. complex | 0.0 | Chaplain | 3.0 |
| 30 - 59 days | 9.7 | Nursing home | 91.5 | Adult family home | 0.0 | Clerical/Office Support | 6.0 |
| 60 - 89 days | 7.0 | Hospice res. fac. | 0.0 | Community-based res. facility | 0.0 | Volunter Coordinator | 1.0 |
| 90 - 179 days | 10.1 | Assisted living: Residential care apt. complex | 0.0 | Inpatient facility | 0.0 | Other | 3.0 |
| 180 days - 1 year | 9.3 | Adult family home | 0.0 | Hospice res. fac. | 0.0 | Total FTEs | 51.2 |
| 1 year or more | 7.2 | Community-based res. facility | 0.0 | Assisted living: Residential care apt. complex | 0.0 | | |
| Total Discharges | 474 | Community-based res. facility | 0.0 | Inpatient facility | 0.0 | * Full-time equivalents | |
| | | Inpatient facility | 0.2 | Other site | 0.0 | Volunteers who served patients of the hospice in 2003: | 58 |
| | | Other site | 0.0 | Caseload | 146 | Total hours of service provided during 2003 by these volunteers: | 1,380 |
| | | Total Deaths | 424 | | | | |

Hospice Touch
 300 Butts Avenue
 Tomah WI 54660

License Number: 531
 County: Monroe
 (608) 374-0250

| | | | |
|--|-----------------------|--|-----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 18 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 137 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 19 |
| Licensed Hospice Residential Facility? | Yes | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDULICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT | REFERRAL SOURCE OF UNDULICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|---|---|--|
| Under 20 0.0% | Malignant neoplasm (cancer) 67.2% | Physician 52.6% | Medicare 88.9% |
| 20 to 54 5.8 | Cardiovascular disease 11.7 | Self-referral 0.0 | Medicaid 5.6 |
| 55 to 64 17.5 | Pulmonary disease 8.8 | Patient's family 10.9 | Medicare/Medicaid 0.0 |
| 65 to 74 23.4 | Renal failure/ kidney disease 2.2 | Hospital 35.8 | Managed Care/HMO 0.0 |
| 75 to 84 27.7 | Diabetes 0.0 | Home health agency 0.0 | PACE/Partnership 0.0 |
| 85 to 94 24.8 | Alzheimer's disease 3.6 | Nursing home 0.7 | Private Insurance 5.6 |
| 95 & over 0.7 | AIDS 1.5 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 137 | ALS 0.7 | Adult family home 0.0 | Other 0.0 |
| Male 53.3% | Other 4.4 | Community-based res. facility 0.0 | Caseload 18 |
| Female 46.7 | Total Patients 137 | Other 0.0 | |
| Total Patients 137 | | Total Patients 137 | |
| TOTAL ADMISSIONS 123 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 125 | Medicare 78.9% | | Administrators 1.0 |
| REASON FOR DISCHARGE | Medicaid 6.5 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 9.6% | Medicare/Medicaid 0.0 | Routine home care 98.2% | Registered Nurses 5.6 |
| Transferred: care provided by another hospice 1.6 | Managed Care/HMO 0.0 | Continuous care 0.0 | Lic. Prac. Nurses 1.8 |
| Revocation of hospice benefit 4.8 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 1.3 | Hospice Aides 6.7 |
| Other 0.0 | Private Insurance 13.8 | Respite care 0.5 | Physical Therapists 0.0 |
| Deaths 84.0 | Self Pay 0.0 | Total Patient Days 6,770 | Occupational Therapists 0.0 |
| Total Discharges 125 | Other 0.8 | | Speech/Language Pathologists 0.0 |
| | Total Admissions 123 | | Bereavement Counselors 0.1 |
| DISCHARGES BY LENGTH OF STAY | DEATHS BY SITE OF OCCURRENCE | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Social Workers 1.3 |
| 1 - 7 days 22.4% | Private residence 58.1% | Private residence 77.8% | Dietary 0.0 |
| 8 - 14 days 19.2 | Nursing home 0.0 | Nursing home 0.0 | Chaplain 0.1 |
| 15 - 29 days 26.4 | Hospice res. fac. 29.5 | Hospice res. fac. 22.2 | Clerical/Office Support 1.0 |
| 30 - 59 days 12.8 | Assisted living: Residential care apt. complex 0.0 | Assisted living: Residential care apt. complex 0.0 | Volunter Coordinator 0.8 |
| 60 - 89 days 8.0 | Adult family home 0.0 | Adult family home 0.0 | Other 0.0 |
| 90 - 179 days 7.2 | Community-based res. facility 0.0 | Community-based res. facility 0.0 | Total FTEs 18.4 |
| 180 days - 1 year 2.4 | Inpatient facility 12.4 | Inpatient facility 0.0 | |
| 1 year or more 1.6 | Other site 0.0 | Other site 0.0 | * Full-time equivalents |
| Total Discharges 125 | Total Deaths 105 | Caseload 18 | Volunteers who served patients of the hospice in 2003: 93 |
| | | | Total hours of service provided during 2003 by these volunteers: 1,693 |

Dr. Kate Hospice
 240 Maple Street, PO Box 770
 Woodruff WI 54568

License Number: 1509
 County: Oneida
 (715) 356-8805

| | | | |
|--|------------------------------|--|-----|
| Ownership of Hospice: | Nonprofit Church/Corporation | December 31, 2003 Caseload: | 33 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 265 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 34 |
| Licensed Hospice Residential Facility? | Yes | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | | CASELOAD ON 12/31/03 BY PAY SOURCE | |
|---|-------|---|-------|--|--------|--|-------|
| Under 20 | 0.4% | Malignant neoplasm (cancer) | 50.2% | Physician | 40.4% | Medicare | 0.0% |
| 20 to 54 | 6.8 | Cardiovascular disease | 20.4 | Self-referral | 0.0 | Medicaid | 3.0 |
| 55 to 64 | 9.8 | Pulmonary disease | 7.9 | Patient's family | 5.7 | Medicare/Medicaid | 97.0 |
| 65 to 74 | 20.8 | Renal failure/kidney disease | 3.8 | Hospital | 33.2 | Managed Care/HMO | 0.0 |
| 75 to 84 | 37.0 | Diabetes | 0.0 | Home health agency | 7.9 | PACE/Partnership | 0.0 |
| 85 to 94 | 20.0 | Alzheimer's disease | 3.0 | Nursing home | 5.7 | Private Insurance | 0.0 |
| 95 & over | 5.3 | AIDS | 0.4 | Assisted living: Residential care apt. complex | 0.0 | Self Pay | 0.0 |
| Total Patients | 265 | ALS | 0.8 | Adult family home | 0.0 | Other | 0.0 |
| Male | 47.5% | Other | 13.6 | Community-based res. facility | 0.8 | Caseload | 33 |
| Female | 52.5 | Total Patients | 265 | Other | 6.4 | | |
| Total Patients | 265 | | | Total Patients | 265 | | |
| TOTAL ADMISSIONS | 234 | ADMISSIONS BY PAY SOURCE | | | | STAFFING FTEs* | |
| TOTAL DISCHARGES | 236 | Medicare | 85.0% | | | Administrators | 2.6 |
| REASON FOR DISCHARGE | | Medicaid | 3.4 | PATIENT DAYS BY LEVEL OF CARE | | Physicians | 0.0 |
| Hospice care not appropriate | 3.4% | Medicare/Medicaid | 0.0 | Routine home care | 99.1% | Registered Nurses | 4.4 |
| Transferred: care provided by another hospice | 0.8 | Managed Care/HMO | 0.0 | Continuous care | 0.0 | Lic. Prac. Nurses | 0.0 |
| Revocation of hospice benefit | 3.4 | PACE/Partnership | 0.0 | Inpatient care: acute symptom mgmt | 0.4 | Hospice Aides | 7.4 |
| Other | 3.0 | Private Insurance | 10.3 | Respite care | 0.5 | Physical Therapists | 0.0 |
| Deaths | 89.4 | Self Pay | 0.9 | Total Patient Days | 12,435 | Occupational Therapists | 0.0 |
| Total Discharges | 236 | Other | 0.4 | | | Speech/Language Pathologists | 0.0 |
| DISCHARGES BY LENGTH OF STAY | | Total Admissions | 234 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | | Bereavement Counselors | 0.8 |
| 1 - 7 days | 27.5% | | | Private residence | 78.8% | Social Workers | 2.0 |
| 8 - 14 days | 17.4 | DEATHS BY SITE OF OCCURRENCE | | Nursing home | 6.1 | Dietary | 0.0 |
| 15 - 29 days | 16.9 | Private residence | 67.8% | Hospice res. fac. | 12.1 | Chaplain | 0.7 |
| 30 - 59 days | 14.8 | Nursing home | 7.1 | Assisted living: Residential care apt. complex | 3.0 | Clerical/Office Support | 2.0 |
| 60 - 89 days | 8.9 | Hospice res. fac. | 18.5 | Adult family home | 0.0 | Volunter Coordinator | 0.6 |
| 90 - 179 days | 9.7 | Assisted living: Residential care apt. complex | 0.0 | Nursing home | 6.1 | Other | 0.0 |
| 180 days - 1 year | 3.8 | Community-based res. facility | 0.9 | Hospice res. fac. | 12.1 | Total FTEs | 20.4 |
| 1 year or more | 0.8 | Inpatient facility | 5.7 | Assisted living: Residential care apt. complex | 3.0 | | |
| Total Discharges | 236 | Other site | 0.0 | Adult family home | 0.0 | * Full-time equivalents | |
| | | Total Deaths | 211 | Community-based res. facility | 0.0 | Volunteers who served patients of the hospice in 2003: | 140 |
| | | | | Inpatient facility | 0.0 | Total hours of service provided during 2003 by these volunteers: | 8,337 |

Ministry Home Care Hospice - Stevens Point

2501 Main Street, Suite A
Stevens Point WI 54481

License Number: 503
County: Portage
(715) 346-5355

| | | | |
|--|------------------------------|--|-----|
| Ownership of Hospice: | Nonprofit Church/Corporation | December 31, 2003 Caseload: | 31 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 155 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 32 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|--|--|--|--|
| Under 20 0.6% | Malignant neoplasm (cancer) 56.8% | Physician 41.3% | Medicare 80.6% |
| 20 to 54 5.2 | Cardiovascular disease 12.9 | Self-referral 0.0 | Medicaid 0.0 |
| 55 to 64 6.5 | Pulmonary disease 5.2 | Patient's family 12.9 | Medicare/Medicaid 19.4 |
| 65 to 74 20.6 | Renal failure/ kidney disease 3.9 | Hospital 23.2 | Managed Care/HMO 0.0 |
| 75 to 84 37.4 | Diabetes 0.0 | Home health agency 2.6 | PACE/Partnership 0.0 |
| 85 to 94 24.5 | Alzheimer's disease 7.1 | Nursing home 11.6 | Private Insurance 0.0 |
| 95 & over 5.2 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 155 | ALS 0.0 | Adult family home 0.0 | Other 0.0 |
| Male 45.2% | Other 14.2 | Community-based res. facility 3.9 | Caseload 31 |
| Female 54.8 | Total Patients 155 | Other 4.5 | |
| Total Patients 155 | | Total Patients 155 | |
| TOTAL ADMISSIONS 135 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 127 | Medicare 88.1% | | Administrators 1.0 |
| REASON FOR DISCHARGE | Medicaid 2.2 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 11.8% | Medicare/Medicaid 0.0 | Routine home care 99.2% | Registered Nurses 5.2 |
| Transferred: care provided by another hospice 0.0 | Managed Care/HMO 0.0 | Continuous care 0.0 | Lic. Prac. Nurses 0.0 |
| Revocation of hospice benefit 0.0 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 0.6 | Hospice Aides 1.0 |
| Other 1.6 | Private Insurance 8.9 | Respite care 0.3 | Physical Therapists 0.0 |
| Deaths 86.6 | Self Pay 0.7 | Total Patient Days 11,763 | Occupational Therapists 0.0 |
| Total Discharges 127 | Other 0.0 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 135 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 1.0 |
| 1 - 7 days 26.0% | DEATHS BY SITE OF OCCURRENCE | Private residence 51.6% | Social Workers 1.6 |
| 8 - 14 days 14.2 | Private residence 52.7% | Nursing home 29.0 | Dietary 0.0 |
| 15 - 29 days 16.5 | Nursing home 20.9 | Hospice res. fac. 0.0 | Chaplain 0.6 |
| 30 - 59 days 18.9 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 1.0 |
| 60 - 89 days 6.3 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 1.0 |
| 90 - 179 days 9.4 | Adult family home 0.0 | Nursing home 29.0 | Other 0.0 |
| 180 days - 1 year 7.1 | Community-based res. facility 18.2 | Hospice res. fac. 0.0 | Total FTEs 12.4 |
| 1 year or more 1.6 | Community-based res. facility 19.4 | Assisted living: Residential care apt. complex 0.0 | |
| Total Discharges 127 | Inpatient facility 8.2 | Adult family home 0.0 | * Full-time equivalents |
| | Other site 0.0 | Community-based res. facility 19.4 | Volunteers who served patients of the hospice in 2003: 83 |
| | Total Deaths 110 | Inpatient facility 0.0 | Total hours of service provided during 2003 by these volunteers: 1,932 |
| | | Other site 0.0 | |
| | | Caseload 31 | |

| | | | |
|--|-----------------------|--|----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 11 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 51 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 10 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|--|--|--|--|
| Under 20 0.0% | Malignant neoplasm (cancer) 52.9% | Physician 19.6% | Medicare 90.9% |
| 20 to 54 7.8 | Cardiovascular disease 21.6 | Self-referral 9.8 | Medicaid 0.0 |
| 55 to 64 11.8 | Pulmonary disease 9.8 | Patient's family 9.8 | Medicare/Medicaid 0.0 |
| 65 to 74 9.8 | Renal failure/ kidney disease 3.9 | Hospital 51.0 | Managed Care/HMO 0.0 |
| 75 to 84 45.1 | Diabetes 0.0 | Home health agency 0.0 | PACE/Partnership 0.0 |
| 85 to 94 25.5 | Alzheimer's disease 0.0 | Nursing home 7.8 | Private Insurance 9.1 |
| 95 & over 0.0 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 51 | ALS 0.0 | Adult family home 0.0 | Other 0.0 |
| Male 58.8% | Other 11.8 | Community-based res. facility 0.0 | Caseload 11 |
| Female 41.2 | Total Patients 51 | Other 2.0 | |
| Total Patients 51 | | Total Patients 51 | |
| TOTAL ADMISSIONS 47 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 45 | Medicare 85.1% | | Administrators 0.3 |
| REASON FOR DISCHARGE | Medicaid 2.1 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 6.7% | Medicare/Medicaid 0.0 | Routine home care 98.0% | Registered Nurses 2.7 |
| Transferred: care provided by another hospice 2.2 | Managed Care/HMO 0.0 | Continuous care 0.0 | Lic. Prac. Nurses 0.0 |
| Revocation of hospice benefit 0.0 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 1.3 | Hospice Aides 0.9 |
| Other 2.2 | Private Insurance 10.6 | Respite care 0.7 | Physical Therapists 0.0 |
| Deaths 88.9 | Self Pay 2.1 | Total Patient Days 3,615 | Occupational Therapists 0.0 |
| Total Discharges 45 | Other 0.0 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 47 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.7 |
| 1 - 7 days 24.4% | DEATHS BY SITE OF OCCURRENCE | Private residence 72.7% | Social Workers 1.9 |
| 8 - 14 days 13.3 | Private residence 55.0% | Nursing home 27.3 | Dietary 0.0 |
| 15 - 29 days 20.0 | Nursing home 15.0 | Hospice res. fac. 0.0 | Chaplain 0.0 |
| 30 - 59 days 15.6 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 1.4 |
| 60 - 89 days 11.1 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 0.6 |
| 90 - 179 days 11.1 | Adult family home 0.0 | Nursing home 27.3 | Other 0.0 |
| 180 days - 1 year 4.4 | Community-based res. facility 2.5 | Hospice res. fac. 0.0 | Total FTEs 8.4 |
| 1 year or more 0.0 | Community-based res. facility 0.0 | Assisted living: Residential care apt. complex 0.0 | |
| Total Discharges 45 | Inpatient facility 27.5 | Adult family home 0.0 | * Full-time equivalents |
| | Other site 0.0 | Community-based res. facility 0.0 | Volunteers who served patients of the hospice in 2003: 32 |
| | Total Deaths 40 | Inpatient facility 0.0 | Total hours of service provided during 2003 by these volunteers: 1,363 |
| | | Other site 0.0 | |
| | | Caseload 11 | |

Beloit Regional Hospice, Inc.
 655 Third Street, Suite 200
 Beloit WI 53511

License Number: 1525
 County: Rock
 (608) 363-7421

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|--|-----------------------|--|-----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 37 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 186 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 26 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|--|--|--|--|
| Under 20 0.0% | Malignant neoplasm (cancer) 45.7% | Physician 20.4% | Medicare 94.6% |
| 20 to 54 9.1 | Cardiovascular disease 10.2 | Self-referral 2.7 | Medicaid 2.7 |
| 55 to 64 5.4 | Pulmonary disease 6.5 | Patient's family 28.5 | Medicare/Medicaid 0.0 |
| 65 to 74 21.0 | Renal failure/kidney disease 3.2 | Hospital 26.9 | Managed Care/HMO 0.0 |
| 75 to 84 32.3 | Diabetes 0.0 | Home health agency 1.1 | PACE/Partnership 0.0 |
| 85 to 94 22.6 | Alzheimer's disease 9.1 | Nursing home 8.1 | Private Insurance 2.7 |
| 95 & over 9.7 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 186 | ALS 0.5 | Adult family home 0.0 | Other 0.0 |
| Male 36.6% | Other 24.7 | Community-based res. facility 11.3 | Caseload 37 |
| Female 63.4 | Total Patients 186 | Other 1.1 | |
| Total Patients 186 | | Total Patients 186 | |
| TOTAL ADMISSIONS 175 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 155 | Medicare 88.6% | | Administrators 4.0 |
| REASON FOR DISCHARGE | Medicaid 2.9 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 9.7% | Medicare/Medicaid 0.0 | Routine home care 99.9% | Registered Nurses 4.5 |
| Transferred: care provided by another hospice 1.9 | Managed Care/HMO 0.0 | Continuous care 0.0 | Lic. Prac. Nurses 0.2 |
| Revocation of hospice benefit 2.6 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 0.0 | Hospice Aides 3.9 |
| Other 0.0 | Private Insurance 6.9 | Respite care 0.1 | Physical Therapists 0.0 |
| Deaths 85.8 | Self Pay 1.7 | Total Patient Days 9,575 | Occupational Therapists 0.0 |
| Total Discharges 155 | Other 0.0 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 175 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 1.3 |
| 1 - 7 days 29.0% | DEATHS BY SITE OF OCCURRENCE | Private residence 56.8% | Social Workers 2.9 |
| 8 - 14 days 13.5 | Private residence 68.4% | Nursing home 16.2 | Dietary 0.0 |
| 15 - 29 days 18.1 | Nursing home 16.5 | Hospice res. fac. 0.0 | Chaplain 0.0 |
| 30 - 59 days 14.8 | Hospice res. fac. 0.8 | Assisted living: Residential care apt. complex 5.4 | Clerical/Office Support 3.8 |
| 60 - 89 days 9.0 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 0.8 |
| 90 - 179 days 6.5 | Adult family home 0.0 | Nursing home 16.2 | Other 0.0 |
| 180 days - 1 year 6.5 | Community-based res. facility 14.3 | Hospice res. fac. 0.0 | Total FTEs 21.2 |
| 1 year or more 2.6 | Inpatient facility 0.0 | Assisted living: Residential care apt. complex 5.4 | |
| Total Discharges 155 | Other site 0.0 | Adult family home 0.0 | * Full-time equivalents |
| | Total Deaths 133 | Community-based res. facility 21.6 | Volunteers who served patients of the hospice in 2003: 113 |
| | | Inpatient facility 0.0 | Total hours of service provided during 2003 by these volunteers: 3,252 |
| | | Other site 0.0 | |
| | | Caseload 37 | |

Mercy Assisted Care, Inc.
 901 Mineral Point Avenue
 Janesville WI 53545

License Number: 544
 County: Rock
 (608) 754-2201

| | | | |
|--|-----------------------|--|-----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 13 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 107 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 12 |
| Licensed Hospice Residential Facility? | Yes | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDULICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT | REFERRAL SOURCE OF UNDULICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|---|---|--|
| Under 20 0.0% | Malignant neoplasm (cancer) 48.6% | Physician 28.0% | Medicare 92.3% |
| 20 to 54 6.5 | Cardiovascular disease 15.9 | Self-referral 1.9 | Medicaid 0.0 |
| 55 to 64 7.5 | Pulmonary disease 5.6 | Patient's family 10.3 | Medicare/Medicaid 0.0 |
| 65 to 74 19.6 | Renal failure/ kidney disease 7.5 | Hospital 32.7 | Managed Care/HMO 0.0 |
| 75 to 84 34.6 | Diabetes 0.0 | Home health agency 17.8 | PACE/Partnership 0.0 |
| 85 to 94 27.1 | Alzheimer's disease 5.6 | Nursing home 3.7 | Private Insurance 7.7 |
| 95 & over 4.7 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 107 | ALS 0.9 | Adult family home 0.0 | Other 0.0 |
| Male 45.8% | Other 15.9 | Community-based res. facility 2.8 | Caseload 13 |
| Female 54.2 | Total Patients 107 | Other 2.8 | |
| Total Patients 107 | | Total Patients 107 | |
| TOTAL ADMISSIONS 96 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 98 | Medicare 84.4% | | Administrators 1.0 |
| REASON FOR DISCHARGE | Medicaid 2.1 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 10.2% | Medicare/Medicaid 5.2 | Routine home care 99.9% | Registered Nurses 2.9 |
| Transferred: care provided by another hospice 2.0 | Managed Care/HMO 0.0 | Continuous care 0.0 | Lic. Prac. Nurses 0.0 |
| Revocation of hospice benefit 0.0 | PACE/Partnership 8.3 | Inpatient care: acute symptom mgmt 0.0 | Hospice Aides 0.2 |
| Other 3.1 | Private Insurance 0.0 | Respite care 0.1 | Physical Therapists 0.0 |
| Deaths 84.7 | Self Pay 0.0 | Total Patient Days 4,215 | Occupational Therapists 0.0 |
| Total Discharges 98 | Other 0.0 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 96 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.2 |
| 1 - 7 days 28.6% | DEATHS BY SITE OF OCCURRENCE | Private residence 76.9% | Social Workers 0.6 |
| 8 - 14 days 14.3 | Private residence 69.9% | Nursing home 0.0 | Dietary 0.0 |
| 15 - 29 days 19.4 | Nursing home 3.6 | Hospice res. fac. 15.4 | Chaplain 0.0 |
| 30 - 59 days 15.3 | Hospice res. fac. 25.3 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 0.0 |
| 60 - 89 days 6.1 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 0.2 |
| 90 - 179 days 9.2 | Community-based res. facility 0.0 | Community-based res. facility 7.7 | Other 0.0 |
| 180 days - 1 year 7.1 | Inpatient facility 1.2 | Inpatient facility 0.0 | Total FTEs 5.1 |
| 1 year or more 0.0 | Other site 0.0 | Other site 0.0 | |
| Total Discharges 98 | Total Deaths 83 | Caseload 13 | * Full-time equivalents |
| | | | Volunteers who served patients of the hospice in 2003: 8 |
| | | | Total hours of service provided during 2003 by these volunteers: 400 |

Heartland Hospice
 990 Hillcrest Street, Suite 104
 Baldwin WI 54002

License Number: 1521
 County: St. Croix
 (715) 684-5020

| | | | |
|--|-----------------------|--|----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 12 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 77 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 10 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|--|--|--|--|
| Under 20 1.3% | Malignant neoplasm (cancer) 71.4% | Physician 15.6% | Medicare 91.7% |
| 20 to 54 5.2 | Cardiovascular disease 5.2 | Self-referral 0.0 | Medicaid 8.3 |
| 55 to 64 9.1 | Pulmonary disease 3.9 | Patient's family 24.7 | Medicare/Medicaid 0.0 |
| 65 to 74 24.7 | Renal failure/ kidney disease 3.9 | Hospital 49.4 | Managed Care/HMO 0.0 |
| 75 to 84 41.6 | Diabetes 0.0 | Home health agency 0.0 | PACE/Partnership 0.0 |
| 85 to 94 18.2 | Alzheimer's disease 1.3 | Nursing home 9.1 | Private Insurance 0.0 |
| 95 & over 0.0 | AIDS 0.0 | Assisted living: Residential care apt. complex 1.3 | Self Pay 0.0 |
| Total Patients 77 | ALS 1.3 | Adult family home 0.0 | Other 0.0 |
| Male 49.4% | Other 13.0 | Community-based res. facility 0.0 | Caseload 12 |
| Female 50.6 | Total Patients 77 | Other 0.0 | |
| Total Patients 77 | | Total Patients 77 | |
| TOTAL ADMISSIONS 71 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 67 | Medicare 85.9% | | Administrators 1.2 |
| REASON FOR DISCHARGE | Medicaid 2.8 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 9.0% | Medicare/Medicaid 0.0 | Routine home care 99.7% | Registered Nurses 1.7 |
| Transferred: care provided by another hospice 0.0 | Managed Care/HMO 9.9 | Continuous care 0.0 | Lic. Prac. Nurses 0.0 |
| Revocation of hospice benefit 9.0 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 0.1 | Hospice Aides 0.2 |
| Other 0.0 | Private Insurance 0.0 | Respite care 0.2 | Physical Therapists 0.0 |
| Deaths 82.1 | Self Pay 0.0 | Total Patient Days 3,580 | Occupational Therapists 0.0 |
| Total Discharges 67 | Other 1.4 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 71 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.2 |
| 1 - 7 days 26.9% | DEATHS BY SITE OF OCCURRENCE | Private residence 50.0% | Social Workers 0.6 |
| 8 - 14 days 10.4 | Private residence 72.7% | Nursing home 41.7 | Dietary 0.0 |
| 15 - 29 days 20.9 | Nursing home 25.5 | Hospice res. fac. 0.0 | Chaplain 0.3 |
| 30 - 59 days 17.9 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 0.5 |
| 60 - 89 days 10.4 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 0.4 |
| 90 - 179 days 7.5 | Community-based res. facility 0.0 | Community-based res. facility 0.0 | Other 0.0 |
| 180 days - 1 year 6.0 | Inpatient facility 1.8 | Inpatient facility 0.0 | Total FTEs 5.1 |
| 1 year or more 0.0 | Other site 0.0 | Other site 0.0 | |
| Total Discharges 67 | Total Deaths 55 | Caseload 12 | * Full-time equivalents |
| | | | Volunteers who served patients of the hospice in 2003: 40 |
| | | | Total hours of service provided during 2003 by these volunteers: 1,135 |

Home Health United Hospice, Inc.
 470 Oak Street
 Prairie du Sac WI 53578

License Number: 1522
 County: Sauk
 (608) 242-1516

| | | | |
|--|-----------------------|--|-----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 33 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 219 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 29 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|--|--|--|
| Under 20 0.5% | Malignant neoplasm | Physician 66.7% | Medicare 75.8% |
| 20 to 54 7.8 | (cancer) 80.4% | Self-referral 0.0 | Medicaid 3.0 |
| 55 to 64 11.4 | Cardiovascular | Patient's family 0.0 | Medicare/Medicaid 0.0 |
| 65 to 74 27.9 | disease 9.6 | Hospital 27.4 | Managed Care/HMO 0.0 |
| 75 to 84 31.1 | Pulmonary disease 6.4 | Home health agency 0.0 | PACE/Partnership 0.0 |
| 85 to 94 19.6 | Renal failure/ | Nursing home 5.0 | Private Insurance 21.2 |
| 95 & over 1.8 | kidney disease 0.5 | Assisted living: | Self Pay 0.0 |
| Total Patients 219 | Diabetes 0.0 | Residential care | Other 0.0 |
| | Alzheimer's disease 0.9 | apt. complex 0.0 | Caseload 33 |
| Male 54.8% | AIDS 0.0 | Adult family home 0.0 | |
| Female 45.2 | ALS 1.4 | Community-based | |
| Total Patients 219 | Other 0.9 | res. facility 0.0 | |
| | Total Patients 219 | Other 0.9 | STAFFING FTEs* |
| TOTAL ADMISSIONS 204 | | Total Patients 219 | Administrators 1.0 |
| | ADMISSIONS BY PAY SOURCE | | Physicians 0.2 |
| TOTAL DISCHARGES 197 | Medicare 77.0% | | Registered Nurses 1.5 |
| | Medicaid 3.9 | PATIENT DAYS BY | Lic. Prac. Nurses 0.0 |
| REASON FOR DISCHARGE | Medicare/Medicaid 0.0 | LEVEL OF CARE | Hospice Aides 0.8 |
| Hospice care not appropriate 1.5% | Managed Care/HMO 2.5 | Routine home care 99.5% | Physical Therapists 0.1 |
| Transferred: care provided by another hospice 2.0 | PACE/Partnership 0.0 | Continuous care 0.0 | Occupational Therapists 0.0 |
| Revocation of hospice benefit 10.7 | Private Insurance 16.7 | Inpatient care: acute symptom mgmt 0.2 | Speech/Language Pathologists 0.0 |
| Other 5.1 | Self Pay 0.0 | Respite care 0.4 | Bereavement Counselors 0.5 |
| Deaths 80.7 | Other 0.0 | Total Patient Days 10,644 | Social Workers 0.8 |
| Total Discharges 197 | Total Admissions 204 | | Dietary 0.1 |
| | DEATHS BY SITE | CASELOAD ON 12/31/03 | Chaplain 0.8 |
| DISCHARGES BY LENGTH OF STAY | OF OCCURRENCE | BY LIVING ARRANGEMENTS | Clerical/Office Support 0.0 |
| 1 - 7 days 22.3% | Private residence 86.2% | Private residence 75.8% | Volunter Coordinator 0.5 |
| 8 - 14 days 13.7 | Nursing home 3.8 | Nursing home 9.1 | Other 0.0 |
| 15 - 29 days 18.3 | Hospice res. fac. 0.0 | Hospice res. fac. 0.0 | Total FTEs 6.2 |
| 30 - 59 days 17.8 | Assisted living: | Assisted living: | |
| 60 - 89 days 13.2 | Residential care | Residential care | * Full-time equivalents |
| 90 - 179 days 9.1 | apt. complex 0.0 | apt. complex 0.0 | Volunteers who served patients of the hospice in 2003: 57 |
| 180 days - 1 year 4.6 | Adult family home 0.0 | Adult family home 0.0 | Total hours of service provided during 2003 by these volunteers: 1,451 |
| 1 year or more 1.0 | Community-based res. facility 5.7 | Community-based res. facility 15.2 | |
| Total Discharges 197 | Inpatient facility 4.4 | Inpatient facility 0.0 | |
| | Other site 0.0 | Other site 0.0 | |
| | Total Deaths 159 | Caseload 33 | |

| | | | |
|--|-----------------------|--|----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 11 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 78 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 11 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | | CASELOAD ON 12/31/03 BY PAY SOURCE | |
|---|-------|---|-------|--|-------|--|--------------|
| Under 20 | 0.0% | Malignant neoplasm (cancer) | 83.3% | Physician | 89.7% | Medicare | 63.6% |
| 20 to 54 | 10.3 | Cardiovascular disease | 3.8 | Self-referral | 0.0 | Medicaid | 0.0 |
| 55 to 64 | 10.3 | Pulmonary disease | 0.0 | Patient's family | 1.3 | Medicare/Medicaid | 9.1 |
| 65 to 74 | 26.9 | Renal failure/ kidney disease | 1.3 | Hospital | 6.4 | Managed Care/HMO | 0.0 |
| 75 to 84 | 38.5 | Diabetes | 0.0 | Home health agency | 0.0 | PACE/Partnership | 0.0 |
| 85 to 94 | 14.1 | Alzheimer's disease | 3.8 | Nursing home | 2.6 | Private Insurance | 27.3 |
| 95 & over | 0.0 | AIDS | 0.0 | Assisted living: Residential care apt. complex | 0.0 | Self Pay | 0.0 |
| Total Patients | 78 | ALS | 1.3 | Adult family home | 0.0 | Other | 0.0 |
| Male | 51.3% | Other | 6.4 | Community-based res. facility | 0.0 | Caseload | 11 |
| Female | 48.7 | Total Patients | 78 | Other | 0.0 | | |
| Total Patients | 78 | | | Total Patients | 78 | | |
| TOTAL ADMISSIONS | 74 | | | | | STAFFING | FTEs* |
| TOTAL DISCHARGES | 72 | ADMISSIONS BY PAY SOURCE | | | | Administrators | 1.0 |
| REASON FOR DISCHARGE | | Medicare | 78.4% | PATIENT DAYS BY LEVEL OF CARE | | Physicians | 0.0 |
| Hospice care not appropriate | 5.6% | Medicaid | 0.0 | Routine home care | 99.4% | Registered Nurses | 1.0 |
| Transferred: care provided by another hospice | 0.0 | Medicare/Medicaid | 5.4 | Continuous care | 0.0 | Lic. Prac. Nurses | 0.0 |
| Revocation of hospice benefit | 6.9 | Managed Care/HMO | 0.0 | Inpatient care: acute symptom mgmt | 0.6 | Hospice Aides | 0.5 |
| Other | 2.8 | PACE/Partnership | 0.0 | Respite care | 0.0 | Physical Therapists | 0.0 |
| Deaths | 84.7 | Private Insurance | 14.9 | Total Patient Days | 4,032 | Occupational Therapists | 0.0 |
| Total Discharges | 72 | Self Pay | 1.4 | | | Speech/Language Pathologists | 0.0 |
| DISCHARGES BY LENGTH OF STAY | | Other | 0.0 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | | Bereavement Counselors | 0.3 |
| 1 - 7 days | 18.1% | Total Admissions | 74 | Private residence | 90.9% | Social Workers | 0.6 |
| 8 - 14 days | 23.6 | DEATHS BY SITE OF OCCURRENCE | | Nursing home | 9.1 | Dietary | 0.0 |
| 15 - 29 days | 15.3 | Private residence | 78.7% | Hospice res. fac. | 0.0 | Chaplain | 0.1 |
| 30 - 59 days | 19.4 | Nursing home | 9.8 | Assisted living: Residential care apt. complex | 0.0 | Clerical/Office Support | 0.5 |
| 60 - 89 days | 9.7 | Hospice res. fac. | 0.0 | Adult family home | 0.0 | Volunter Coordinator | 0.2 |
| 90 - 179 days | 8.3 | Assisted living: Residential care apt. complex | 0.0 | Community-based res. facility | 0.0 | Other | 0.0 |
| 180 days - 1 year | 4.2 | Community-based res. facility | 1.6 | Inpatient facility | 0.0 | Total FTEs | 4.2 |
| 1 year or more | 1.4 | Inpatient facility | 9.8 | Other site | 0.0 | | |
| Total Discharges | 72 | Other site | 0.0 | Caseload | 11 | * Full-time equivalents | |
| | | Total Deaths | 61 | | | Volunteers who served patients of the hospice in 2003: | 61 |
| | | | | | | Total hours of service provided during 2003 by these volunteers: | 907 |

St. Nicholas Hospital Home Health & Hospice
 1601 North Taylor Drive
 Sheboygan WI 53081

License Number: 532
 County: Sheboygan
 (920) 457-5770

| | | | |
|--|------------------------------|--|-----|
| Ownership of Hospice: | Nonprofit Church/Corporation | December 31, 2003 Caseload: | 17 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 129 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 14 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|--|--|--|
| Under 20 0.0% | Malignant neoplasm (cancer) 69.0% | Physician 18.6% | Medicare 100.0% |
| 20 to 54 2.3 | Cardiovascular disease 14.7 | Self-referral 8.5 | Medicaid 0.0 |
| 55 to 64 7.8 | Pulmonary disease 1.6 | Patient's family 67.4 | Medicare/Medicaid 0.0 |
| 65 to 74 18.6 | Renal failure/ kidney disease 2.3 | Hospital 2.3 | Managed Care/HMO 0.0 |
| 75 to 84 32.6 | Diabetes 0.8 | Home health agency 1.6 | PACE/Partnership 0.0 |
| 85 to 94 32.6 | Alzheimer's disease 2.3 | Nursing home 0.8 | Private Insurance 0.0 |
| 95 & over 6.2 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 129 | ALS 0.0 | Adult family home 0.0 | Other 0.0 |
| Male 45.0% | Other 9.3 | Community-based res. facility 0.0 | Caseload 17 |
| Female 55.0 | Total Patients 129 | Other 0.8 | |
| Total Patients 129 | | Total Patients 129 | |
| TOTAL ADMISSIONS 114 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 113 | Medicare 90.4% | | Administrators 0.5 |
| REASON FOR DISCHARGE | Medicaid 1.8 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 4.4% | Medicare/Medicaid 0.0 | Routine home care 99.6% | Registered Nurses 2.7 |
| Transferred: care provided by another hospice 0.9 | Managed Care/HMO 0.0 | Continuous care 0.0 | Lic. Prac. Nurses 0.0 |
| Revocation of hospice benefit 0.9 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 0.1 | Hospice Aides 0.5 |
| Other 0.0 | Private Insurance 7.9 | Respite care 0.3 | Physical Therapists 0.0 |
| Deaths 93.8 | Self Pay 0.0 | Total Patient Days 5,201 | Occupational Therapists 0.0 |
| Total Discharges 113 | Other 0.0 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 114 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.8 |
| 1 - 7 days 34.5% | DEATHS BY SITE OF OCCURRENCE | Private residence 76.5% | Social Workers 0.2 |
| 8 - 14 days 13.3 | Private residence 56.6% | Nursing home 11.8 | Dietary 0.0 |
| 15 - 29 days 15.9 | Nursing home 42.5 | Hospice res. fac. 0.0 | Chaplain 0.0 |
| 30 - 59 days 13.3 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 0.4 |
| 60 - 89 days 10.6 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 0.2 |
| 90 - 179 days 3.5 | Adult family home 0.0 | Nursing home 11.8 | Other 0.2 |
| 180 days - 1 year 5.3 | Community-based res. facility 0.9 | Hospice res. fac. 0.0 | Total FTEs 5.5 |
| 1 year or more 3.5 | Community-based res. facility 0.9 | Assisted living: Residential care apt. complex 0.0 | |
| Total Discharges 113 | Inpatient facility 0.0 | Adult family home 0.0 | * Full-time equivalents |
| | Other site 0.0 | Community-based res. facility 11.8 | Volunteers who served patients of the hospice in 2003: 24 |
| | Total Deaths 106 | Inpatient facility 0.0 | Total hours of service provided during 2003 by these volunteers: 1,069 |
| | | Other site 0.0 | |
| | | Caseload 17 | |

VNA of WI Hospice - Sheboygan
 2314 Kohler Memorial Drive
 Sheboygan WI 53081

License Number: 529
 County: Sheboygan
 (920) 458-4314

| | | | |
|--|-----------------------|--|-----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 48 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 316 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 44 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | | CASELOAD ON 12/31/03 BY PAY SOURCE | |
|---|-------|---|-------|--|--------|--|--------------|
| Under 20 | 1.3% | Malignant neoplasm (cancer) | 51.3% | Physician | 60.8% | Medicare | 83.3% |
| 20 to 54 | 7.9 | Cardiovascular disease | 17.1 | Self-referral | 0.0 | Medicaid | 4.2 |
| 55 to 64 | 10.1 | Pulmonary disease | 6.6 | Patient's family | 4.1 | Medicare/Medicaid | 0.0 |
| 65 to 74 | 12.0 | Renal failure/kidney disease | 3.2 | Hospital | 22.2 | Managed Care/HMO | 2.1 |
| 75 to 84 | 30.7 | Diabetes | 0.0 | Home health agency | 0.9 | PACE/Partnership | 0.0 |
| 85 to 94 | 34.5 | Alzheimer's disease | 4.7 | Nursing home | 10.8 | Private Insurance | 10.4 |
| 95 & over | 3.5 | AIDS | 0.0 | Assisted living: Residential care apt. complex | 0.0 | Self Pay | 0.0 |
| Total Patients | 316 | ALS | 0.3 | Adult family home | 0.0 | Other | 0.0 |
| Male | 44.9% | Other | 16.8 | Community-based res. facility | 0.0 | Caseload | 48 |
| Female | 55.1 | Total Patients | 316 | Other | 1.3 | | |
| Total Patients | 316 | | | Total Patients | 316 | | |
| TOTAL ADMISSIONS | 278 | | | | | STAFFING | FTEs* |
| TOTAL DISCHARGES | 273 | ADMISSIONS BY PAY SOURCE | | | | Administrators | 1.0 |
| REASON FOR DISCHARGE | | Medicare | 79.9% | PATIENT DAYS BY LEVEL OF CARE | | Physicians | 0.0 |
| Hospice care not appropriate | 6.2% | Medicaid | 4.3 | Routine home care | 98.6% | Registered Nurses | 11.3 |
| Transferred: care provided by another hospice | 1.8 | Medicare/Medicaid | 0.0 | Continuous care | 0.0 | Lic. Prac. Nurses | 1.3 |
| Revocation of hospice benefit | 3.7 | Managed Care/HMO | 0.7 | Inpatient care: acute symptom mgmt | 1.3 | Hospice Aides | 20.0 |
| Other | 0.0 | PACE/Partnership | 0.0 | Respite care | 0.1 | Physical Therapists | 3.6 |
| Deaths | 88.3 | Private Insurance | 14.7 | Total Patient Days | 16,132 | Occupational Therapists | 0.0 |
| Total Discharges | 273 | Self Pay | 0.4 | | | Speech/Language Pathologists | 0.0 |
| | | Other | 0.0 | | | Bereavement Counselors | 0.5 |
| DISCHARGES BY LENGTH OF STAY | | Total Admissions | 278 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | | Social Workers | 1.2 |
| 1 - 7 days | 31.1% | DEATHS BY SITE OF OCCURRENCE | | Private residence | 58.3% | Dietary | 0.0 |
| 8 - 14 days | 16.8 | Private residence | 90.0% | Nursing home | 22.9 | Chaplain | 1.6 |
| 15 - 29 days | 15.8 | Nursing home | 0.0 | Hospice res. fac. | 0.0 | Clerical/Office Support | 0.1 |
| 30 - 59 days | 12.8 | Hospice res. fac. | 0.0 | Assisted living: Residential care apt. complex | 0.0 | Volunter Coordinator | 0.6 |
| 60 - 89 days | 8.4 | Assisted living: Residential care apt. complex | 0.0 | Adult family home | 0.0 | Other | 0.0 |
| 90 - 179 days | 10.3 | Community-based res. facility | 0.0 | Community-based res. facility | 16.7 | Total FTEs | 41.0 |
| 180 days - 1 year | 3.7 | Inpatient facility | 10.0 | Inpatient facility | 2.1 | | |
| 1 year or more | 1.1 | Other site | 0.0 | Other site | 0.0 | * Full-time equivalents | |
| Total Discharges | 273 | Total Deaths | 241 | Caseload | 48 | Volunteers who served patients of the hospice in 2003: | 27 |
| | | | | | | Total hours of service provided during 2003 by these volunteers: | 839 |

Hope Hospice & Palliative Care, Inc.
 657 McComb Avenue, PO Box 237
 Rib Lake WI 54470

License Number: 1517
 County: Taylor
 (715) 427-3532

| | | | |
|--|-----------------------|--|----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 16 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 60 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 14 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|--|--|--|
| Under 20 0.0% | Malignant neoplasm (cancer) 41.7% | Physician 48.3% | Medicare 93.8% |
| 20 to 54 0.0 | Cardiovascular disease 23.3 | Self-referral 0.0 | Medicaid 0.0 |
| 55 to 64 8.3 | Pulmonary disease 3.3 | Patient's family 10.0 | Medicare/Medicaid 0.0 |
| 65 to 74 16.7 | Renal failure/ kidney disease 3.3 | Hospital 18.3 | Managed Care/HMO 0.0 |
| 75 to 84 40.0 | Diabetes 0.0 | Home health agency 0.0 | PACE/Partnership 0.0 |
| 85 to 94 28.3 | Alzheimer's disease 1.7 | Nursing home 1.7 | Private Insurance 6.3 |
| 95 & over 6.7 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 60 | ALS 1.7 | Adult family home 0.0 | Other 0.0 |
| Male 46.7% | Other 25.0 | Community-based res. facility 0.0 | Caseload 16 |
| Female 53.3 | Total Patients 60 | Other 21.7 | |
| Total Patients 60 | | Total Patients 60 | |
| TOTAL ADMISSIONS 60 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 53 | Medicare 93.3% | | Administrators 1.0 |
| REASON FOR DISCHARGE | Medicaid 3.3 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.1 |
| Hospice care not appropriate 3.8% | Medicare/Medicaid 0.0 | Routine home care 100.0% | Registered Nurses 3.4 |
| Transferred: care provided by another hospice 3.8 | Managed Care/HMO 0.0 | Continuous care 0.0 | Lic. Prac. Nurses 0.0 |
| Revocation of hospice benefit 11.3 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 0.0 | Hospice Aides 1.7 |
| Other 0.0 | Private Insurance 1.7 | Respite care 0.0 | Physical Therapists 0.0 |
| Deaths 81.1 | Self Pay 0.0 | Total Patient Days 5,241 | Occupational Therapists 0.0 |
| Total Discharges 53 | Other 1.7 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 60 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.3 |
| 1 - 7 days 22.6% | DEATHS BY SITE OF OCCURRENCE | Private residence 43.8% | Social Workers 0.3 |
| 8 - 14 days 11.3 | Private residence 74.4% | Nursing home 43.8 | Dietary 0.0 |
| 15 - 29 days 15.1 | Nursing home 25.6 | Hospice res. fac. 0.0 | Chaplain 0.1 |
| 30 - 59 days 20.8 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 0.7 |
| 60 - 89 days 11.3 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 0.9 |
| 90 - 179 days 13.2 | Adult family home 0.0 | Nursing home 43.8 | Other 0.0 |
| 180 days - 1 year 5.7 | Community-based res. facility 0.0 | Hospice res. fac. 0.0 | Total FTEs 8.4 |
| 1 year or more 0.0 | Community-based res. facility 0.0 | Assisted living: Residential care apt. complex 0.0 | |
| Total Discharges 53 | Inpatient facility 0.0 | Adult family home 0.0 | * Full-time equivalents |
| | Other site 0.0 | Community-based res. facility 12.5 | Volunteers who served patients of the hospice in 2003: 41 |
| | Total Deaths 43 | Inpatient facility 0.0 | Total hours of service provided during 2003 by these volunteers: 1,676 |
| | | Other site 0.0 | |
| | | Caseload 16 | |

Vernon Memorial Hospice
 507 South Main Street
 Viroqua WI 54665

License Number: 514
 County: Vernon
 (608) 637-4362

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|--|-----------------------|--|----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 4 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 34 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 6 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDULICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT | REFERRAL SOURCE OF UNDULICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|---|--|--|
| Under 20 0.0% | Malignant neoplasm (cancer) 67.6% | Physician 55.9% | Medicare 100.0% |
| 20 to 54 14.7 | Cardiovascular disease 17.6 | Self-referral 0.0 | Medicaid 0.0 |
| 55 to 64 5.9 | Pulmonary disease 8.8 | Patient's family 2.9 | Medicare/Medicaid 0.0 |
| 65 to 74 8.8 | Renal failure/ kidney disease 0.0 | Hospital 26.5 | Managed Care/HMO 0.0 |
| 75 to 84 35.3 | Diabetes 0.0 | Home health agency 0.0 | PACE/Partnership 0.0 |
| 85 to 94 35.3 | Alzheimer's disease 2.9 | Nursing home 14.7 | Private Insurance 0.0 |
| 95 & over 0.0 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 34 | ALS 0.0 | Adult family home 0.0 | Other 0.0 |
| Male 47.1% | Other 2.9 | Community-based res. facility 0.0 | Caseload 4 |
| Female 52.9 | Total Patients 34 | Other 0.0 | |
| Total Patients 34 | | Total Patients 34 | |
| TOTAL ADMISSIONS 28 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 33 | Medicare 78.6% | | Administrators 0.5 |
| REASON FOR DISCHARGE | Medicaid 7.1 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 0.0% | Medicare/Medicaid 0.0 | Routine home care 99.6% | Registered Nurses 1.0 |
| Transferred: care provided by another hospice 0.0 | Managed Care/HMO 0.0 | Continuous care 0.0 | Lic. Prac. Nurses 0.0 |
| Revocation of hospice benefit 9.1 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 0.0 | Hospice Aides 0.6 |
| Other 0.0 | Private Insurance 10.7 | Respite care 0.4 | Physical Therapists 0.0 |
| Deaths 90.9 | Self Pay 0.0 | Total Patient Days 2,143 | Occupational Therapists 0.0 |
| Total Discharges 33 | Other 3.6 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 28 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.2 |
| 1 - 7 days 12.1% | DEATHS BY SITE OF OCCURRENCE | Private residence 75.0% | Social Workers 0.4 |
| 8 - 14 days 18.2 | Private residence 63.3% | Nursing home 25.0 | Dietary 0.0 |
| 15 - 29 days 15.2 | Nursing home 33.3 | Hospice res. fac. 0.0 | Chaplain 0.0 |
| 30 - 59 days 27.3 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 0.9 |
| 60 - 89 days 9.1 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 0.2 |
| 90 - 179 days 9.1 | Adult family home 0.0 | Nursing home 25.0 | Other 0.4 |
| 180 days - 1 year 3.0 | Community-based res. facility 0.0 | Hospice res. fac. 0.0 | Total FTEs 4.3 |
| 1 year or more 6.1 | Inpatient facility 3.3 | Assisted living: Residential care apt. complex 0.0 | |
| Total Discharges 33 | Other site 0.0 | Adult family home 0.0 | * Full-time equivalents |
| | Total Deaths 30 | Community-based res. facility 0.0 | Volunteers who served patients of the hospice in 2003: 15 |
| | | Inpatient facility 0.0 | Total hours of service provided during 2003 by these volunteers: 100 |
| | | Other site 0.0 | |
| | | Caseload 4 | |

Rolland Nelson Crossroads Hospice

1020 James Drive, Suite E
Hartland WI 53029

License Number: 527
County: Waukesha
(262) 928-7444

| | | | |
|--|-----------------------|--|-----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 61 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 318 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 30 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDULICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT | REFERRAL SOURCE OF UNDULICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|---|---|--|
| Under 20 0.0% | Malignant neoplasm | Physician 24.5% | Medicare 77.0% |
| 20 to 54 8.2 | (cancer) 71.1% | Self-referral 0.6 | Medicaid 3.3 |
| 55 to 64 10.7 | Cardiovascular | Patient's family 2.8 | Medicare/Medicaid 1.6 |
| 65 to 74 20.8 | disease 13.5 | Hospital 45.9 | Managed Care/HMO 8.2 |
| 75 to 84 28.3 | Pulmonary disease 4.4 | Home health agency 7.5 | PACE/Partnership 0.0 |
| 85 to 94 28.0 | Renal failure/ | Nursing home 17.0 | Private Insurance 6.6 |
| 95 & over 4.1 | kidney disease 4.7 | Assisted living: | Self Pay 0.0 |
| Total Patients 318 | Diabetes 0.0 | Residential care | Other 3.3 |
| | Alzheimer's disease 6.0 | apt. complex 0.0 | Caseload 61 |
| Male 47.5% | AIDS 0.3 | Adult family home 0.0 | |
| Female 52.5 | ALS 0.0 | Community-based | |
| Total Patients 318 | Other 0.0 | res. facility 0.0 | |
| | Total Patients 318 | Other 1.6 | STAFFING FTEs* |
| TOTAL ADMISSIONS 284 | | Total Patients 318 | Administrators 2.0 |
| | ADMISSIONS BY PAY SOURCE | | Physicians 0.0 |
| TOTAL DISCHARGES 257 | Medicare 71.1% | | Registered Nurses 3.6 |
| | Medicaid 2.8 | PATIENT DAYS BY LEVEL OF CARE | Lic. Prac. Nurses 0.0 |
| REASON FOR DISCHARGE | Medicare/Medicaid 1.1 | Routine home care 99.8% | Hospice Aides 2.0 |
| Hospice care not appropriate 1.9% | Managed Care/HMO 6.0 | Continuous care 0.0 | Physical Therapists 0.0 |
| Transferred: care provided by another hospice 2.7 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 0.2 | Occupational Therapists 0.0 |
| Revocation of hospice benefit 3.9 | Private Insurance 9.2 | Respite care 0.0 | Speech/Language Pathologists 0.0 |
| Other 0.0 | Self Pay 0.4 | Total Patient Days 11,065 | Bereavement Counselors 0.4 |
| Deaths 91.4 | Other 9.5 | | Social Workers 1.0 |
| Total Discharges 257 | Total Admissions 284 | | Dietary 0.0 |
| | | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Chaplain 1.0 |
| DISCHARGES BY LENGTH OF STAY | DEATHS BY SITE OF OCCURRENCE | Private residence 91.8% | Clerical/Office Support 0.8 |
| 1 - 7 days 28.0% | Private residence 92.3% | Nursing home 8.2 | Volunter Coordinator 0.0 |
| 8 - 14 days 16.3 | Nursing home 5.5 | Hospice res. fac. 0.0 | Other 0.0 |
| 15 - 29 days 19.1 | Hospice res. fac. 0.0 | Assisted living: | Total FTEs 10.8 |
| 30 - 59 days 18.3 | Assisted living: | Residential care | |
| 60 - 89 days 7.0 | Residential care | apt. complex 0.0 | * Full-time equivalents |
| 90 - 179 days 7.8 | apt. complex 0.0 | Adult family home 0.0 | Volunteers who served patients of the hospice in 2003: 85 |
| 180 days - 1 year 3.1 | Adult family home 0.0 | Community-based | |
| 1 year or more 0.4 | Community-based res. facility 0.0 | res. facility 0.0 | Total hours of service provided during 2003 by these volunteers: 4,962 |
| Total Discharges 257 | Inpatient facility 2.1 | Inpatient facility 0.0 | |
| | Other site 0.0 | Other site 0.0 | |
| | Total Deaths 235 | Caseload 61 | |

Thedacare at Home
 201 East Bell Street
 Neenah WI 54957

License Number: 1504
 County: Winnebago
 (920) 969-0919

| | | | |
|--|-----------------------|--|-----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 43 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 449 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 47 |
| Licensed Hospice Residential Facility? | Yes | Medicare Certified Inpatient Facility? | Yes |

| AGE AND SEX OF UNDULICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT | REFERRAL SOURCE OF UNDULICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|---|---|--|
| Under 20 0.9% | Malignant neoplasm (cancer) 68.4% | Physician 40.1% | Medicare 88.4% |
| 20 to 54 6.0 | Cardiovascular disease 12.7 | Self-referral 0.4 | Medicaid 0.0 |
| 55 to 64 12.7 | Pulmonary disease 5.1 | Patient's family 4.5 | Medicare/Medicaid 0.0 |
| 65 to 74 21.4 | Renal failure/ kidney disease 4.7 | Hospital 40.5 | Managed Care/HMO 4.7 |
| 75 to 84 31.6 | Diabetes 0.0 | Home health agency 5.8 | PACE/Partnership 0.0 |
| 85 to 94 24.7 | Alzheimer's disease 3.1 | Nursing home 6.5 | Private Insurance 7.0 |
| 95 & over 2.7 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 449 | ALS 0.4 | Adult family home 0.0 | Other 0.0 |
| Male 51.4% | Other 5.6 | Community-based res. facility 1.1 | Caseload 43 |
| Female 48.6 | Total Patients 449 | Other 1.1 | |
| Total Patients 449 | | Total Patients 449 | |
| TOTAL ADMISSIONS 407 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 410 | Medicare 78.6% | | Administrators 2.0 |
| REASON FOR DISCHARGE | Medicaid 2.9 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 2.7% | Medicare/Medicaid 0.5 | Routine home care 97.4% | Registered Nurses 27.4 |
| Transferred: care provided by another hospice 0.7 | Managed Care/HMO 10.1 | Continuous care 0.0 | Lic. Prac. Nurses 0.2 |
| Revocation of hospice benefit 2.9 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 2.0 | Hospice Aides 3.2 |
| Other 0.0 | Private Insurance 6.9 | Respite care 0.6 | Physical Therapists 0.0 |
| Deaths 93.7 | Self Pay 0.7 | Total Patient Days 17,160 | Occupational Therapists 0.0 |
| Total Discharges 410 | Other 0.2 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 407 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.6 |
| 1 - 7 days 32.2% | DEATHS BY SITE OF OCCURRENCE | Private residence 72.1% | Social Workers 3.5 |
| 8 - 14 days 14.9 | Private residence 52.9% | Nursing home 7.0 | Dietary 0.0 |
| 15 - 29 days 18.5 | Nursing home 9.6 | Hospice res. fac. 11.6 | Chaplain 0.6 |
| 30 - 59 days 15.4 | Hospice res. fac. 32.6 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 25.5 |
| 60 - 89 days 8.3 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 0.7 |
| 90 - 179 days 6.8 | Community-based res. facility 4.7 | Community-based res. facility 9.3 | Other 0.0 |
| 180 days - 1 year 2.4 | Inpatient facility 0.3 | Inpatient facility 0.0 | Total FTEs 63.7 |
| 1 year or more 1.5 | Other site 0.0 | Other site 0.0 | |
| Total Discharges 410 | Total Deaths 384 | Caseload 43 | * Full-time equivalents |
| | | | Volunteers who served patients of the hospice in 2003: 98 |
| | | | Total hours of service provided during 2003 by these volunteers: 4,741 |

Affinity Visiting Nurses
 515 South Washburn, Suite 206
 Oshkosh WI 54904

License Number: 1526
 County: Winnebago
 (920) 236-8500

| | | | |
|--|------------------------------|--|-----|
| Ownership of Hospice: | Nonprofit Church/Corporation | December 31, 2003 Caseload: | 34 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 230 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 25 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|--|--|--|
| Under 20 0.9% | Malignant neoplasm (cancer) 72.2% | Physician 56.1% | Medicare 91.2% |
| 20 to 54 7.4 | Cardiovascular disease 7.8 | Self-referral 0.4 | Medicaid 0.0 |
| 55 to 64 13.0 | Pulmonary disease 3.9 | Patient's family 0.0 | Medicare/Medicaid 0.0 |
| 65 to 74 18.7 | Renal failure/ kidney disease 3.9 | Hospital 25.7 | Managed Care/HMO 8.8 |
| 75 to 84 34.3 | Diabetes 0.0 | Home health agency 5.7 | PACE/Partnership 0.0 |
| 85 to 94 22.6 | Alzheimer's disease 0.9 | Nursing home 9.6 | Private Insurance 0.0 |
| 95 & over 3.0 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 230 | ALS 0.4 | Adult family home 0.0 | Other 0.0 |
| Male 55.7% | Other 10.9 | Community-based res. facility 0.9 | Caseload 34 |
| Female 44.3 | Total Patients 230 | Other 1.7 | |
| Total Patients 230 | | Total Patients 230 | |
| TOTAL ADMISSIONS 213 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 200 | Medicare 81.2% | | Administrators 1.0 |
| REASON FOR DISCHARGE | Medicaid 2.3 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 1.5% | Medicare/Medicaid 0.0 | Routine home care 99.5% | Registered Nurses 2.6 |
| Transferred: care provided by another hospice 1.0 | Managed Care/HMO 15.5 | Continuous care 0.0 | Lic. Prac. Nurses 0.0 |
| Revocation of hospice benefit 3.5 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 0.3 | Hospice Aides 0.8 |
| Other 1.5 | Private Insurance 0.0 | Respite care 0.2 | Physical Therapists 0.0 |
| Deaths 92.5 | Self Pay 0.0 | Total Patient Days 9,043 | Occupational Therapists 0.0 |
| Total Discharges 200 | Other 0.9 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 213 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.8 |
| 1 - 7 days 26.0% | DEATHS BY SITE OF OCCURRENCE | Private residence 85.3% | Social Workers 1.9 |
| 8 - 14 days 16.5 | Private residence 87.6% | Nursing home 5.9 | Dietary 0.0 |
| 15 - 29 days 21.0 | Nursing home 9.7 | Hospice res. fac. 0.0 | Chaplain 0.6 |
| 30 - 59 days 17.0 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 1.0 |
| 60 - 89 days 7.5 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 0.8 |
| 90 - 179 days 10.0 | Community-based res. facility 2.7 | Community-based res. facility 8.8 | Other 0.0 |
| 180 days - 1 year 1.5 | Inpatient facility 0.0 | Inpatient facility 0.0 | Total FTEs 9.5 |
| 1 year or more 0.5 | Other site 0.0 | Other site 0.0 | |
| Total Discharges 200 | Total Deaths 185 | Caseload 34 | * Full-time equivalents |
| | | | Volunteers who served patients of the hospice in 2003: 33 |
| | | | Total hours of service provided during 2003 by these volunteers: 1,201 |

Ministry Home Care Hospice - Marshfield

303 West Upham, Suite 200
Marshfield WI 54449

License Number: 1516
County: Wood
(715) 387-7052

| | | | |
|--|------------------------------|--|-----|
| Ownership of Hospice: | Nonprofit Church/Corporation | December 31, 2003 Caseload: | 50 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 266 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 44 |
| Licensed Hospice Residential Facility? | Yes | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|--|--|--|
| Under 20 0.8% | Malignant neoplasm (cancer) 59.4% | Physician 86.8% | Medicare 84.0% |
| 20 to 54 7.9 | Cardiovascular disease 15.4 | Self-referral 0.0 | Medicaid 6.0 |
| 55 to 64 12.4 | Pulmonary disease 9.4 | Patient's family 5.3 | Medicare/Medicaid 2.0 |
| 65 to 74 16.9 | Renal failure/kidney disease 2.6 | Hospital 2.3 | Managed Care/HMO 0.0 |
| 75 to 84 33.5 | Diabetes 0.0 | Home health agency 0.8 | PACE/Partnership 0.0 |
| 85 to 94 25.9 | Alzheimer's disease 3.0 | Nursing home 3.4 | Private Insurance 8.0 |
| 95 & over 2.6 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 266 | ALS 1.5 | Adult family home 0.0 | Other 0.0 |
| Male 51.5% | Other 8.6 | Community-based res. facility 0.4 | Caseload 50 |
| Female 48.5 | Total Patients 266 | Other 1.1 | |
| Total Patients 266 | | Total Patients 266 | |
| TOTAL ADMISSIONS 235 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 220 | Medicare 80.4% | | Administrators 1.0 |
| REASON FOR DISCHARGE | Medicaid 3.8 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.2 |
| Hospice care not appropriate 4.5% | Medicare/Medicaid 1.7 | Routine home care 99.3% | Registered Nurses 8.4 |
| Transferred: care provided by another hospice 0.9 | Managed Care/HMO 0.0 | Continuous care 0.0 | Lic. Prac. Nurses 3.0 |
| Revocation of hospice benefit 3.2 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 0.5 | Hospice Aides 9.6 |
| Other 0.0 | Private Insurance 13.6 | Respite care 0.2 | Physical Therapists 0.0 |
| Deaths 91.4 | Self Pay 0.4 | Total Patient Days 16,185 | Occupational Therapists 0.0 |
| Total Discharges 220 | Other 0.0 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 235 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 1.0 |
| 1 - 7 days 18.2% | DEATHS BY SITE OF OCCURRENCE | Private residence 66.0% | Social Workers 4.4 |
| 8 - 14 days 15.5 | Private residence 42.3% | Nursing home 16.0 | Dietary 0.1 |
| 15 - 29 days 12.7 | Nursing home 13.9 | Hospice res. fac. 10.0 | Chaplain 1.0 |
| 30 - 59 days 16.8 | Hospice res. fac. 34.3 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 2.0 |
| 60 - 89 days 12.3 | Assisted living: Residential care apt. complex 0.0 | Adult family home 2.0 | Volunter Coordinator 1.0 |
| 90 - 179 days 16.8 | Community-based res. facility 1.5 | Community-based res. facility 4.0 | Other 0.0 |
| 180 days - 1 year 5.0 | Inpatient facility 7.0 | Inpatient facility 2.0 | Total FTEs 31.7 |
| 1 year or more 2.7 | Other site 0.5 | Other site 0.0 | |
| Total Discharges 220 | Total Deaths 201 | Caseload 50 | * Full-time equivalents |
| | | | Volunteers who served patients of the hospice in 2003: 110 |
| | | | Total hours of service provided during 2003 by these volunteers: 5,210 |

Hospice of Dubuque
 2255 JFK Road, Asbury Square
 Dubuque IA 52002

License Number: 562
 County: Out of State
 (563) 582-1220

| | | | |
|--|-----------------------|--|----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 3 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 23 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 3 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|--|--|--|
| Under 20 0.0% | Malignant neoplasm (cancer) 60.9% | Physician 34.8% | Medicare 100.0% |
| 20 to 54 0.0 | Cardiovascular disease 13.0 | Self-referral 0.0 | Medicaid 0.0 |
| 55 to 64 0.0 | Pulmonary disease 4.3 | Patient's family 0.0 | Medicare/Medicaid 0.0 |
| 65 to 74 13.0 | Renal failure/ kidney disease 13.0 | Hospital 17.4 | Managed Care/HMO 0.0 |
| 75 to 84 47.8 | Diabetes 0.0 | Home health agency 4.3 | PACE/Partnership 0.0 |
| 85 to 94 34.8 | Alzheimer's disease 4.3 | Nursing home 43.5 | Private Insurance 0.0 |
| 95 & over 4.3 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 23 | ALS 0.0 | Adult family home 0.0 | Other 0.0 |
| Male 30.4% | Other 4.3 | Community-based res. facility 0.0 | Caseload 3 |
| Female 69.6 | Total Patients 23 | Other 0.0 | |
| Total Patients 23 | | Total Patients 23 | |
| TOTAL ADMISSIONS 23 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 22 | Medicare 100.0% | | Administrators 0.1 |
| REASON FOR DISCHARGE | Medicaid 0.0 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 0.0% | Medicare/Medicaid 0.0 | Routine home care 99.3% | Registered Nurses 1.6 |
| Transferred: care provided by another hospice 0.0 | Managed Care/HMO 0.0 | Continuous care 0.0 | Lic. Prac. Nurses 0.0 |
| Revocation of hospice benefit 18.2 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 0.3 | Hospice Aides 0.2 |
| Other 0.0 | Private Insurance 0.0 | Respite care 0.4 | Physical Therapists 0.0 |
| Deaths 81.8 | Self Pay 0.0 | Total Patient Days 1,161 | Occupational Therapists 0.0 |
| Total Discharges 22 | Other 0.0 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 23 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.1 |
| 1 - 7 days 18.2% | DEATHS BY SITE OF OCCURRENCE | Private residence 33.3% | Social Workers 0.4 |
| 8 - 14 days 9.1 | Private residence 38.9% | Nursing home 0.0 | Dietary 0.0 |
| 15 - 29 days 13.6 | Nursing home 27.8 | Hospice res. fac. 0.0 | Chaplain 0.1 |
| 30 - 59 days 40.9 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 0.5 |
| 60 - 89 days 13.6 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 0.1 |
| 90 - 179 days 4.5 | Adult family home 0.0 | Nursing home 0.0 | Other 0.0 |
| 180 days - 1 year 0.0 | Community-based res. facility 0.0 | Hospice res. fac. 0.0 | Total FTEs 3.1 |
| 1 year or more 0.0 | Community-based res. facility 0.0 | Assisted living: Residential care apt. complex 0.0 | |
| Total Discharges 22 | Inpatient facility 0.0 | Adult family home 0.0 | * Full-time equivalents |
| | Other site 33.3 | Community-based res. facility 0.0 | Volunteers who served patients of the hospice in 2003: 8 |
| | Total Deaths 18 | Inpatient facility 0.0 | Total hours of service provided during 2003 by these volunteers: 109 |
| | | Other site 66.7 | |
| | | Caseload 3 | |

SMDC Hospice & Palliative Care

407 East Third Street
Duluth MN 55805

License Number: 535
County: Out of State
(218) 786-4020

Ownership of Hospice: Private Nonprofit
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Licensed Hospice Residential Facility? No

December 31, 2003 Caseload: 29
Unduplicated Patient Count for 2003: 177
Average Daily Census: 24
Medicare Certified Inpatient Facility? No

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | | CASELOAD ON 12/31/03 BY PAY SOURCE | |
|--|-------|--|-------|--|-------|--|--------------|
| Under 20 | 0.0% | Malignant neoplasm (cancer) | 44.1% | Physician | 85.3% | Medicare | 89.7% |
| 20 to 54 | 6.2 | Cardiovascular disease | 18.6 | Self-referral | 0.0 | Medicaid | 3.4 |
| 55 to 64 | 9.6 | Pulmonary disease | 12.4 | Patient's family | 1.1 | Medicare/Medicaid | 0.0 |
| 65 to 74 | 18.1 | Renal failure/kidney disease | 2.3 | Hospital | 5.1 | Managed Care/HMO | 0.0 |
| 75 to 84 | 37.9 | Diabetes | 0.0 | Home health agency | 0.0 | PACE/Partnership | 0.0 |
| 85 to 94 | 23.2 | Alzheimer's disease | 6.8 | Nursing home | 7.3 | Private Insurance | 3.4 |
| 95 & over | 5.1 | AIDS | 0.0 | Assisted living: Residential care apt. complex | 0.0 | Self Pay | 0.0 |
| Total Patients | 177 | ALS | 1.1 | Adult family home | 0.0 | Other | 3.4 |
| Male | 48.6% | Other | 14.7 | Community-based res. facility | 0.0 | Caseload | 29 |
| Female | 51.4 | Total Patients | 177 | Other | 1.1 | | |
| Total Patients | 177 | | | Community-based res. facility | 0.0 | | |
| TOTAL ADMISSIONS | 156 | | | Other | 1.1 | | |
| TOTAL DISCHARGES | 150 | | | Total Patients | 177 | | |
| REASON FOR DISCHARGE | | ADMISSIONS BY PAY SOURCE | | | | STAFFING | FTEs* |
| Hospice care not appropriate | 7.3% | Medicare | 89.7% | | | Administrators | 0.2 |
| Transferred: care provided by another hospice | 0.0 | Medicaid | 4.5 | PATIENT DAYS BY LEVEL OF CARE | | Physicians | 0.1 |
| Revocation of hospice benefit | 0.7 | Medicare/Medicaid | 0.0 | Routine home care | 96.0% | Registered Nurses | 2.4 |
| Other | 5.3 | Managed Care/HMO | 0.0 | Continuous care | 0.0 | Lic. Prac. Nurses | 0.0 |
| Deaths | 86.7 | PACE/Partnership | 0.0 | Inpatient care: acute symptom mgmt | 3.6 | Hospice Aides | 1.3 |
| Total Discharges | 150 | Private Insurance | 4.5 | Respite care | 0.4 | Physical Therapists | 0.1 |
| DISCHARGES BY LENGTH OF STAY | | Self Pay | 0.0 | Total Patient Days | 8,684 | Occupational Therapists | 0.0 |
| 1 - 7 days | 37.3% | Other | 1.3 | | | Speech/Language Pathologists | 0.0 |
| 8 - 14 days | 10.0 | Total Admissions | 156 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | | Bereavement Counselors | 0.4 |
| 15 - 29 days | 14.7 | | | Private residence | 31.0% | Social Workers | 0.5 |
| 30 - 59 days | 6.7 | DEATHS BY SITE OF OCCURRENCE | | Nursing home | 65.5 | Dietary | 0.0 |
| 60 - 89 days | 10.0 | Private residence | 26.2% | Hospice res. fac. | 0.0 | Chaplain | 0.2 |
| 90 - 179 days | 13.3 | Nursing home | 30.8 | Assisted living: Residential care apt. complex | 0.0 | Clerical/Office Support | 0.5 |
| 180 days - 1 year | 7.3 | Hospice res. fac. | 0.0 | Adult family home | 0.0 | Volunter Coordinator | 0.2 |
| 1 year or more | 0.7 | Assisted living: Residential care apt. complex | 0.0 | Nursing home | 65.5 | Other | 0.0 |
| Total Discharges | 150 | Community-based res. facility | 0.0 | Hospice res. fac. | 0.0 | Total FTEs | 5.7 |
| | | Inpatient facility | 43.1 | Assisted living: Residential care apt. complex | 0.0 | | |
| | | Other site | 0.0 | Adult family home | 0.0 | * Full-time equivalents | |
| | | Total Deaths | 130 | Community-based res. facility | 0.0 | Volunteers who served patients of the hospice in 2003: | 72 |
| | | | | Inpatient facility | 3.4 | Total hours of service provided during 2003 by these volunteers: | 5,281 |
| | | | | Other site | 0.0 | | |
| | | | | Caseload | 29 | | |

St. Luke's Hospice Duluth
 220 North 6th Avenue East
 Duluth MN 55805

License Number: 537
 County: Out of State
 (218) 249-6100

| | | | |
|--|-----------------------|--|-----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 5 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 15 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 4 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | Yes |

| AGE AND SEX OF UNDULICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT | REFERRAL SOURCE OF UNDULICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|---|---|--|--|
| Under 20 0.0% | Malignant neoplasm | Physician 100.0% | Medicare 100.0% |
| 20 to 54 0.0 | (cancer) 100.0% | Self-referral 0.0 | Medicaid 0.0 |
| 55 to 64 6.7 | Cardiovascular | Patient's family 0.0 | Medicare/Medicaid 0.0 |
| 65 to 74 33.3 | disease 0.0 | Hospital 0.0 | Managed Care/HMO 0.0 |
| 75 to 84 33.3 | Pulmonary disease 0.0 | Home health agency 0.0 | PACE/Partnership 0.0 |
| 85 to 94 26.7 | Renal failure/ | Nursing home 0.0 | Private Insurance 0.0 |
| 95 & over 0.0 | kidney disease 0.0 | Assisted living: | Self Pay 0.0 |
| Total Patients 15 | Diabetes 0.0 | Residential care | Other 0.0 |
| | Alzheimer's disease 0.0 | apt. complex 0.0 | Caseload 5 |
| Male 73.3% | AIDS 0.0 | Adult family home 0.0 | |
| Female 26.7 | ALS 0.0 | Community-based | |
| Total Patients 15 | Other 0.0 | res. facility 0.0 | |
| | Total Patients 15 | Other 0.0 | |
| TOTAL ADMISSIONS 13 | | Total Patients 15 | |
| TOTAL DISCHARGES 10 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| | Medicare 100.0% | | Administrators 0.5 |
| | Medicaid 0.0 | | Physicians 0.0 |
| REASON FOR DISCHARGE | Medicare/Medicaid 0.0 | PATIENT DAYS BY LEVEL OF CARE | Registered Nurses 0.4 |
| Hospice care not appropriate 0.0% | Managed Care/HMO 0.0 | Routine home care 99.4% | Lic. Prac. Nurses 0.0 |
| Transferred: | PACE/Partnership 0.0 | Continuous care 0.0 | Hospice Aides 0.1 |
| care provided by | Private Insurance 0.0 | Inpatient care: acute | Physical Therapists 0.0 |
| another hospice 10.0 | Self Pay 0.0 | symptom mgmt 0.6 | Occupational Therapists 0.0 |
| Revocation of hospice benefit 0.0 | Other 0.0 | Respite care 0.0 | Speech/Language Pathologists 0.0 |
| Other 0.0 | Total Admissions 13 | Total Patient Days 1,399 | Bereavement Counselors 0.0 |
| Deaths 90.0 | | | Social Workers 0.2 |
| Total Discharges 10 | DEATHS BY SITE OF OCCURRENCE | | Dietary 0.0 |
| | Private residence 77.8% | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Chaplain 0.0 |
| | Nursing home 0.0 | Private residence 100.0% | Clerical/Office Support 0.3 |
| | Hospice res. fac. 0.0 | Nursing home 0.0 | Volunter Coordinator 0.0 |
| | Assisted living: | Hospice res. fac. 0.0 | Other 0.0 |
| | Residential care | Assisted living: | Total FTEs 1.6 |
| | apt. complex 0.0 | Residential care | |
| | Adult family home 0.0 | apt. complex 0.0 | * Full-time equivalents |
| | Community-based | Adult family home 0.0 | Volunteers who served patients of the hospice in 2003: 43 |
| | res. facility 0.0 | Community-based | |
| | Inpatient facility 22.2 | res. facility 0.0 | Total hours of service provided during 2003 by these volunteers: 387 |
| | Other site 0.0 | Inpatient facility 0.0 | |
| | Total Deaths 9 | Other site 0.0 | |
| | | Caseload 5 | |

Marquette General Home Health & Hospice

Doctors Park, Suite 101
 Escanaba MI 49829

License Number: 551
 County: Out of State
 (906) 863-7877

| | | | |
|--|-----------------------|--|----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 1 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 12 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 1 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | | CASELOAD ON 12/31/03 BY PAY SOURCE | |
|--|-------|--|-------|--|--------|--|--------------|
| Under 20 | 0.0% | Malignant neoplasm (cancer) | 83.3% | Physician | 50.0% | Medicare | 100.0% |
| 20 to 54 | 8.3 | Cardiovascular disease | 0.0 | Self-referral | 8.3 | Medicaid | 0.0 |
| 55 to 64 | 16.7 | Pulmonary disease | 8.3 | Patient's family | 0.0 | Medicare/Medicaid | 0.0 |
| 65 to 74 | 25.0 | Renal failure/kidney disease | 8.3 | Hospital | 41.7 | Managed Care/HMO | 0.0 |
| 75 to 84 | 25.0 | Diabetes | 0.0 | Home health agency | 0.0 | PACE/Partnership | 0.0 |
| 85 to 94 | 25.0 | Alzheimer's disease | 0.0 | Nursing home | 0.0 | Private Insurance | 0.0 |
| 95 & over | 0.0 | AIDS | 0.0 | Assisted living: Residential care apt. complex | 0.0 | Self Pay | 0.0 |
| Total Patients | 12 | ALS | 0.0 | Adult family home | 0.0 | Other | 0.0 |
| Male | 50.0% | Other | 0.0 | Community-based res. facility | 0.0 | Caseload | 1 |
| Female | 50.0 | Total Patients | 12 | Other | 0.0 | | |
| Total Patients | 12 | | | Total Patients | 12 | | |
| TOTAL ADMISSIONS | 12 | | | | | STAFFING | FTEs* |
| TOTAL DISCHARGES | 11 | ADMISSIONS BY PAY SOURCE | | | | Administrators | 0.1 |
| REASON FOR DISCHARGE | | Medicare | 75.0% | PATIENT DAYS BY LEVEL OF CARE | | Physicians | 0.0 |
| Hospice care not appropriate | 0.0% | Medicaid | 0.0 | Routine home care | 98.8% | Registered Nurses | 0.1 |
| Transferred: care provided by another hospice | 9.1 | Medicare/Medicaid | 0.0 | Continuous care | 0.0 | Lic. Prac. Nurses | 0.0 |
| Revocation of hospice benefit | 0.0 | Managed Care/HMO | 0.0 | Inpatient care: acute symptom mgmt | 1.2 | Hospice Aides | 0.0 |
| Other | 0.0 | PACE/Partnership | 0.0 | Respite care | 0.0 | Physical Therapists | 0.0 |
| Deaths | 90.9 | Private Insurance | 25.0 | Total Patient Days | 347 | Occupational Therapists | 0.0 |
| Total Discharges | 11 | Self Pay | 0.0 | | | Speech/Language Pathologists | 0.0 |
| DISCHARGES BY LENGTH OF STAY | | Other | 0.0 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | | Bereavement Counselors | 0.1 |
| 1 - 7 days | 18.2% | Total Admissions | 12 | Private residence | 100.0% | Social Workers | 0.1 |
| 8 - 14 days | 45.5 | DEATHS BY SITE OF OCCURRENCE | | Nursing home | 0.0 | Dietary | 0.0 |
| 15 - 29 days | 9.1 | Private residence | 90.0% | Hospice res. fac. | 0.0 | Chaplain | 0.0 |
| 30 - 59 days | 9.1 | Nursing home | 0.0 | Assisted living: Residential care apt. complex | 0.0 | Clerical/Office Support | 0.1 |
| 60 - 89 days | 9.1 | Hospice res. fac. | 0.0 | Adult family home | 0.0 | Volunter Coordinator | 0.0 |
| 90 - 179 days | 9.1 | Assisted living: Residential care apt. complex | 0.0 | Nursing home | 0.0 | Other | 0.0 |
| 180 days - 1 year | 0.0 | Community-based res. facility | 0.0 | Hospice res. fac. | 0.0 | Total FTEs | 0.4 |
| 1 year or more | 0.0 | Inpatient facility | 10.0 | Assisted living: Residential care apt. complex | 0.0 | | |
| Total Discharges | 11 | Other site | 0.0 | Adult family home | 0.0 | * Full-time equivalents | |
| | | Total Deaths | 10 | Community-based res. facility | 0.0 | Volunteers who served patients of the hospice in 2003: | 8 |
| | | | | Inpatient facility | 0.0 | Total hours of service provided during 2003 by these volunteers: | 17 |
| | | | | Other site | 0.0 | | |
| | | | | Caseload | 1 | | |

Red Wing Regional Hospice
 1407 West 4th Street, Box 134
 Red Wing MN 55066

License Number: 540
 County: Out of State
 (651) 385-3410

Ownership of Hospice: Private Nonprofit
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2003 Caseload: 3
 Unduplicated Patient Count for 2003: 16
 Average Daily Census: 2
 Medicare Certified Inpatient Facility? No

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|--|--|--|---|
| Under 20 6.3% | Malignant neoplasm (cancer) 62.5% | Physician 50.0% | Medicare 66.7% |
| 20 to 54 12.5 | Cardiovascular disease 18.8 | Self-referral 0.0 | Medicaid 0.0 |
| 55 to 64 12.5 | Pulmonary disease 12.5 | Patient's family 12.5 | Medicare/Medicaid 0.0 |
| 65 to 74 18.8 | Renal failure/ kidney disease 0.0 | Hospital 37.5 | Managed Care/HMO 33.3 |
| 75 to 84 31.3 | Diabetes 0.0 | Home health agency 0.0 | PACE/Partnership 0.0 |
| 85 to 94 12.5 | Alzheimer's disease 0.0 | Nursing home 0.0 | Private Insurance 0.0 |
| 95 & over 6.3 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 16 | ALS 0.0 | Adult family home 0.0 | Other 0.0 |
| Male 56.3% | Other 6.3 | Community-based res. facility 0.0 | Caseload 3 |
| Female 43.8 | Total Patients 16 | Other 0.0 | |
| Total Patients 16 | | Total Patients 16 | |
| TOTAL ADMISSIONS 17 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 15 | Medicare 88.2% | | Administrators 1.0 |
| REASON FOR DISCHARGE | Medicaid 0.0 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 0.0% | Medicare/Medicaid 0.0 | Routine home care 99.2% | Registered Nurses 0.2 |
| Transferred: care provided by another hospice 0.0 | Managed Care/HMO 5.9 | Continuous care 0.0 | Lic. Prac. Nurses 0.0 |
| Revocation of hospice benefit 13.3 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 0.0 | Hospice Aides 0.2 |
| Other 0.0 | Private Insurance 5.9 | Respite care 0.8 | Physical Therapists 0.0 |
| Deaths 86.7 | Self Pay 0.0 | Total Patient Days 854 | Occupational Therapists 0.0 |
| Total Discharges 15 | Other 0.0 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 17 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.1 |
| 1 - 7 days 33.3% | DEATHS BY SITE OF OCCURRENCE | Private residence 100.0% | Social Workers 1.1 |
| 8 - 14 days 20.0 | Private residence 92.3% | Nursing home 0.0 | Dietary 0.0 |
| 15 - 29 days 20.0 | Nursing home 0.0 | Hospice res. fac. 0.0 | Chaplain 0.0 |
| 30 - 59 days 0.0 | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 1.0 |
| 60 - 89 days 6.7 | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 0.0 |
| 90 - 179 days 20.0 | Adult family home 0.0 | Community-based res. facility 0.0 | Other 1.1 |
| 180 days - 1 year 0.0 | Community-based res. facility 0.0 | Inpatient facility 0.0 | Total FTEs 4.5 |
| 1 year or more 0.0 | Inpatient facility 7.7 | Other site 0.0 | |
| Total Discharges 15 | Other site 0.0 | Caseload 3 | * Full-time equivalents |
| | Total Deaths 13 | | Volunteers who served patients of the hospice in 2003: 16 |
| | | | Total hours of service provided during 2003 by these volunteers: 91 |

| | | | |
|--|-----------------------|--|----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 1 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 10 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 1 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | | CASELOAD ON 12/31/03 BY PAY SOURCE | |
|---|-------|---|--------|--|--------|--|--------------|
| Under 20 | 0.0% | Malignant neoplasm (cancer) | 100.0% | Physician | 10.0% | Medicare | 0.0% |
| 20 to 54 | 10.0 | Cardiovascular disease | 0.0 | Self-referral | 0.0 | Medicaid | 0.0 |
| 55 to 64 | 10.0 | Pulmonary disease | 0.0 | Patient's family | 40.0 | Medicare/Medicaid | 0.0 |
| 65 to 74 | 30.0 | Renal failure/kidney disease | 0.0 | Hospital | 0.0 | Managed Care/HMO | 0.0 |
| 75 to 84 | 20.0 | Diabetes | 0.0 | Home health agency | 0.0 | PACE/Partnership | 0.0 |
| 85 to 94 | 20.0 | Alzheimer's disease | 0.0 | Nursing home | 0.0 | Private Insurance | 100.0 |
| 95 & over | 10.0 | AIDS | 0.0 | Assisted living: Residential care apt. complex | 0.0 | Self Pay | 0.0 |
| Total Patients | 10 | ALS | 0.0 | Adult family home | 0.0 | Other | 0.0 |
| Male | 80.0% | Other | 0.0 | Community-based res. facility | 0.0 | Caseload | 1 |
| Female | 20.0 | Total Patients | 10 | Other | 50.0 | | |
| Total Patients | 10 | | | Total Patients | 10 | | |
| TOTAL ADMISSIONS | 10 | | | | | STAFFING | FTEs* |
| TOTAL DISCHARGES | 9 | ADMISSIONS BY PAY SOURCE | | | | Administrators | 0.1 |
| REASON FOR DISCHARGE | | Medicare | 80.0% | PATIENT DAYS BY LEVEL OF CARE | | Physicians | 0.0 |
| Hospice care not appropriate | 0.0% | Medicaid | 0.0 | Routine home care | 95.1% | Registered Nurses | 0.3 |
| Transferred: care provided by another hospice | 0.0 | Medicare/Medicaid | 0.0 | Continuous care | 0.0 | Lic. Prac. Nurses | 0.0 |
| Revocation of hospice benefit | 0.0 | Managed Care/HMO | 0.0 | Inpatient care: acute symptom mgmt | 2.9 | Hospice Aides | 0.0 |
| Other | 0.0 | PACE/Partnership | 0.0 | Respite care | 2.0 | Physical Therapists | 0.0 |
| Deaths | 100.0 | Private Insurance | 20.0 | Total Patient Days | 407 | Occupational Therapists | 0.0 |
| Total Discharges | 9 | Self Pay | 0.0 | | | Speech/Language Pathologists | 0.0 |
| DISCHARGES BY LENGTH OF STAY | | Other | 0.0 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | | Bereavement Counselors | 0.0 |
| 1 - 7 days | 22.2% | Total Admissions | 10 | Private residence | 100.0% | Social Workers | 0.1 |
| 8 - 14 days | 11.1 | DEATHS BY SITE OF OCCURRENCE | | Nursing home | 0.0 | Dietary | 0.0 |
| 15 - 29 days | 22.2 | Private residence | 55.6% | Hospice res. fac. | 0.0 | Chaplain | 0.0 |
| 30 - 59 days | 33.3 | Nursing home | 22.2 | Assisted living: Residential care apt. complex | 0.0 | Clerical/Office Support | 0.0 |
| 60 - 89 days | 0.0 | Hospice res. fac. | 0.0 | Adult family home | 0.0 | Volunter Coordinator | 0.0 |
| 90 - 179 days | 11.1 | Assisted living: Residential care apt. complex | 0.0 | Nursing home | 0.0 | Other | 0.0 |
| 180 days - 1 year | 0.0 | Community-based res. facility | 0.0 | Hospice res. fac. | 0.0 | Total FTEs | 0.6 |
| 1 year or more | 0.0 | Inpatient facility | 22.2 | Assisted living: Residential care apt. complex | 0.0 | | |
| Total Discharges | 9 | Other site | 0.0 | Adult family home | 0.0 | * Full-time equivalents | |
| | | Total Deaths | 9 | Community-based res. facility | 0.0 | Volunteers who served patients of the hospice in 2003: | 18 |
| | | | | Inpatient facility | 0.0 | Total hours of service provided during 2003 by these volunteers: | 24 |
| | | | | Other site | 0.0 | | |
| | | | | Caseload | 1 | | |

Lakeview Hospice
 5610 Norwich Parkway
 Stillwater MN 55082

License Number: 548
 County: Out of State
 (651) 430-3320

| | | | |
|--|-----------------------|--|----|
| Ownership of Hospice: | Nonprofit Corporation | December 31, 2003 Caseload: | 13 |
| Title 18 (Medicare) Certified? | Yes | Unduplicated Patient Count for 2003: | 86 |
| Title 19 (Medicaid) Certified? | Yes | Average Daily Census: | 12 |
| Licensed Hospice Residential Facility? | No | Medicare Certified Inpatient Facility? | No |

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | CASELOAD ON 12/31/03 BY PAY SOURCE |
|--|--|--|--|
| Under 20 2.3% | Malignant neoplasm (cancer) 74.4% | Physician 12.8% | Medicare 76.9% |
| 20 to 54 2.3 | Cardiovascular disease 9.3 | Self-referral 1.2 | Medicaid 0.0 |
| 55 to 64 9.3 | Pulmonary disease 7.0 | Patient's family 7.0 | Medicare/Medicaid 0.0 |
| 65 to 74 20.9 | Renal failure/ kidney disease 0.0 | Hospital 72.1 | Managed Care/HMO 0.0 |
| 75 to 84 27.9 | Diabetes 0.0 | Home health agency 0.0 | PACE/Partnership 0.0 |
| 85 to 94 27.9 | Alzheimer's disease 4.7 | Nursing home 7.0 | Private Insurance 15.4 |
| 95 & over 9.3 | AIDS 0.0 | Assisted living: Residential care apt. complex 0.0 | Self Pay 0.0 |
| Total Patients 86 | ALS 0.0 | Adult family home 0.0 | Other 7.7 |
| Male 60.5% | Other 4.7 | Community-based res. facility 0.0 | Caseload 13 |
| Female 39.5 | Total Patients 86 | Other 0.0 | |
| Total Patients 86 | | Total Patients 86 | |
| TOTAL ADMISSIONS 74 | ADMISSIONS BY PAY SOURCE | | STAFFING FTEs* |
| TOTAL DISCHARGES 73 | Medicare 85.1% | | Administrators 1.3 |
| REASON FOR DISCHARGE | Medicaid 8.1 | PATIENT DAYS BY LEVEL OF CARE | Physicians 0.0 |
| Hospice care not appropriate 0.0% | Medicare/Medicaid 0.0 | Routine home care 98.7% | Registered Nurses 2.0 |
| Transferred: care provided by another hospice 2.7 | Managed Care/HMO 0.0 | Continuous care 0.0 | Lic. Prac. Nurses 0.0 |
| Revocation of hospice benefit 8.2 | PACE/Partnership 0.0 | Inpatient care: acute symptom mgmt 0.2 | Hospice Aides 2.0 |
| Other 0.0 | Private Insurance 5.4 | Respite care 1.1 | Physical Therapists 0.0 |
| Deaths 89.0 | Self Pay 0.0 | Total Patient Days 4,420 | Occupational Therapists 0.0 |
| Total Discharges 73 | Other 1.4 | | Speech/Language Pathologists 0.0 |
| DISCHARGES BY LENGTH OF STAY | Total Admissions 74 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | Bereavement Counselors 0.2 |
| 1 - 7 days . % | DEATHS BY SITE OF OCCURRENCE | Private residence 61.5% | Social Workers 0.5 |
| 8 - 14 days . | Private residence 69.2% | Nursing home 38.5 | Dietary 0.8 |
| 15 - 29 days . | Nursing home 30.8 | Hospice res. fac. 0.0 | Chaplain 0.5 |
| 30 - 59 days . | Hospice res. fac. 0.0 | Assisted living: Residential care apt. complex 0.0 | Clerical/Office Support 1.5 |
| 60 - 89 days . | Assisted living: Residential care apt. complex 0.0 | Adult family home 0.0 | Volunter Coordinator 0.0 |
| 90 - 179 days . | Community-based res. facility 0.0 | Community-based res. facility 0.0 | Other 0.0 |
| 180 days - 1 year . | Inpatient facility 0.0 | Inpatient facility 0.0 | Total FTEs 8.8 |
| 1 year or more . | Other site 0.0 | Other site 0.0 | |
| Total Discharges 73 | Total Deaths 65 | Caseload 13 | * Full-time equivalents |
| | | | Volunteers who served patients of the hospice in 2003: 20 |
| | | | Total hours of service provided during 2003 by these volunteers: 346 |

Winona Area Hospice
 175 East Wabasha
 Winona MN 55987

License Number: 561
 County: Out of State
 (507) 457-4468

Ownership of Hospice: Nonprofit Corporation
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Licensed Hospice Residential Facility? No

December 31, 2003 Caseload: 1
 Unduplicated Patient Count for 2003: 4
 Average Daily Census: 1
 Medicare Certified Inpatient Facility? No

| AGE AND SEX OF UNDUPLICATED PATIENT COUNT | | PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT | | REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT | | CASELOAD ON 12/31/03 BY PAY SOURCE | |
|--|-------|--|--------|--|--------|--|--------------|
| Under 20 | 0.0% | Malignant neoplasm (cancer) | 100.0% | Physician | 50.0% | Medicare | 0.0% |
| 20 to 54 | 50.0 | Cardiovascular disease | 0.0 | Self-referral | 25.0 | Medicaid | 0.0 |
| 55 to 64 | 0.0 | Pulmonary disease | 0.0 | Patient's family | 25.0 | Medicare/Medicaid | 0.0 |
| 65 to 74 | 25.0 | Renal failure/kidney disease | 0.0 | Hospital | 0.0 | Managed Care/HMO | 0.0 |
| 75 to 84 | 25.0 | Diabetes | 0.0 | Home health agency | 0.0 | PACE/Partnership | 0.0 |
| 85 to 94 | 0.0 | Alzheimer's disease | 0.0 | Nursing home | 0.0 | Private Insurance | 100.0 |
| 95 & over | 0.0 | AIDS | 0.0 | Assisted living: Residential care apt. complex | 0.0 | Self Pay | 0.0 |
| Total Patients | 4 | ALS | 0.0 | Community-based res. facility | 0.0 | Other | 0.0 |
| Male | 75.0% | Other | 0.0 | Other | 0.0 | Caseload | 1 |
| Female | 25.0 | Total Patients | 4 | Total Patients | 4 | | |
| Total Patients | 4 | | | | | | |
| TOTAL ADMISSIONS | 3 | | | | | STAFFING | FTEs* |
| TOTAL DISCHARGES | 3 | ADMISSIONS BY PAY SOURCE | | | | Administrators | 0.0 |
| REASON FOR DISCHARGE | | Medicare | 66.7% | PATIENT DAYS BY LEVEL OF CARE | | Physicians | 0.0 |
| Hospice care not appropriate | 0.0% | Medicaid | 0.0 | Routine home care | 100.0% | Registered Nurses | 0.1 |
| Transferred: care provided by another hospice | 0.0 | Medicare/Medicaid | 0.0 | Continuous care | 0.0 | Lic. Prac. Nurses | 0.0 |
| Revocation of hospice benefit | 0.0 | Managed Care/HMO | 0.0 | Inpatient care: acute symptom mgmt | 0.0 | Hospice Aides | 0.2 |
| Other | 0.0 | PACE/Partnership | 0.0 | Respite care | 0.0 | Physical Therapists | 0.0 |
| Deaths | 100.0 | Private Insurance | 33.3 | Total Patient Days | 149 | Occupational Therapists | 0.0 |
| Total Discharges | 3 | Self Pay | 0.0 | | | Speech/Language Pathologists | 0.0 |
| DISCHARGES BY LENGTH OF STAY | | Other | 0.0 | CASELOAD ON 12/31/03 BY LIVING ARRANGEMENTS | | Bereavement Counselors | 0.0 |
| 1 - 7 days | 0.0% | Total Admissions | 3 | Private residence | 100.0% | Social Workers | 0.1 |
| 8 - 14 days | 0.0 | DEATHS BY SITE OF OCCURRENCE | | Nursing home | 0.0 | Dietary | 0.0 |
| 15 - 29 days | 33.3 | Private residence | 100.0% | Hospice res. fac. | 0.0 | Chaplain | 0.0 |
| 30 - 59 days | 33.3 | Nursing home | 0.0 | Assisted living: Residential care apt. complex | 0.0 | Clerical/Office Support | 0.0 |
| 60 - 89 days | 33.3 | Hospice res. fac. | 0.0 | Adult family home | 0.0 | Volunter Coordinator | 0.0 |
| 90 - 179 days | 0.0 | Assisted living: Residential care apt. complex | 0.0 | Community-based res. facility | 0.0 | Other | 0.0 |
| 180 days - 1 year | 0.0 | Community-based res. facility | 0.0 | Inpatient facility | 0.0 | Total FTEs | 0.5 |
| 1 year or more | 0.0 | Inpatient facility | 0.0 | Hospice res. fac. | 0.0 | | |
| Total Discharges | 3 | Other site | 0.0 | Assisted living: Residential care apt. complex | 0.0 | * Full-time equivalents | |
| | | Total Deaths | 3 | Adult family home | 0.0 | Volunteers who served patients of the hospice in 2003: | 58 |
| | | | | Community-based res. facility | 0.0 | Total hours of service provided during 2003 by these volunteers: | 24 |

Indices of Hospice Profiles

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| 2 | 555 | Lakeview Medical Center | Rice Lake | Barron |
| 3 | 2005 | Heartland Home Health Care & Hospice | Green Bay | Brown |
| 4 | 1503 | Unity Hospice | Green Bay | Brown |
| 5 | 2004 | VNA of WI Hospice - Green Bay | Green Bay | Brown |
| 6 | 557 | Calumet County Hospice Agency | Chilton | Calumet |
| 7 | 1524 | St. Joseph's Hospice | Chippewa Falls | Chippewa |
| 8 | 1513 | Prairie du Chien Hospice | Prairie du Chien | Crawford |
| 9 | 1505 | Hospicecare, Inc. | Madison | Dane |
| 10 | 1518 | Hillside Home Care/Hospice | Beaver Dam | Dodge |
| 11 | 1519 | Northwest Wisconsin Homecare Hospice | Eau Claire | Eau Claire |
| 12 | 1512 | St. Agnes Hospital Hospice Hope | Fond du Lac | Fond du Lac |
| 13 | 516 | Grant County Hospice | Lancaster | Grant |
| 14 | 1523 | The Monroe Clinic Hospice | Monroe | Green |
| 15 | 545 | Upland Hills Hospice | Dodgeville | Iowa |
| 16 | 2006 | Black River Hospice | Black River Falls | Jackson |
| 17 | 508 | Rainbow Hospice Care, Inc. | Jefferson | Jefferson |
| 18 | 1502 | Hospice Alliance, Inc. | Pleasant Prairie | Kenosha |
| 19 | 1507 | Franciscan Skemp Hospice Services | La Crosse | La Crosse |
| 20 | 2007 | Gundersen Lutheran Medical Center, Inc. | La Crosse | La Crosse |
| 21 | 538 | Lafayette County Hospice | Darlington | Lafayette |
| 22 | 524 | LeRoyer Hospice | Antigo | Langlade |
| 23 | 1527 | Holy Family Memorial Hospice | Manitowoc | Manitowoc |
| 24 | 1508 | Manitowoc County Community Hospice | Manitowoc | Manitowoc |
| 25 | 1514 | Comfort Care & Hospice Services | Wausau | Marathon |
| 26 | 2003 | Heartland Home Health Care & Hospice | Brookfield | Milwaukee |
| 27 | 525 | Horizon Home Care & Hospice, Inc. | Brown Deer | Milwaukee |
| 28 | 549 | Hospice Preferred Choice | Greenfield | Milwaukee |
| 29 | 556 | Covenant Hospice/Palliative Care | Milwaukee | Milwaukee |
| 30 | 2002 | Ruth Hospice | Milwaukee | Milwaukee |
| 31 | 2008 | Seasons Hospice & Palliative Care - WI, Inc. | Milwaukee | Milwaukee |
| 32 | 521 | St. Mary's Hospice | Milwaukee | Milwaukee |
| 33 | 1528 | VNA of Wisconsin Hospice | Milwaukee | Milwaukee |
| 34 | 547 | Vitas Healthcare Corporation of WI | Wauwatosa | Milwaukee |
| 35 | 553 | Odyssey Healthcare of Milwaukee, Inc. | West Allis | Milwaukee |
| 36 | 531 | Hospice Touch | Tomah | Monroe |
| 37 | 1509 | Dr. Kate Hospice | Woodruff | Oneida |
| 38 | 503 | Ministry Home Care Hospice - Stevens Point | Stevens Point | Portage |
| 39 | 552 | Flambeau Home Health & Hospice | Phillips | Price |
| 40 | 1525 | Beloit Regional Hospice, Inc. | Beloit | Rock |
| 41 | 544 | Mercy Assisted Care, Inc. | Janesville | Rock |
| 42 | 1521 | Heartland Hospice | Baldwin | St. Croix |
| 43 | 1522 | Home Health United Hospice, Inc. | Prairie du Sac | Sauk |
| 44 | 510 | Shawano Community Hospice | Shawano | Shawano |
| 45 | 532 | St. Nicholas Hospital Home Health & Hospice | Sheboygan | Sheboygan |
| 46 | 529 | VNA of WI Hospice - Sheboygan | Sheboygan | Sheboygan |
| 47 | 1517 | Hope Hospice & Palliative Care, Inc. | Rib Lake | Taylor |

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| 49 | 527 | Rolland Nelson Crossroads Hospice | Hartland | Waukesha |
| 50 | 1504 | Thedacare at Home | Neenah | Winnebago |
| 51 | 1526 | Affinity Visiting Nurses | Oshkosh | Winnebago |
| 52 | 1516 | Ministry Home Care Hospice - Marshfield | Marshfield | Wood |
| 53 | 562 | Hospice of Dubuque | Dubuque | Out of State |
| 54 | 535 | SMDC Hospice & Palliative Care | Duluth | Out of State |
| 55 | 537 | St. Luke's Hospice Duluth | Duluth | Out of State |
| 56 | 551 | Marquette General Home Health & Hospice | Escanaba | Out of State |
| 57 | 540 | Red Wing Regional Hospice | Red Wing | Out of State |
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| 60 | 561 | Winona Area Hospice | Winona | Out of State |

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| 1 | 526 | Regional Hospice Services, Inc. | Ashland | Ashland |
| 42 | 1521 | Heartland Hospice | Baldwin | St. Croix |
| 10 | 1518 | Hillside Home Care/Hospice | Beaver Dam | Dodge |
| 40 | 1525 | Beloit Regional Hospice, Inc. | Beloit | Rock |
| 16 | 2006 | Black River Hospice | Black River Falls | Jackson |
| 26 | 2003 | Heartland Home Health Care & Hospice | Brookfield | Milwaukee |
| 27 | 525 | Horizon Home Care & Hospice, Inc. | Brown Deer | Milwaukee |
| 6 | 557 | Calumet County Hospice Agency | Chilton | Calumet |
| 7 | 1524 | St. Joseph's Hospice | Chippewa Falls | Chippewa |
| 21 | 538 | Lafayette County Hospice | Darlington | Lafayette |
| 15 | 545 | Upland Hills Hospice | Dodgeville | Iowa |
| 53 | 562 | Hospice of Dubuque | Dubuque | Out of State |
| 54 | 535 | SMDC Hospice & Palliative Care | Duluth | Out of State |
| 55 | 537 | St. Luke's Hospice Duluth | Duluth | Out of State |
| 11 | 1519 | Northwest Wisconsin Homecare Hospice | Eau Claire | Eau Claire |
| 56 | 551 | Marquette General Home Health & Hospice | Escanaba | Out of State |
| 12 | 1512 | St. Agnes Hospital Hospice Hope | Fond du Lac | Fond du Lac |
| 3 | 2005 | Heartland Home Health Care & Hospice | Green Bay | Brown |
| 4 | 1503 | Unity Hospice | Green Bay | Brown |
| 5 | 2004 | VNA of WI Hospice - Green Bay | Green Bay | Brown |
| 28 | 549 | Hospice Preferred Choice | Greenfield | Milwaukee |
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| 41 | 544 | Mercy Assisted Care, Inc. | Janesville | Rock |
| 17 | 508 | Rainbow Hospice Care, Inc. | Jefferson | Jefferson |
| 19 | 1507 | Franciscan Skemp Hospice Services | La Crosse | La Crosse |
| 20 | 2007 | Gundersen Lutheran Medical Center, Inc. | La Crosse | La Crosse |
| 13 | 516 | Grant County Hospice | Lancaster | Grant |
| 9 | 1505 | Hospicecare, Inc. | Madison | Dane |
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| 52 | 1516 | Ministry Home Care Hospice - Marshfield | Marshfield | Wood |
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| 30 | 2002 | Ruth Hospice | Milwaukee | Milwaukee |
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| 35 | 553 | Odyssey Healthcare of Milwaukee, Inc. | West Allis | Milwaukee |
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