Home Health Database

This document is to be used in conjunction with the HomeHealth database for the 2012 HomeHealth License Renewal Application.

The database contains 6 tables and the relationships are indicated in the HomeHealthRel.pdf.

This data is in-process working data for the internal use of the Planning Branch, and it may be changed or revised over time. The Planning Branch provides no assurance or representations as to its accuracy, and any user of the data assumes the risk of errors or inaccuracy.

Table 1: tblHomeHealth

| Field Name | Data Type | Definition |
|--------------------|------------|---|
| IngHomeHealthID | AutoNumber | Unique identifier of Home Health agencies. Must be a NUMBER. |
| strLicenseNumber | Text | The license number of the home health agency. |
| strLegalIdentity | Text | Legal identify of applicant |
| strDBA | Text | Doing business as. |
| strPrimaryName | Text | Primary name of the facility. |
| strAddSiteStreet | Text | Street address of the facility |
| strAddSiteCity | Text | City of the facility. |
| strAddSiteST | Text | State of the facility |
| strAddSiteZip | Text | Zip code of the facility. |
| IngAddSiteCounty | Number | County where the facility is located. See tblLocations. Must be a NUMBER. |
| strAgencyEmail | Text | Agency email address |
| strAgencyWebSite | Text | Agency website |
| strAgencyTelephone | Text | Telephone number of the facility. |
| strAgencyFax | Text | Fax number of the facility |
| dtmStartReporting | Date/Time | Start date of the reporting period for the facility. e.g. 6/1/1994 |
| dtmEndReporting | Date/Time | End date of the reporting period for the facility. e.g. 6/1/1994 |

Table 2: tblLocations

| Field Name | Data Type | Definition |
|---------------------|------------|---|
| IngLocationID | AutoNumber | Unique identfier for the locations. Must be a NUMBER. |
| strLocation | Text | Location. |
| strHomeHealthRegion | Text | Identify the Council of Governments region |

Table 3: tblPayerSource

| Field Name | Data Type | Definition |
|------------------------------|------------|---|
| IngPayerSourceID | AutoNumber | Unque identifier of payer source information. Must be a NUMBER. |
| IngHomeHealthID | Number | Identifies the home health facility. See tblHomeHealth. Must be a NUMBER. |
| IngMedicareClients | Number | Number of Medicare clients. |
| IngMedicareVisits | Number | Number of Medicare visits. |
| IngMedicareHMOClients | Number | Number of Medicare HMO clients. |
| IngMedicareHMOVisits | Number | Number of Medicare HMO visits. |
| IngMedicaidClients | Number | Number of Medicaid clients. |
| IngMedicaidVisits | Number | Number of Medicaid visits. |
| IngMedicaidHMOClients | Number | Number of Medicaid HMO clients. |
| IngMedicaidHMOVisits | Number | Number of Medicaid HMO visits. |
| IngPrivateClients | Number | Number of private insurance clients. |
| IngPrivateVisits | Number | Number of private insurance visits. |
| IngPrivateHMOClients | Number | Number of private HMO clients. |
| IngPrivateHMOVisits | Number | Number of private HMO visits. |
| IngIndigentClients | Number | Number of indigent clients. |
| IngIndigentVisits | Number | Number of indigent visits. |
| strOther1Specify | Text | Specify another payment source. |
| IngOther1Clients | Number | Number of other payment source clients. |
| IngOther1Visits | Number | Number of other payment source visits. |
| strOther2Specify | Text | Specify another payment source. |
| IngOther2Clients | Number | Number of other payment source clients. |
| IngOther2Visits | Number | Number of other payment source visits. |
| strOther3Specify | Text | Specify another payment source. |
| IngOther3Clients | Number | Number of other payment source clients. |
| IngOther3Visits | Number | Number of other payment source visits. |
| IngOther4Specify | Text | Specify another payment source. |
| IngOther4Clients | Number | Number of other payment source clients. |
| IngOther4Visits | Number | Number of other payment source visits. |
| strOther5Specify | Text | Specify another payment source. |
| IngOther5Clients | Number | Number of other payment source clients. |
| IngOther5Visits | Number | Number of other payment source visits. |
| dtmPayerSourceStartReporting | Date/Time | Begin date of the payer source reporting period |
| dtmPayerSourceEndReporting | Date/Time | End date of the payer source reporting period. |
| IngMedicareEpisodes | Number | Number of Medicare episodes. |
| sngAvgEpisodesPerBeneficiary | Number | Average number of Medicare episodes per beneficiary |
| sngAvgVisitsPerEpisode | Number | Average number of Medicare visits per episode |

| sngPercentLupas | Number | For Medicare, the percent of Lupas |
|-----------------|--------|------------------------------------|
|-----------------|--------|------------------------------------|

Table 4: tblServices

| Field Name | Data Type | Definition |
|-----------------|------------|--|
| IngServicesID | AutoNumber | Unique identifier of the services table. Must be a NUMBER. |
| IngHomeHealthID | Number | Identifies the facility that the information is related to. See tblHomeHealth. Must be a NUMBER. |
| IngHHHC | Number | 1: Home Health, 2: Home Care |
| IngHHCounty | Number | Identifies the county of residence of clients. See tblLocations. Must be a NUMBER. |
| IngHH0-17 | Number | Number of clients age 0-17. |
| IngHH18-40 | Number | Number of clients age 18-40. |
| IngHH41-59 | Number | Number of clients age 41-59. |
| IngHH60-64 | Number | Number of clients age 60-64. |
| IngHH65-74 | Number | Number of clients age 65-74. |
| IngHH75-84 | Number | Number of clients age 75-84. |
| IngHH85+ | Number | Number of clients age 85+. |
| IngHHAllAges | Number | Total number of clients from the county. |
| IngHHVisits | Number | Total number of visits by county. |

Table 5: tblStaff

| Field Name | Data Type | Definitions |
|-----------------|------------|---|
| IngStaffID | AutoNumber | Unique identifier of the Staff table. Must be a NUMBER. |
| IngHomeHealthID | Number | Identifies the home health agency. See tblHomeHealth. Must be a NUMBER. |
| IngHHHC | Number | 1: Home Health 2: Home Care |
| IngStaffJobID | Number | Identify the staff job. See tblStaffJobs. Must be a NUMBER. |
| IngTotalStaff | Number | Number of total staff in the job. |
| IngFTE | Number | Number of full time employees in that position. |
| IngTotalClients | Number | Number of clients. |
| IngTotalVisits | Number | Number of visits. |
| sngAvgCostVisit | Number | The average cost per visit. |

Table 6: tblStaffJobs

| Field Name | Data Type | Definition |
|----------------|------------|---|
| IngStaffJobsID | AutoNumber | Unique identifier for the list of staff jobs. Must be a NUMBER. |
| strStaffJobs | Text | Identifies the different types of staff jobs. |