

2022 Economic Census

HC-62161 - Home Health Care Services

Location Information

DEFINITION OF ESTABLISHMENT

The reporting unit for this questionnaire is an **establishment**. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed.

MAILING ADDRESS

Please update the mailing address if needed.

ATTN		
<input type="text"/>		
Name 1		
<input type="text"/>		
Name 2	Store/Plant Number	
<input type="text"/>	<input type="text"/>	
Number and Street		
<input type="text"/>		
City, town, village, etc.	State	ZIP Code
<input type="text"/>	Select State or Territory <input type="button" value="v"/>	99999-9999

PHYSICAL LOCATION

Please update the physical location if needed.

(P.O. Box and rural route addresses are not physical locations.)

Number and Street		
<input type="text"/>		
City, town, village, etc.	State	ZIP Code
<input type="text"/>	Select State or Territory <input type="button" value="v"/>	99999-9999

For Census Bureau Use Only

CFN	
<input type="text"/>	<input type="text"/>

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Legal Boundary and Municipality

LEGAL BOUNDARY AND MUNICIPALITY

Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

- Yes
- No
- No legal boundaries
- Do not know

In what type of municipality is this establishment physically located?

- City, village, or borough
- Town or township
- Other
- Do not know

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Item 1: Employer Identification Number

ITEM 1: EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) used on this establishment's latest 2022 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

Yes

No

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Item 1: Employer Identification Number - Enter/Update EIN

ITEM 1: EMPLOYER IDENTIFICATION NUMBER

What is this establishment's 9-digit Employer Identification Number (EIN) used on its latest 2022 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

EIN
99-9999999

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Item 2A: Ownership or Control

ITEM 2A: OWNERSHIP OR CONTROL

Is your company owned or controlled by another domestic company?

Yes

No

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Item 2B: Ownership or Control - Voting Stock Validation

ITEM 2B: OWNERSHIP OR CONTROL - VOTING STOCK VALIDATION

Does another domestic company own more than 50 percent of the voting stock of your company?

Yes

No

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Item 2C: Ownership or Control - Management and Policy

ITEM 2C: OWNERSHIP OR CONTROL - MANAGEMENT AND POLICY

Does another domestic company have the power to control the management and policies of your company?

Yes

No

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Item 2D: Ownership or Control - Percent of Voting Stock Held

ITEM 2D: OWNERSHIP OR CONTROL - PERCENT OF VOTING STOCK HELD

What percent of voting stock was held by the owning or controlling company?

Less than 50%

50%

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Item 2E: Ownership or Control - Company Information

ITEM 2E: OWNERSHIP OR CONTROL - COMPANY INFORMATION

What is the name, address, and 9-digit Employer Identification Number (EIN) of the owning or controlling company?

Name of owning or controlling company

Home office address (Number and street)

City, town, village, etc.

State

Select State or Territory ▼

ZIP Code

99999-9999

EIN

99-9999999

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Item 2F: Number of Establishments

ITEM 2F: NUMBER OF ESTABLISHMENTS

How many establishments operated under EIN at the end of 2022?

2022

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Item 3A: Operational Status

ITEM 3A: OPERATIONAL STATUS

Which of the following best describes this establishment's operational status at the end of 2022?

- In operation
- Temporarily or seasonally inactive
- Ceased operation
- Sold or leased to another operator
- Other

Describe

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Item 3A: Operational Status - Ceased Operation Date

ITEM 3A: OPERATIONAL STATUS - CEASED OPERATION DATE

What was the date this establishment ceased operation?

MMDDYYYY

MMDDYYYY 

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Item 3A: Operational Status - New Owner or Operator Information

ITEM 3A: OPERATIONAL STATUS - NEW OWNER OR OPERATOR INFORMATION

What date was this establishment sold or leased to a new owner or operator?

MMDDYYYY

MMDDYYYY



What is the name, address, and 9-digit Employer Identification Number (EIN) of this establishment's new owner or operator?

Name of new owner/operator

Mailing Address (Number and Street, P.O. Box, etc.)

City, town, village, etc.

State

Select State or Territory

ZIP Code

99999-9999

EIN

99-9999999

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Item 3B: Months in Operation

ITEM 3B: MONTHS IN OPERATION

What was the number of months in operation during 2022?

2022
▼

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Item 4: Primary Business or Activity

ITEM 4: PRIMARY BUSINESS OR ACTIVITY

Which ONE of the following best describes this establishment's **primary** kind of business or activity in 2022?

Home health and related services

- Home health care provider with medical care, including visiting nurse associations, nursing agencies providing nursing and nursing assistant services to patients in their home, or management of home health care services 621610 001
- Non-medical home care provider, including homemaker services such as cooking and cleaning or companion services with no medical services provided 624120 004
- Home hospice care 621610 002
- Inpatient hospice facility or residential skilled nursing care facility 623110 002
- Home infusion therapy 621610 005
- Home infusion prescription medication delivery; electronic shopping and/or mail-order without providing infusion services 454110 613
- Temporary help services: Nursing agency primarily providing nurses and other employees on a temporary basis to home health care and other health care providers 561320 005
- Home for the elderly, including independent living or assisted living facilities WITHOUT on-site nursing care facility 623312 002

Other primary business or activity

- Home health care supplies and medical equipment store 446199 002
- Other primary business or activity 779000 001
(Describe and click the "Save and Continue" button to search.)

Select Sector Describe primary business or activity

You selected:

- 9-character Code:
- 6-digit NAICS:

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General Reporting Guidelines

GENERAL REPORTING GUIDELINES

Reporting Period

Responses should cover calendar year 2022.

- If your fiscal year covers at least 10 months of calendar year 2022, you may report by fiscal year on all items EXCEPT payroll.
- Calendar year figures for payroll may be available from:
 - IRS Form 941 (Employer's Quarterly Federal Tax Return)
 - IRS Form 944 (Employer's Annual Federal Tax Return)
- If you report by fiscal year, indicate the exact dates of the fiscal year on the submission certification screen.

Providing Estimates

If book figures are not available, estimates are acceptable.

How to Report Dollar Figures:

Dollar figures should be **rounded to thousands** of dollars.

EXAMPLE - DO NOT ENTER DATA

EXAMPLE - if a dollar figure is \$2,036,355.25, report 2036:

Check if None

2022
\$ 2036 ,000.00

EXAMPLE - DO NOT ENTER DATA

EXAMPLE - if a dollar figure is "0" (or less than \$500.00), check the None box:

Check if None

2022
\$,000.00

How to Report Percents:

Percents should be **rounded to whole** percents.

EXAMPLE - DO NOT ENTER DATA

EXAMPLE - if figure is 38.76% of total sales, report 39:

2022
39 %

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Do Not Mail - Report Online

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Consolidating Data for Multiple Locations

CONSOLIDATING DATA FOR MULTIPLE LOCATIONS

Since multiple locations operate under EIN , report on a **consolidated** basis (sum the total of each location and combine) for:

- Item 5: Sales, Shipments, Receipts, or Revenue
- Item 7: Employment, Annual Payroll, and First Quarter Payroll
- Item 22: Detail of Sales, Shipments, Receipts, or Revenue
- Item 28: Special Items - questions vary by survey (if applicable)

Note:

All other Items should be reported **individually** for the location listed above.

- At the end of the Survey, after Remarks, Item 32: Location List will contain a means for you to report information for **each** establishment **individually**.
 - Name, Store/Plant, Address, Kind of Business
 - Number of Employees; Annual Payroll; First Quarter Payroll; Sales, Shipments, Receipts, or Revenue

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Item 5: Sales, Shipments, Receipts, or Revenue [Additional Information](#)

ITEM 5: SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Was all or part of the income of this establishment or organization exempt from Federal income taxes under section 501 of the Internal Revenue Code?

For further clarification, click the "Additional Information" link above.

Yes

No

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Item 5: Sales, Shipments, Receipts, or Revenue - Continued [Additional Information](#)

ITEM 5: SALES, SHIPMENTS, RECEIPTS, OR REVENUE

What were the total operating receipts of this **taxable** establishment?
For further clarification, click the "Additional Information" link above.

Check
if
None

2022

\$

,000.00

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Item 5: Sales, Shipments, Receipts, or Revenue - Continued [Additional Information](#)

ITEM 5: SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Revenue and expenses of this **tax-exempt** establishment

For further clarification, click the "Additional Information" link above.

	Check if None	2022
1. What was the total revenue?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
2. What were the total expenses? (Include payroll, exclude bad debt.)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00

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Item 7: Employment and Payroll Additional Information

ITEM 7: EMPLOYMENT AND PAYROLL

Include:

- Full- and part-time employees working at this establishment (including employees working from home) whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN)

Exclude:

- Temporary staffing obtained from a staffing service
- Contractors, subcontractors, or independent contractors
- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN
- Purchased or managed services, such as janitorial, guard, or landscape services
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services

For further clarification, click the "Additional Information" link above.

A. Employment

	Check if None	2022
What was the number of employees for pay period including March 12?	<input type="checkbox"/>	

B. Payroll before deductions

(Exclude employer's cost for fringe benefits.)

	Check if None	2022
1. What was the annual payroll?	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00
2. What was the first quarter payroll (January-March 2022)?	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00

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Item 22: Detail of Sales, Shipments, Receipts, or Revenue

ITEM 22: DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Of the **\$,000.00** of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what products and services were included?

The products and services listed below are generally associated with your industry.

Please select the products or services that contribute to the sales, shipments, receipts, or revenue of this establishment.

Products or Services not listed? Click the "Search for product/service not listed" button at the bottom of the screen to search for and add each product or service not listed.

Select **ALL** that apply, at the most detailed level possible.

Description	Select	Product Code
1. Home health care bundled service (More)	<input checked="" type="checkbox"/>	7004400000
a. Home health care with rehabilitative services (More)	<input checked="" type="checkbox"/>	7004400003
b. Home health care without rehabilitative services (More)	<input checked="" type="checkbox"/>	7004400006
2. Home nursing care services (More)	<input checked="" type="checkbox"/>	7004425000
3. Home hospice (end of life) care services (More)	<input checked="" type="checkbox"/>	7004450000
4. Residential facility hospice (end of life) care services	<input checked="" type="checkbox"/>	7004970000
5. Home infusion therapy services (More)	<input checked="" type="checkbox"/>	7004475000
6. Home respiratory therapy services (More)	<input checked="" type="checkbox"/>	7004500000
7. Home physical, occupational, and speech therapy services (More)	<input checked="" type="checkbox"/>	7004525000
8. Other health care services, not elsewhere classified, including substance abuse outpatient rehabilitation services, respite care services, rental of medical equipment with operator, personal emergency health monitoring and response services, and athletic trainer (sports injury treatment) services	<input checked="" type="checkbox"/>	7004973000
9. Home support counseling services (More)	<input checked="" type="checkbox"/>	7004550000
10. Non-medical home aide services	<input checked="" type="checkbox"/>	7004575000
a. Home aide services for elderly and disabled adults - Homemaker services (More)	<input checked="" type="checkbox"/>	7004575003
b. Home aide services for elderly and disabled adults - Personal care services (More)	<input checked="" type="checkbox"/>	7004575006
c. Home aide services, excluding elderly and disabled adults (More)	<input checked="" type="checkbox"/>	7004575009

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11. Social assistance services for elderly and disabled adults (Include adult day care services.)	<input checked="" type="checkbox"/>	7005014000
12. Rental of home health care equipment (Include wheelchairs, walkers, oxygen tanks, and hospital beds.) (More)	<input checked="" type="checkbox"/>	7004100000
13. Retail sales of prescription and nonprescription medicines, vitamins, minerals, and supplements, including medicines used for infusion services	<input checked="" type="checkbox"/>	5001350000
14. Retail sales of home health care equipment and supplies (Include hearing aids, prosthetic or orthopedic equipment and appliances (except shoes), first aid products, wheelchairs, etc.)	<input checked="" type="checkbox"/>	5001375000

Search for product/service not listed

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Item 22: Detail of Sales, Shipments, Receipts, or Revenue - Continued

ITEM 22: DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Of the \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in Item 5, what was the value for each product or service?

Below are the products and services you previously selected.

Products or Services not listed? Click the "Search for product/service not listed" button at the bottom of the screen to search for and add each product or service not listed.

Table with 3 columns: Description, Value, Product Code. Rows include categories like Home health care bundled service, Home nursing care services, Home hospice care services, etc.

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Subtotal	\$,000.00	7004575000
11. Social assistance services for elderly and disabled adults (Include adult day care services.)	\$,000.00	7005014000
12. Rental of home health care equipment (Include wheelchairs, walkers, oxygen tanks, and hospital beds.) (More)	\$,000.00	7004100000
13. Retail sales of prescription and nonprescription medicines, vitamins, minerals, and supplements, including medicines used for infusion services	\$,000.00	5001350000
14. Retail sales of home health care equipment and supplies (Include hearing aids, prosthetic or orthopedic equipment and appliances (except shoes), first aid products, wheelchairs, etc.)	\$,000.00	5001375000
TOTAL - Sum of lines should equal total Sales, Shipments, Receipts, or Revenue reported in Item 5	\$,000.00	9900000000

Search for product/service not listed

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Item 22: Detail of Sales, Shipments, Receipts, or Revenue

ITEM 22: DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Of the **\$,000.00** of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what products and services were included?
Select ALL that apply.

The products and services listed below are generally associated with your industry.

Please select the products or services that contribute to the sales, shipments, receipts, or revenue of this establishment.

Products or Services not listed? Click the "Search for product/service not listed" button at the bottom of the screen to search for and add each product or service not listed.

Select ALL that apply, at the most detailed level possible.

Description	Select	Product Code
1. Home health care bundled service (More)	<input checked="" type="checkbox"/>	7004400000
a. Home health care with rehabilitative services (More)	<input checked="" type="checkbox"/>	7004400003
b. Home health care without rehabilitative services (More)	<input checked="" type="checkbox"/>	7004400006
2. Home nursing care services (More)	<input checked="" type="checkbox"/>	7004425000
3. Home hospice (end of life) care services (More)	<input checked="" type="checkbox"/>	7004450000
4. Residential facility hospice (end of life) care services	<input checked="" type="checkbox"/>	7004970000
5. Home infusion therapy services (More)	<input checked="" type="checkbox"/>	7004475000
6. Home respiratory therapy services (More)	<input checked="" type="checkbox"/>	7004500000
7. Home physical, occupational, and speech therapy services (More)	<input checked="" type="checkbox"/>	7004525000
8. Other health care services, not elsewhere classified, including substance abuse outpatient rehabilitation services, respite care services, rental of medical equipment with operator, personal emergency health monitoring and response services, and athletic trainer (sports injury treatment) services	<input checked="" type="checkbox"/>	7004973000
9. Home support counseling services (More)	<input checked="" type="checkbox"/>	7004550000
10. Non-medical home aide services	<input checked="" type="checkbox"/>	7004575000
a. Home aide services for elderly and disabled adults - Homemaker services (More)	<input checked="" type="checkbox"/>	7004575003
b. Home aide services for elderly and disabled adults - Personal care services (More)	<input checked="" type="checkbox"/>	7004575006

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Do Not Mail - Report Online

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c. Home aide services, excluding elderly and disabled adults (More)	<input checked="" type="checkbox"/>	7004575009
11. Social assistance services for elderly and disabled adults (Include adult day care services.)	<input checked="" type="checkbox"/>	7005014000
12. Rental of home health care equipment (Include wheelchairs, walkers, oxygen tanks, and hospital beds.) (More)	<input checked="" type="checkbox"/>	7004100000
13. Retail sales of prescription and nonprescription medicines, vitamins, minerals, and supplements, including medicines used for infusion services	<input checked="" type="checkbox"/>	5001350000
14. Retail sales of home health care equipment and supplies (Include hearing aids, prosthetic or orthopedic equipment and appliances (except shoes), first aid products, wheelchairs, etc.)	<input checked="" type="checkbox"/>	5001375000
15. Government contributions, gifts, and grants	<input checked="" type="checkbox"/>	8000025000
16. Private contributions, gifts, and grants (Include contributions, gifts, and grants from individuals, foundations, business and industry, labor unions, etc. Include commissioned fundraising.)	<input checked="" type="checkbox"/>	8000050000
17. Trading securities and commodity contracts on own account (Include investment income, interest, and dividends.) (More)	<input checked="" type="checkbox"/>	8000150000
18. Gains (losses) from non-financial assets sold (Report losses by including a minus sign prior to the dollar amount.) (More)	<input checked="" type="checkbox"/>	8000175000

Search for product/service not listed

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Item 22: Detail of Sales, Shipments, Receipts, or Revenue - Continued

ITEM 22: DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Of the \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what was the value for each product or service?

Below are the products and services you previously selected.

Products or Services not listed? Click the "Search for product/service not listed" button at the bottom of the screen to search for and add each product or service not listed.

Description	Value	Product Code
1. Home health care bundled service (More)		
a. Home health care with rehabilitative services (More)	\$ <input type="text"/> ,000.00	7004400003
b. Home health care without rehabilitative services (More)	\$ <input type="text"/> ,000.00	7004400006
Subtotal	\$ <input type="text"/> ,000.00	7004400000
2. Home nursing care services (More)	\$ <input type="text"/> ,000.00	7004425000
3. Home hospice (end of life) care services (More)	\$ <input type="text"/> ,000.00	7004450000
4. Residential facility hospice (end of life) care services	\$ <input type="text"/> ,000.00	7004970000
5. Home infusion therapy services (More)	\$ <input type="text"/> ,000.00	7004475000
6. Home respiratory therapy services (More)	\$ <input type="text"/> ,000.00	7004500000
7. Home physical, occupational, and speech therapy services (More)	\$ <input type="text"/> ,000.00	7004525000
8. Other health care services, not elsewhere classified, including substance abuse outpatient rehabilitation services, respite care services, rental of medical equipment with operator, personal emergency health monitoring and response services, and athletic trainer (sports injury treatment) services	\$ <input type="text"/> ,000.00	7004973000
9. Home support counseling services (More)	\$ <input type="text"/> ,000.00	7004550000
10. Non-medical home aide services		
a. Home aide services for elderly and disabled adults - Homemaker services (More)	\$ <input type="text"/> ,000.00	7004575003
b. Home aide services for elderly and disabled adults - Personal care services (More)	\$ <input type="text"/> ,000.00	7004575006
c. Home aide services, excluding elderly and disabled adults (More)	\$ <input type="text"/> ,000.00	7004575009

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Subtotal	\$,000.00	7004575000
11. Social assistance services for elderly and disabled adults (Include adult day care services.)	\$,000.00	7005014000
12. Rental of home health care equipment (Include wheelchairs, walkers, oxygen tanks, and hospital beds.) (More)	\$,000.00	7004100000
13. Retail sales of prescription and nonprescription medicines, vitamins, minerals, and supplements, including medicines used for infusion services	\$,000.00	5001350000
14. Retail sales of home health care equipment and supplies (Include hearing aids, prosthetic or orthopedic equipment and appliances (except shoes), first aid products, wheelchairs, etc.)	\$,000.00	5001375000
15. Government contributions, gifts, and grants	\$,000.00	8000025000
16. Private contributions, gifts, and grants (Include contributions, gifts, and grants from individuals, foundations, business and industry, labor unions, etc. Include commissioned fundraising.)	\$,000.00	8000050000
17. Trading securities and commodity contracts on own account (Include investment income, interest, and dividends.) (More)	\$,000.00	8000150000
18. Gains (losses) from non-financial assets sold (Report losses by including a minus sign prior to the dollar amount.) (More)	\$,000.00	8000175000
19. All other nonoperating or tax-exempt revenue				
a. All other nonoperating or tax-exempt revenue - write-in #1				
<input type="text" value="Describe"/>	\$,000.00	8000250003
b. All other nonoperating or tax-exempt revenue - write-in #2				
<input type="text" value="Describe"/>	\$,000.00	8000250006
TOTAL - Sum of lines should equal total Revenue reported in Item 5	\$,000.00	9900000002

Search for product/service not listed

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Do Not Mail - Report Online

Do Not Mail - Report Online

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Item 25: Franchise

ITEM 25: FRANCHISE

A. Was this establishment operating under any trademark(s) or brand name(s) authorized by a franchisor in 2022?

Yes - franchisee-owned establishment

Yes - franchisor-owned establishment

No

B. If yes, what was the trademark(s) or brand name(s) operated under?

Describe

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Item 26: Business Cooperative

ITEM 26: BUSINESS COOPERATIVE

A cooperative is a business or organization owned by, controlled by, and operated for the benefit of members using its services. Members (also known as user-owners) can be individuals or organizations, and benefit from the use of services, products, and/or earnings generated by the co-op. This includes purchasing co-ops, member/patron organizations, member-controlled non-profits, consumer co-ops, marketing co-ops, worker co-ops, etc.

Is this establishment a cooperative?

Yes

No

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Item 28: Special Items - Telemedicine

ITEM 28: SPECIAL ITEMS - TELEMEDICINE

Did this establishment receive revenues from telemedicine services in 2022?

Telemedicine services are billable visits that use live interactive audio-visual telecommunications to deliver patient health care services by a physician or practitioner at a remote location.

Include:

- Telemedicine services such as evaluating, diagnosing, and/or prescribing treatment.
- Billable telemedicine services that facilitate visits at the patient's physical location such as technical support with telecommunications.

Yes

No

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Item 28: Special Items - Type of Payer

ITEM 28: SPECIAL ITEMS - TYPE OF PAYER

1. Net Patient Care Operating Revenue - Using net patient revenues, report your sources of revenue in each of the below categories.

Include the value of total patient care revenue collected for the reporting period. This figure should be reported net of any negotiated discounts and write-downs for bad debt.

Exclude non-patient care revenue such as grants, subsidies, contributions, philanthropy, and sales from gift shops, cafeteria, and parking lot receipts.

a. Government payers (Include Federal, State, or Local) - Report revenues from the following sources:

1. Medicare - Fee for service only from parts A, B, and D (exclude part C)

2022 \$ [] ,000.00

2. Medicaid - Fee for service only

\$ [] ,000.00

3. Workers' compensation

\$ [] ,000.00

4. All other Federal, State, or Local government programs including but not limited to Children's Health Insurance Program (CHIP), Department of Defense (DOD), Civilian Health and Medical Programs of the Department of Veterans Affairs (CHAMPVA), TRICARE, Substance Abuse and Mental Health Services Administration (SAMHSA), and Indian Health Services (IHS).

\$ [] ,000.00

b. Revenue from health care providers, including hospitals, health practitioners, outpatient care facilities, etc.

\$ [] ,000.00

c. Private insurance

1. Private health insurance, including Medicare and Medicaid managed care plans - Include revenue from medical plans administered by private insurers, including employer sponsored, other group plans, Medicare part C (managed care plans), Medicaid managed care plans, and Federal, State, and Local government health insurance.

\$ [] ,000.00

2. Property and casualty insurance - Include revenue from auto and homeowners' insurance and other accident/liability insurance. Exclude workers' compensation insurance.

\$ [] ,000.00

d. Patient out of pocket from patients and their families - Include all deductibles and co-insurance from private health insurance, Medicare, Medicaid and other public programs paid by the beneficiary or the family of the beneficiary and payments from or on behalf of uninsured patients.

\$ [] ,000.00

e. All other sources of revenue for patient care - Include all other sources of revenue for patient care not included in lines 1a1 through 1d.

\$ [] ,000.00

Describe

2. Non-Patient Care Operating Revenue

a. Operating revenue from health care providers (health practitioners, hospitals, outpatient care facilities, and all other health care practitioners) for non-patient care services provided. Include revenue for medical administration and other administrative services, incentive payments, management fees, medical director fees, etc.

\$ [] ,000.00

b. All other non-patient care operating revenue - Include other operating revenue (e.g., gift shop sales, cafeteria sales, parking lot receipts, florist receipts).

\$ [] ,000.00

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3. TOTAL REVENUE - Sum of lines 1a1 through 2b

	2022	
\$	<input type="text"/>	,000.00

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Item 28: Special Items - Type of Payer

ITEM 28: SPECIAL ITEMS - TYPE OF PAYER

1. Net Patient Care Operating Revenue - Using net patient revenues, report your sources of revenue in each of the below categories.

Include the value of total patient care revenue collected for the reporting period. This figure should be reported net of any negotiated discounts and write-downs for bad debt.

Exclude non-patient care revenue such as grants, subsidies, contributions, philanthropy, and sales from gift shops, cafeteria, and parking lot receipts.

a. Government payers (Include Federal, State, or Local) - Report revenues from the following sources:

1. Medicare - Fee for service only from parts A, B, and D (exclude part C)

2022 \$ [] ,000.00

2. Medicaid - Fee for service only

\$ [] ,000.00

3. Workers' compensation

\$ [] ,000.00

4. All other Federal, State, or Local government programs including but not limited to Children's Health Insurance Program (CHIP), Department of Defense (DOD), Civilian Health and Medical Programs of the Department of Veterans Affairs (CHAMPVA), TRICARE, Substance Abuse and Mental Health Services Administration (SAMHSA), and Indian Health Services (IHS).

\$ [] ,000.00

b. Revenue from health care providers, including hospitals, health practitioners, outpatient care facilities, etc.

\$ [] ,000.00

c. Private insurance

1. Private health insurance, including Medicare and Medicaid managed care plans - Include revenue from medical plans administered by private insurers, including employer sponsored, other group plans, Medicare part C (managed care plans), Medicaid managed care plans, and Federal, State, and Local government health insurance.

\$ [] ,000.00

2. Property and casualty insurance - Include revenue from auto and homeowners' insurance and other accident/liability insurance. Exclude workers' compensation insurance.

\$ [] ,000.00

d. Patient out of pocket from patients and their families - Include all deductibles and co-insurance from private health insurance, Medicare, Medicaid and other public programs paid by the beneficiary or the family of the beneficiary and payments from or on behalf of uninsured patients.

\$ [] ,000.00

e. All other sources of revenue for patient care - Include all other sources of revenue for patient care not included in lines 1a1 through 1d.

\$ [] ,000.00

Describe

2. Non-Patient Care Operating Revenue

a. Operating revenue from health care providers (health practitioners, hospitals, outpatient care facilities, and all other health care practitioners) for non-patient care services provided. Include revenue for medical administration and other administrative services, incentive payments, management fees, medical director fees, etc.

\$ [] ,000.00

b. All other non-patient care operating revenue - Include other operating revenue (e.g., gift shop sales, cafeteria sales, parking lot receipts, florist receipts).

\$ [] ,000.00

Describe

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3. Non-Operating Revenue

a. Contributions, gifts, and grants received	2022 \$ <input type="text"/> ,000.00
b. Investment and property income - Include interest and dividends. Exclude gains (losses) from assets sold.	\$ <input type="text"/> ,000.00
c. All other non-operating revenue - Include other non-operating revenue.	\$ <input type="text"/> ,000.00
<input type="text" value="Describe"/>	

4. TOTAL REVENUE - Sum of lines 1a1 through 3c	2022 \$ <input type="text"/> ,000.00
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Item 28: Special Items - Measures of Clinical Performance

ITEM 28: SPECIAL ITEMS - MEASURES OF CLINICAL PERFORMANCE

Did this establishment measure its clinical performance in 2022?

Measures of clinical performance are quantifiable metrics used to evaluate the success of any clinical activity or clinical function.

Examples of clinical performance measures include:

- Patient wait times
- Counts for mishandling of patient specimens
- Emergency response times
- Rates of medication or treatment errors

Yes

No

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Item 28: Special Items - Measures of Clinical Performance

ITEM 28: SPECIAL ITEMS - MEASURES OF CLINICAL PERFORMANCE

1. Who sees your organization's measures of clinical performance?

Select ALL that apply.

- Managers
- Employees (non-managers)
- Owners
- Patients and their responsible parties
- Government regulators or agencies
- On public display

2. Who chooses which measures of clinical performance to collect?

Select ALL that apply.

- Managers at this establishment
- Managers at other establishments and/or headquarters
- Owners
- Board of Directors
- Insurance providers
- Government regulators or agencies

3. How frequently did senior managers at this establishment review the measures of clinical performance in 2022?

Select ALL that apply.

- Yearly
- Quarterly
- Monthly
- Weekly
- Daily or more often
- Never

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Item 28: Special Items - Exported Services

ITEM 28: SPECIAL ITEMS - EXPORTED SERVICES

Did this establishment **sell services (not goods) to foreign businesses** in 2022 (i.e., exported services)?

Foreign businesses are those located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include:

- Services provided to any foreign businesses, whether unaffiliated or affiliated (i.e., foreign parent firms, subsidiaries, branches, etc.)

Exclude:

- Exported goods
- Services provided to domestic subsidiaries of foreign businesses

Yes

No

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Item 28: Special Items - Imported Services

ITEM 28: SPECIAL ITEMS - IMPORTED SERVICES

Did this establishment **purchase services (not goods) from foreign businesses** in 2022 (i.e., imported services)?

Foreign businesses are those located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions).

Include:

- Services purchased from any foreign businesses, whether unaffiliated or affiliated (i.e., foreign parent firms, subsidiaries, branches, etc.)

Exclude:

- Imported goods
- Services purchased from domestic subsidiaries of foreign businesses

Yes

No

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Item 29: Business Technologies

ITEM 29: BUSINESS TECHNOLOGIES

1. Did this establishment use touchscreens/kiosks for customer interface in its own operations in 2022?

Touchscreens/kiosks for customer interface are computers with touchscreens that allow customers to receive information or perform tasks related to the business, such as registering for a service or purchasing items.

Include:

- Self-checkout, self-check-in, touchscreen ordering, etc.

Yes

No

Do not know

2. Did this establishment use additive manufacturing (e.g., 3D printing) in its own operations in 2022?

Additive manufacturing is the process of making three-dimensional, solid objects from a digital file.

Yes

No

Do not know

3. Did this establishment use radio-frequency identification (RFID) in its own operations in 2022?

Radio-frequency identification (RFID) is the use of passive or active radio-frequency identification chips to track inventory, products, or other objects.

Exclude:

- Bar codes read with a scanner

Yes

No

Do not know

4. Did this establishment use industrial robots in its own operations in 2022?

Industrial robots are automatically controlled, reprogrammable, and multipurpose machines used in industrial automated operations. They may be mobile, incorporated into stand-alone stations, or integrated into a production line.

Include:

- Industrial robotic equipment that typically performs palletizing, pick and place, machine tending, machine handling, dispensing, welding, and packing/repacking

Exclude:

- Automated guided vehicles (AGV), autonomous mobile robots (AMR), driverless forklifts, automated storage and retrieval systems, CNC machining equipment, and service robots

Yes

No

Do not know

5. Did this establishment use service robots in its own operations in 2022?

Service robots perform tasks for humans for personal or professional use, not in an industrial or warehouse setting.

Include:

- Medical, cleaning, delivery, construction/demolition, and field (such as mining, firefighting, and forestry) service robots

Exclude:

- Automated guided vehicles (AGV), autonomous mobile robots (AMR), CNC machining equipment, and industrial robots

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Yes

No

Do not know

6. Did this establishment use automated guided vehicles (AGV) or autonomous mobile robots (AMR) in its own operations in 2022?

Automated guided vehicles (AGV) are computer-controlled vehicles that use sensor-based systems and software to navigate fixed routes (including driverless forklifts).
Autonomous mobile robots (AMR) are computer-controlled vehicles that use sensor-based systems and software to navigate without the need for fixed routes.

Yes

No

Do not know

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Item 29: Business Technologies - Touchscreens/Kiosks for Customer Interface

ITEM 29: BUSINESS TECHNOLOGIES - TOUCHSCREENS/KIOSKS FOR CUSTOMER INTERFACE

How did this establishment acquire the touchscreens/kiosks for customer interface used in its own operations?

Select ALL that apply.

Purchased

Leased/rented

Developed in-house

Other

Describe

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Item 29: Business Technologies - Additive Manufacturing

ITEM 29: BUSINESS TECHNOLOGIES - ADDITIVE MANUFACTURING

How did this establishment acquire the additive manufacturing (e.g., 3D printing) used in its own operations?

Select ALL that apply.

Purchased

Leased/rented

Developed in-house

Other

Describe

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Item 29: Business Technologies - Radio-Frequency Identification (RFID)

ITEM 29: BUSINESS TECHNOLOGIES - RADIO-FREQUENCY IDENTIFICATION (RFID)

How did this establishment acquire the radio-frequency identification (RFID) used in its own operations?

Select ALL that apply.

Purchased

Leased/rented

Developed in-house

Other

Describe

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Item 29: Business Technologies - Industrial Robots

ITEM 29: BUSINESS TECHNOLOGIES - INDUSTRIAL ROBOTS

How did this establishment acquire the industrial robots used in its own operations?

Select ALL that apply.

Purchased

Leased/rented

Developed in-house

Other

Describe

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Item 29: Business Technologies - Service Robots

ITEM 29: BUSINESS TECHNOLOGIES - SERVICE ROBOTS

How did this establishment acquire the service robots used in its own operations?

Select ALL that apply.

Purchased

Leased/rented

Developed in-house

Other

Describe

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Item 29: Business Technologies - Automated Guided Vehicles (AGV) or Autonomous Mobile Robots (AMR)

ITEM 29: BUSINESS TECHNOLOGIES - AUTOMATED GUIDED VEHICLES (AGV) OR AUTONOMOUS MOBILE ROBOTS (AMR)

How did this establishment acquire the automated guided vehicles (AGV) or autonomous mobile robots (AMR) used in its own operations?

Select ALL that apply.

Purchased

Leased/rented

Developed in-house

Other

Describe

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Item 31: Remarks

ITEM 31: REMARKS

Please use this space for any explanations that may be essential in understanding your reported data. (Maximum length is 1,000 characters.)

You have characters remaining

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Item 32: Establishment Information

ITEM 32: ESTABLISHMENT INFORMATION

Name		
<input type="text"/>		
Secondary Name	Store/Plant	
<input type="text"/>	<input type="text"/>	
Number and Street		
<input type="text"/>		
City, town, village, etc.	State	ZIP Code
<input type="text"/>	Select State or Territory <input type="button" value="v"/>	99999-9999
Describe kind of business at this location		
<input type="text"/>		

For employees that worked at more than one location, report the employment and payroll data for those employees at the ONE location where they spent most of their working time.

What was the number of employees for pay period including March 12?	2022	<input type="text"/>
What was the annual payroll?	2022	\$ <input type="text"/> ,000.00
What was the first quarter payroll (January - March 2022)?	2022	\$ <input type="text"/> ,000.00
What were the sales, shipments, receipts, or revenue?	2022	\$ <input type="text"/> ,000.00

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