



Questions on spreadsheet tool? Call Elizabeth Wilson at 417.865.8701 or email at: ewilson@bkd.com

Missouri Department of Health and Senior Services 2020 Hospice Annual Statistical Report January 1 - December 31, 2020

This 2020 Hospice Annual Statistical Report must be submitted to MO DHSS via e-mail to hospiceannualreports@health.mo.gov

by February 28, 2021. This form is to be used for one certification (license) number only. Separate reports must be completed for each state-certification number. If you are an out-of-state provider, or serve other states, include only Missouri residents who received care from the provider. List all Medicare certified and/or State-certified (license satellite) locations.

Table of Contents

The following sheets are contained in this Excel file. Click on each tab to access the sheet, then review or complete as appropriate.

Instructions - Contains instructions on how to complete and submit the survey.

Statistical Report - Contains questions for the Annual Statistical Report. Note that diagnoses now include ICD-9 and ICD-10 suggestions.

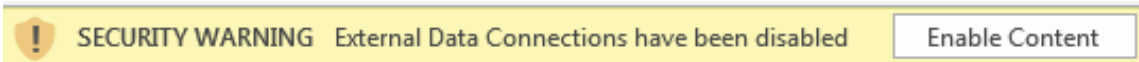
County Report - Contains questions for the Annual County Report.

Approval - Contains comments, contact, and approval information.

Errors - Status of all errors. Please review before submitting survey.

Setup

The first time you open this Excel file, you may see a Security Warning indicating that External Data Connections have been disabled. If you do see this message please click "Enable Content". This will allow you to have full functionality of the spreadsheet and it's content.



The survey is contained in this Excel file. The preferred set up method is to open the file in your Excel software and **immediately do a "Save As"** to your local computer hard drive. Please be sure to name your file with the name of your hospice and location. No further action will be necessary to prepare the file for use. Continue using the copy on your local computer. Remember: Please be sure to save your file with the name and location of your hospice. **For example: Marie's Hospice.NoTown.Mo.** Please do not use the name of a corporate office. Use the name listed with the Department of Health & Senior Services and any unique identifier that is needed for verification.


If you copy the file directly onto your computer outside of your spreadsheet software and are using a non-Windows XP system, the properties of the copied file must be modified to remove the "Read-only" flag placed on the file by the CD-ROM. To modify the properties, right click on the file name and select "Properties." In the Properties dialog box, deselect the "Read-only" check box.



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Using the Survey

Definitions for questions have been placed in a comment section for selected cells. Cells with definitions/comments contain a red triangle  in the upper right-hand corner of the cell. The comment is displayed by placing the mouse cursor over the red triangle in the cell. By printing the survey, the definitions/comments will print at the end of the worksheet.

The answers to the questions are to be entered in the yellow boxes in the survey. Some of the response cells contain a drop-down list (upside-down black triangle). After selecting the cell, you may select the upside-down triangle to access a list of valid responses from which to make a selection.

Certain information regarding agency name and address (any information not in a yellow box) is maintained in a "master" file at DHSS. If this information is incorrect, please contact the Missouri Department of Health and Senior Services at 573-751-6336. They will update their master file which will be used when reports are finalized.

To ensure consistent answers, responses to some questions have been limited to standard values, which will be noted at time of entry. If an incorrect response is given, then a message box will appear. After clicking "Retry" to clear the message box, you can enter a valid response.

Totals are calculated automatically. Selected cells are compared to previous answers and if they do not match, an appropriate error message will appear below the item and on the "Errors" sheet.

Please review the tab labeled "Errors" before submission and make appropriate corrections. Do not send the report with "errors". The report will be returned to you until the errors are corrected and your report will not be considered completed.

Please allow for 48 hours, once your report has been submitted for an email response that it has been received. An email response, is only a verification that your report has been received. Any errors in the report will still cause your report to be returned for further review and will not be considered a final completed report until any issues are resolved.

ADA STATEMENT

If you desire a copy of this publication in alternate form because of a disability, contact the Missouri Department of Health and Senior Services, Division of Administration, P.O. Box 570 Jefferson City, MO 65102; phone 573/751-6336.

Hearing-impaired citizens may contact the department by phone through Missouri Relay 800/735-2966



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Hospice Annual Statistical Report for the period January 1 to December 31, 2020

Errors exist, please review survey and/or Errors sheet.

Agency Name: Please select hospice name from drop-down menu at right. Please choose an agency.

Address:

City, State, ZIP:

County of main office in Missouri:

Phone:

Fax:

Administrator:

E-mail Address:

Number of approved satellite/branch offices in Missouri as of 12/31/2020

Answer on number of
satellite/branch offices
required!

Proprietary Type

Proprietary type must be
selected!

Is your hospice freestanding?

Answer on freestanding is
required!

If not a freestanding hospice, please chose ownership type:

Is your hospice part of a national chain which operates in multiple states?

Answer on national chain
status is required!

	Hospice Medicare	Hospice Medicaid	Private Insurance	Self-Pay	Other*	Total
1. Starting census as of 1/1/2020	<input style="background-color: yellow;" type="text"/>	<input style="background-color: yellow;" type="text"/>	<input style="background-color: yellow;" type="text"/>	<input style="background-color: yellow;" type="text"/>	<input style="background-color: yellow;" type="text"/>	<input style="background-color: yellow;" type="text"/> 0
2. Total yearly admissions	<input style="background-color: yellow;" type="text"/>	<input style="background-color: yellow;" type="text"/>	<input style="background-color: yellow;" type="text"/>	<input style="background-color: yellow;" type="text"/>	<input style="background-color: yellow;" type="text"/>	<input style="background-color: yellow;" type="text"/> 0
3. Total patients served (1 & 2)	<input style="background-color: yellow;" type="text"/> 0	<input style="background-color: yellow;" type="text"/> 0	<input style="background-color: yellow;" type="text"/> 0	<input style="background-color: yellow;" type="text"/> 0	<input style="background-color: yellow;" type="text"/> 0	<input style="background-color: yellow;" type="text"/> 0

Answer on starting
census required!

Answer on total yearly
admissions required!

* Other payment sources may include but not limited to Workers Comp., Home Health Benefit, Donations, etc.



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Agency Name:

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Please choose an agency.

	Routine	Inpatient/ Acute	Respite	Continuous Care	Total	Average Daily Census
4. Total patient days (per diem only)					0	0.00

Answer on total patient days required!

	Number of Patients			Median Length of Stay
	Under 7 days	Over 6 months	Mean (average) Length of Stay	
5. Length of stay				

All length of stay entries required!

	Contracted Employees	Non- Contracted Employees	Volunteers	Total
6. Personnel				0

All personnel entries required!

	Annual Number of Hours	Annual % of Staff Patient Care Hours
7. Volunteer hours (annual)		

All volunteer hours entries required!

	0-12	13-17	18-34	35-64	65-74	75-84	85+	Total
8. Admissions by age								0

Answer on admissions by age required!

	Male	Female	Total
9. Admissions by gender			0

Answer on admissions by gender required!



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Please choose an agency.

	American Indian or Alaskan Native	Black or African American	Hispanic or Latino	Eastern European	Native Hawaiian or Other Pacific Islander
10. Admissions by race/ethnicity					

White or Caucasian	Another Race	Multiracial	Don't Know	Total
				0

Answer on admissions by
race/ethnicity required!

	Non-Veterans	Veterans	Total
11. Admissions by Veteran Status			0

Answer on admissions by
veteran status required!

12. Number of admissions by diagnosis

Diagnosis	See comments for suggested ICD-10 codes	Number of Admissions
Cancer		
Heart		
Alzheimers (only)		
Lung		
Kidney		
Liver		
HIV		
Stroke		
Neurological (including ALS, MS, Huntington, and Parkinson)		
Other (please specify)		
Total		0

Answer on admissions by
diagnosis required!



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Agency Name:

Please select hospice name from drop-down menu at right.

Please choose an agency.

13. Number of admissions and deaths by location

Locations	Number of Admissions	Number of Deaths
Home		
Nursing Facility		
Hospital		
Hospice Inpatient Facility		
Residential Care Facility		
Assisted Living Facility		
Total	0	0

Answer on admissions by location required!

Answer on deaths by location required!

	Revocation	No longer Clinically Appropriate	Administrative Discharge	Death	Other	Total
14. Disposition upon discharge						0

Answer on discharge disposition required!

Cell: A14

Note: Contact Information

This information is what your agency has on file with the Department of Health and Senior Services, Bureau of Home Care and Rehab Standards. Changes cannot be made on this form. If any items are incorrect, you must contact the bureau directly to update your agency information. You may contact the Bureau at:

Missouri Department of Health and Senior Services
Bureau of Home Care and Rehabilitative Standards
P.O. Box 570
912 Wildwood Drive
Jefferson City, Missouri 65102
573-751-6336

Cell: A39

Note: Starting census

Enter the number of patients in each pay source category listed as of January 1 of the survey year. Private insurance category includes patients with either per visit or per diem private insurance coverage.

Cell: A40

Note: Total yearly admissions

Enter the number of patients admitted for the period January 1 - December 31 in each pay source category.

Cell: A41

Note: Total patients served (1 & 2)

This item is now automatically calculated for the user. The columns are the sum of starting census (1) and total yearly number of admissions (2).

Cell: A46

Note: Total patient days (per diem only)

Count only per diem days in each of the four types of days. Patients whose pay source pays for the hospice by the visit should not be included in this category.

Cell: E49

Cell: F49

Note: Median

The Median length of stay is the central number when the individual length of stay are arranged from shortest to longest. If there are an even number of patients discharged in a given time period, the median is the value halfway between the two central numbers. Calculate length of stay for all patients who died or were discharged alive (discharge, transfer, revocation) during the calendar year. Count all days from the day of admission through day of discharge, even if the admission date was in the prior year.

For even number of patients example:

Eight patients are discharged. Patient A was on service for 9 days, Patient B for 130 days, Patient C for 12 days, Patient D for 32 days, Patient E for 16 days, Patient F for 3 days, Patient G for 17 days and Patient H for 48 days.

Arrange the length of stay from shortest to longest. 3 9 12 16 17 32 48 130

Because there is an even number of patients, average the two numbers in the middle of the sequence to find the median. $(16 + 17) \div 2 = 16.5$ days is median length of stay

For odd number of patients example:

Seven patients are discharged. Patient A was on service for 9 days, Patient B for 130 days, Patient C for 12 days, Patient D for 32 days, Patient E for 16 days, Patient F for 3 days, and Patient G for 17 days.

Arrange the length of stay from shortest to longest. 3 9 12 16 17 32 130

Because there is an odd number of patients, select 16 as the median length of stay.

Cell: D50

Cell: A56

Note: Personnel

Enter the total number of contracted, non-contracted, and volunteer personnel employed or associated with your agency as of December 31. Include only personnel working in Missouri. Include clinical and administrative, full-time and part-time. Report headcounts, not FTE (full-time employee) equivalents.

Cell: A60

Note: Volunteer hours

Provide information regarding the total number of volunteer hours including administrative support or direct patient care activity. (Do not include training, orientation, or fund raising activity.) Enter total number of patients/volunteer hours then divide by percentage of staff patient care hours. Report this the same as for Medicare/Medicaid state surveys.

Cell: A64

Note: Admissions by age

List the number of patients according to age at the time of admission during the period.

Cell: A68

Note: Admissions by gender

List the number of patients according to gender.

Cell: A71

Note: Admissions by race/ethnicity

List the number of patients according to race/ethnicity.

Cell: A81

Note: Number of admissions by diagnosis

List the total number of clients served during the year in each diagnosis category. Only one diagnosis per patient is needed.

Cell: A83

Note: Cancer

Suggested ICD-9 Codes

140.0-239.0

Suggested ICD-10 Codes

Neoplasms (C00-D49)

Cell: A84

Note: Heart

Suggested ICD-9 Codes

428.0 428.1 428.9

Suggested ICD-10 Codes

Diseases of the circulatory system (I00-I99)

Cell: A85

Note: Alzheimers (only)

Suggested ICD-9 Codes

3310

Suggested ICD-10 Codes

G30.0 G30.1 G30.8 G30.9

Cell: A86

Note: Lung

Suggested ICD-9 Codes

There are no ICD-9 code(s) for end stage pulmonary disease. Diagnoses for pulmonary disease, which leads to end stage pulmonary disease will be accepted.

Suggested ICD-10 Codes

Diseases of the respiratory system (J00-J99)

Cell: A87

Note: Kidney

Suggested ICD-9 Codes

584.5-584.9 585 586

Suggested ICD-10 Codes
Diseases of the genitourinary system (N00.0-N29)

Cell: A88

Note: Liver

Suggested ICD-9 Codes
155.0 571.2 571.40-571.49 571.5 571.6 572.2 572.4 573.3

Suggested ICD-10 Codes
Diseases of the digestive system (K70.2-K77)

Cell: A89

Note: HIV

Suggested ICD-9 Codes
042

Suggested ICD-10 Codes
Certain infectious and parasitic diseases (B20)

Cell: A90

Note: Stroke

Suggested ICD-9 Codes
430 431 432.0-432.9 433.1 433.11 433.21 433.31 433.81 433.91 434.01 434.11 434.91 436 780.01 850.4 851.05
851.15 851.25 851.35 851.45 851.55 851.65 851.75 851.85 851.95 852.05 852.15 852.25 852.35 852.45 852.55
853.05 853.15 854.05 854.15 997.02

Suggested ICD-10 Codes
Diseases of the circulatory system (I60.0-I69.99 R40.20 S06 I97.811 I91.821)

Cell: A91

Note: Neurological

Suggested ICD-9 Codes
332.0, 333.4, 335.20, 340

Suggested ICD-10 Codes
Diseases of the nervous system (G00.0-G35)

Cell: A96

Note: Number of admissions and deaths by location

Report the total number of patients who were admitted by location and the total number of patients who died during the year in the applicable location category.

Cell: A98

Note: Home

Private residence of either the patient or the caregiver.

Cell: A99

Note: Nursing Facility

A licensed facility providing nursing and supportive services (may be the equivalent of either a Skilled Nursing Facility or Intermediate Care Facility).

Cell: A100

Note: Hospital

An acute care facility not operated by the hospice (may be a floating or scattered bed contract).

Cell: A101

Note: Hospice Inpatient Facility

A facility operated by a hospice in which inpatient and/or residential care is provided and/or residence operated entirely by a hospice.

Cell: A102

Note: Residential Care Facility:

A facility not run by the hospice that meets state regulations and is licensed by the state as a residential care facility or group home.

Cell: A103

Note: Assisted Living Facility:

A facility not run by the hospice that meets state regulations and is licensed by the state as an assisted living facility.

Cell: A109

Note: Disposition upon discharge

Report the total number of patients who were discharged in the appropriate category.



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Hospice Annual County Report
for Please select hospice name from drop-down menu at right. - Please choose an agency.
for the period January 1 to December 31, 2020

Admissions by county required!

		Number of Admissions	Number of Deaths
001	ADAIR		
003	ANDREW		
005	ATCHISON		
007	AUDRAIN		
009	BARRY		
011	BARTON		
013	BATES		
015	BENTON		
017	BOLLINGER		
019	BOONE		
021	BUCHANAN		
023	BUTLER		
025	CALDWELL		
027	CALLAWAY		
029	CAMDEN		
031	CAPE GIRARDEAU		
033	CARROLL		
035	CARTER		
037	CASS		
039	CEDAR		
041	CHARITON		
043	CHRISTIAN		
045	CLARK		
047	CLAY		
049	CLINTON		
051	COLE		
053	COOPER		
055	CRAWFORD		
057	DADE		
059	DALLAS		
061	DAVISS		
063	DEKALB		
065	DENT		
067	DOUGLAS		
069	DUNKLIN		
071	FRANKLIN		
073	GASCONADE		
075	GENTRY		
077	GREENE		

Number of
Admissions

Number of
Deaths

079	GRUNDY		
081	HARRISON		
083	HENRY		
085	HICKORY		
087	HOLT		
089	HOWARD		
091	HOWELL		
093	IRON		
095	JACKSON		
097	JASPER		
099	JEFFERSON		
101	JOHNSON		
103	KNOX		
105	LACLEDE		
107	LAFAYETTE		
109	LAWRENCE		
111	LEWIS		
113	LINCOLN		
115	LINN		
117	LIVINGSTON		
119	MCDONALD		
121	MACON		
123	MADISON		
125	MARIES		
127	MARION		
129	MERCER		
131	MILLER		
133	MISSISSIPPI		
135	MONITEAU		
137	MONROE		
139	MONTGOMERY		
141	MORGAN		
143	NEW MADRID		
145	NEWTON		
147	NODAWAY		
149	OREGON		
151	OSAGE		
153	OZARK		
155	PEMISCOT		

Deaths by county required!

		Number of Admissions	Number of Deaths
157	PERRY		
159	PETTIS		
161	PHELPS		
163	PIKE		
165	PLATTE		
167	POLK		
169	PULASKI		
171	PUTNAM		
173	RALLS		
175	RANDOLPH		
177	RAY		
179	REYNOLDS		
181	RIPLEY		
183	ST. CHARLES		
185	ST. CLAIR		
187	ST. FRANCOIS		
189	ST. LOUIS CNTY		
191	ST. LOUIS CITY		
193	STE. GENEVIEVE		
195	SALINE		
197	SCHUYLER		
199	SCOTLAND		
201	SCOTT		
203	SHANNON		
205	SHELBY		
207	STODDARD		
209	STONE		
211	SULLIVAN		
213	TANEY		
215	TEXAS		
217	VERNON		
219	WARREN		
221	WASHINGTON		
223	WAYNE		
225	WEBSTER		
227	WORTH		
229	WRIGHT		
(Missouri Only) Totals		0	0



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Hospice Comments & Approval Page
for Please select hospice name from drop-down menu at right. - Please choose an agency.
for the period January 1 to December 31, 2020

Comments and/or Explanations:

Please comment on any responses not completed or responses that require clarification.

Thank you for your cooperation in completing this survey. If there are any questions about your responses to this survey, who should be contacted?

Name:

Contact name required!

Phone:

Contact phone required!

Approval:

The person whose name appears in the box below has the authority to approve the accuracy of this information contained in this survey and does so by the inclusion of his/her name.

Name and Title

Approval requires both a name and date to be entered

Date of Approval: