



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

Missouri Department of Health and Senior Services 2018 Hospice Annual Statistical Report January 1 - December 31, 2018

This 2018 Hospice Annual Statistical Report must be submitted to MO DHSS via e-mail to hospiceannualreports@health.mo.gov by January 31, 2019. 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.

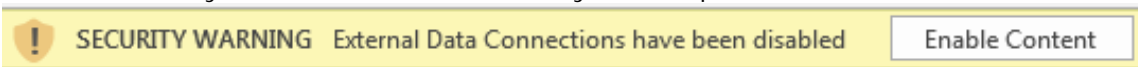
County Report - Contains questions for the Annual County Report.

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 you 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, 2018

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 12/31/2018 **Answer on number of satel**

Proprietary Type **Proprietary type must be s**

Is your hospice freestanding? **Answer on freestanding is**

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 s**

	Hospice Medicare	Hospice Medicaid	Private Insurance	Self-Pay	Other*	Total	
1. Starting census as of 1/1/2018						0	Answer on starting census
2. Total yearly admissions						0	Answer on total yearly adr
3. Total patients served (1 & 2)	0	0	0	0	0	0	

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



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Agency Name:

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

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 day

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

All length of stay entries re

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

All volunteer hours entries

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

Answer on admissions by i

	Male	Female	Total
8. Admissions by gender			0

Answer on admissions by !



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

Please choose an agency.

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

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

Answer on admissions by r

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

Answer on admissions by r

11. 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 r



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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.

12. 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 I
Answer on deaths by locati

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

Answer on discharge disp

Cell: A14

Comment: 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: A38

Comment: 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: A39

Comment: Total yearly admissions

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

Cell: A40

Comment: 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: A45

Comment: 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: E48

Comment: Mean

The Mean (or average) length of stay is the sum of the individual length of stay for each patient discharged in a given time period, divided by the number of patients discharged. 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 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.

Add the total days and divide by 8.

$(9+130+12+32+16+3+17+48) = 267$
267 divided by 8 = 33.4 days mean length of stay

Cell: F48

Comment: 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) divided by 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: D49

Comment: Over 6 Months:

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. Example: patient admitted December 1, 2009 and discharged January 31, 2010 would have a length of stay of 62 days (31 for December + 31 for January). Report all patients for whom the length of stay is 182 days or longer.

Cell: A55

Comment: 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: A59

Comment: Admissions by age

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

Cell: A63

Comment: Admissions by gender

List the number of patients according to gender.

Cell: A66

Comment: Admissions by race/ethnicity

List the number of patients according to race/ethnicity.

Cell: A76

Comment: 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: A78

Comment: Cancer

Suggested ICD-9 Codes
140.0-239.0

Suggested ICD-10 Codes
Neoplasms (C00-D49)

Cell: A79

Comment: Heart

Suggested ICD-9 Codes
428.0 428.1 428.9

Suggested ICD-10 Codes
Diseases of the circulatory system (I00-I99)

Cell: A80

Comment: Alzheimers (only)

Suggested ICD-9 Codes
3310

Suggested ICD-10 Codes
G30.0 G30.1 G30.8 G30.9

Cell: A81

Comment: 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: A82

Comment: Kidney

Suggested ICD-9 Codes

584.5-584.9 585 586

Suggested ICD-10 Codes

Diseases of the genitourinary system (N00.0-N29)

Cell: A83

Comment: 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: A84

Comment: HIV

Suggested ICD-9 Codes

042

Suggested ICD-10 Codes

Certain infectious and parasitic diseases (B20)

Cell: A85

Comment: 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: A86

Comment: 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: A91

Comment: 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: A93

Comment: Home

Private residence of either the patient or the caregiver.

Cell: A94

Comment: 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: A95

Comment: Hospital

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

Cell: A96

Comment: 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: A97

Comment: 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: A98

Comment: 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: A104

Comment: 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, 2018

Admissions by county required!

Deaths by county required!

		Number of Admissions	Number of Deaths			Number of Admissions	Number of Deaths			Number of Admissions	Number of Deaths
001	ADAIR			079	GRUNDY			157	PERRY		
003	ANDREW			081	HARRISON			159	PETTIS		
005	ATCHISON			083	HENRY			161	PHELPS		
007	AUDRAIN			085	HICKORY			163	PIKE		
009	BARRY			087	HOLT			165	PLATTE		
011	BARTON			089	HOWARD			167	POLK		
013	BATES			091	HOWELL			169	PULASKI		
015	BENTON			093	IRON			171	PUTNAM		
017	BOLLINGER			095	JACKSON			173	RALLS		
019	BOONE			097	JASPER			175	RANDOLPH		
021	BUCHANAN			099	JEFFERSON			177	RAY		
023	BUTLER			101	JOHNSON			179	REYNOLDS		
025	CALDWELL			103	KNOX			181	RIPLEY		
027	CALLAWAY			105	LACLEDE			183	ST. CHARLES		
029	CAMDEN			107	LAFAYETTE			185	ST. CLAIR		
031	CAPE GIRARDEAU			109	LAWRENCE			187	ST. FRANCOIS		
033	CARROLL			111	LEWIS			189	ST. LOUIS CNTY		
035	CARTER			113	LINCOLN			191	ST. LOUIS CITY		
037	CASS			115	LINN			193	STE. GENEVIEVE		
039	CEDAR			117	LIVINGSTON			195	SALINE		
041	CHARITON			119	MCDONALD			197	SCHUYLER		
043	CHRISTIAN			121	MACON			199	SCOTLAND		
045	CLARK			123	MADISON			201	SCOTT		
047	CLAY			125	MARIES			203	SHANNON		
049	CLINTON			127	MARION			205	SHELBY		
051	COLE			129	MERCER			207	STODDARD		
053	COOPER			131	MILLER			209	STONE		
055	CRAWFORD			133	MISSISSIPPI			211	SULLIVAN		
057	DADE			135	MONITEAU			213	TANEY		
059	DALLAS			137	MONROE			215	TEXAS		
061	DAVISS			139	MONTGOMERY			217	VERNON		
063	DEKALB			141	MORGAN			219	WARREN		
065	DENT			143	NEW MADRID			221	WASHINGTON		
067	DOUGLAS			145	NEWTON			223	WAYNE		
069	DUNKLIN			147	NODAWAY			225	WEBSTER		
071	FRANKLIN			149	OREGON			227	WORTH		
073	GASCONADE			151	OSAGE			229	WRIGHT		
075	GENTRY			153	OZARK						
077	GREENE			155	PEMISCOT						
										(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, 2018

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: