

**19 CSR 30-105.010** (11) Health care personnel or personnel shall mean any individual licensed, accredited, or certified by the state of Missouri to perform specified health services consistent with state law.

**19 CSR 30-105.010** (13) Independent contractor shall mean a self-employed worker licensed, accredited, or certified by the state of Missouri to perform specified health services consistent with state law, who is contracted, referred, or provisioned for engagement by a supplemental health care services agency to fulfill specified health services in a health care facility.

**19 CSR 30-105.010** (19) Specified health service shall mean services provided by any individual health care personnel or independent contractor in a health care facility.

Once in the survey, select your agency name:

Agency Name\*

- Access Healthcare LLC / D.B.A Jersey Staffing Limited Liability Company
- Accountable Healthcare Staffing, Inc.
- Advantis Medical Staffing LLC
- Albert Consulting Group LLC

Registration Number

\*If you select the incorrect agency name, delete/backspace the name and reselect.

\*If you were issued an approved registration and do not see your agency name in the drop down please contact [SHCSA@health.mo.gov](mailto:SHCSA@health.mo.gov) or 573-526-5335

Next, verify your registration number and agency address:

Agency Name\*

CoreMedical Group ▼

Registration Number

123 94

Agency Address

655 South Willow Street Suite 128, Manchester, NH 03103

**\*If agency information is not correct or has changed, please email [SHCSA@health.mo.gov](mailto:SHCSA@health.mo.gov) or submit a [Changes to a Registered Agency Form](#) to [SHCSA@health.mo.gov](mailto:SHCSA@health.mo.gov)**

The quarter the department is collecting data on will automatically be selected:

Quarter

First Quarter (January - March 2024)

Second Quarter (April - June 2024)

Third Quarter (July - September 2024)

Fourth Quarter (October - December 2024)

- The quarterly report containing data from January 1 through March 31 opens April 1 and shall be submitted no later than April 30;
- The quarterly report containing data from April 1 through June 30 opens July 1 and shall be submitted no later than July 31;
- The quarterly report containing data from July 1 through September 30 opens October 1 and shall be submitted no later than October 31;
- The quarterly report containing data from October 1 through December 31 opens January 1 and shall be submitted no later than January 31.

Next, select if your agency contracts with any health care facility (Hospital or Long-term Care Facility) that participates in Medicare or Medicaid, and if your agency had personnel working in Missouri during the reporting quarter:

**\*You may verify if a hospital is Medicare/Medicaid certified [here](#) if a CMS Provider # is listed.**

**\*You may verify if a LTC facility is Medicare/Medicaid certified [here](#) if Medicare/Medicaid is listed next to Region.**

Does your agency contract with any health care facility that participates in Medicare or Medicaid?\*

 Yes No

Did your agency have personnel or independent contractors working in Missouri between January 1, 2024 and March 31, 2024?\*

 Yes No

Is your agency a Vendor Management System (VMS)?\*

 Yes No

Fill in the submitter information. \*The email listed will be sent survey reminders in the future:

Name of Submitter\*

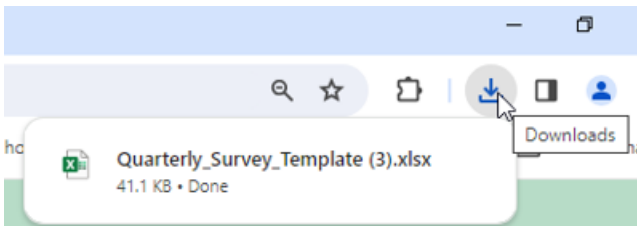
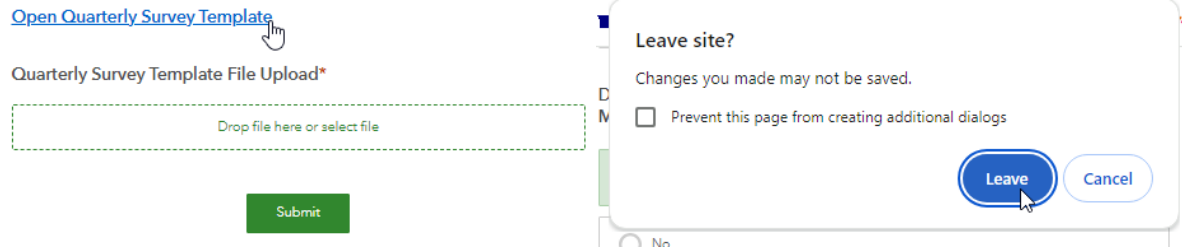
Title of Submitter\*

Email Address\*

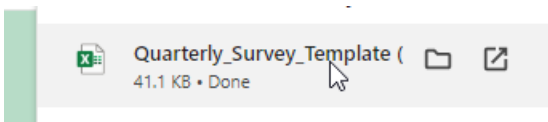
Phone Number\*

\*If you selected **no** on either question: *Does your agency contract with any health care facility that participates in Medicare or Medicaid?* **OR** *Did your agency have personnel or independent contractors working in Missouri between **January 1, 2024 and March 31, 2024?***, click submit and you are finished.

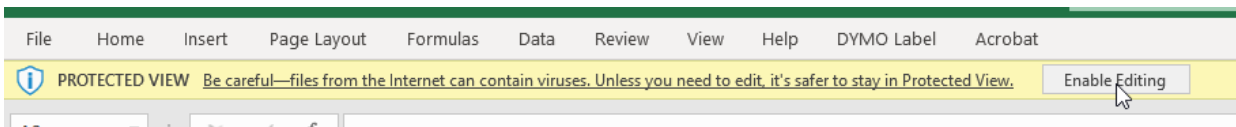
\*If you selected **yes** on both of the first two questions above, please click on the Open Quarterly Survey Template. **\*The Quarterly Survey Template Excel file is updated each quarter, please do not reuse a worksheet uploaded from a prior quarter.** A message may pop up asking to leave the site? Click Leave and the Excel document will download in your browser (this may look different depending on what browsing source you use):



Click on and open the Quarterly Survey Template:



Once the Excel template opens on your desktop, click Enable Editing at the top of the Excel:



Enter applicable data for each health care personnel/independent contractor and each health care facility personnel works at.

Hospital and Long-term Care Facility names are included under the applicable column, please select and verify the facility address.

Hospital Name (if applicable)	Hospital Name (if applicable)	Hospital Address (please verify)
<ul style="list-style-type: none"><li>Freeman Health System West</li><li>Freeman Neosho Hospital</li><li>Fulton State Hospital</li><li><b>Golden Valley Memorial Hospital</b></li><li>Hannibal Regional Hospital</li><li>Harrison County Community Hospital</li><li>Hawthorn Children's Psychiatric Hospital</li><li>Hawthorn Children's Psychiatric Hospital</li></ul>	Golden Valley Memorial Hospital	1600 North Second Street, Clinton, MO, 64735

Select from the drop down the Job Classification/Title:

Job Classification/Title	(Ca etc
<ul style="list-style-type: none"><li><b>Certified Medication Technician (CMT)</b></li><li>Certified Nursing Aide (CNA)</li><li>Dietitian</li><li>Hearing Instrument Specialist</li><li>Level One Medication Aide (LIMA)</li><li>Licensed Practical Nurse (LPN)</li><li>Occupational Therapist</li><li>Occupational Therapist Assistant</li></ul>	

**Health care personnel defined in 198.640(4) include:**

Certified Medication Technician (CMT)

Certified Nursing Aide (CNA)

Dietitian

Hearing Instrument Specialist

Level One Medication Aide (LIMA)

Licensed Practical Nurse (LPN)

Occupational Therapist

Occupational Therapist Assistant

Perfusionist

Pharmacy Technician

Physical Therapy Assistant

Registered Nurse (RN)

Speech Language Aide

Here is a brief example of the entire template filled out:

A	B	C	D	E	F	G	H	I	J
Hospital Name (if applicable)	Hospital Address (please verify)	Long-Term Care Facility Name (if applicable)	Long-Term Care Facility Address (please verify)	Job Classification/Title	Specialty (Cardiac, ER, Endo etc.) if applicable	Average hourly amount charged by the agency to the health care facility	Does the amount charged by the agency to the health care facility include charges for WC Coverage, Insurances, Per Diems, Leave etc.?	Average hourly amount paid by the agency to health care personnel	Does your agency contract through a VMS or MSP at this health care facility?
Ozarks Healthcare	Kentucky Avenue, P.O. Box 1100, West Plains, MO 65775			Physical Therapy Assistant		60	No	40	No
Children's Mercy Hospital	2401 Gillham Road, Kansas City, MO 64108			Occupational Therapist		98.5	Yes	70	Yes
Children's Mercy Hospital	2401 Gillham Road, Kansas City, MO 64108			Registered Nurse (RN)	Cardio	75	No	61	Yes
Children's Mercy Hospital	2401 Gillham Road, Kansas City, MO 64108			Registered Nurse (RN)	ER	65	No	43	Yes
Mercy Hospital South	10010 Kennerly Road, St. Louis, MO 63128			Speech Language Aide		42	Yes	18	No
Mercy Hospital South	10010 Kennerly Road, St. Louis, MO 63128			Occupational Therapist Assistant		33	No	21.5	No
		Woodland Manor	1347 EAST VALLEY WATERMILL ROAD, SPRINGFIELD, MO 65803	Certified Nursing Aide (CNA)		37	No	18	No
		Carnegie Village Rehabilitation & Health Care Cent	105 BERNARD DRIVE, BELTON, MO 64012	Certified Nursing Aide (CNA)		44	No	24	No
		Neighborhoods At Quail Creek, The	1514 WEST LARK, SPRINGFIELD, MO 65810	Certified Nursing Aide (CNA)		28	No	17.5	No
		Parkdale Manor Health & Rehabilitation	814 WEST SOUTH AVENUE, MARYVILLE, MO 64468	Licensed Practical Nurse (LPN)		41.7	Yes	22	No
		Macon Health Care Center	29612 KELLOGG AVENUE,, MACON, MO 63552	Licensed Practical Nurse (LPN)		35	Yes	19	No

Once complete, save the Excel file to your computer and upload the file to the Drop file here or select file box. After the file shows it has been uploaded, click submit and you are finished:

Quarterly Survey Template File Upload\*

Quarterly Survey Template File Upload\*

Drop file here or select file

XLSX

Copy of Quarterly Survey Template example test.xlsx

41.4KB ...

Submit

Submit

\*REMINDER: The list of Hospital and Long-term Care Facility names are updated each quarter; a new excel sheet should be downloaded each quarter to reflect changes.

Any questions should be directed to [SHCSA@health.mo.gov](mailto:SHCSA@health.mo.gov) or 573-526-5335