forvis mazars

Missouri Alliance for Home Care
2024 Home Health Annual Statistical Report

The Annual Statistical report is not optional.
all home health agencies are required to submit this data.

Please read all instructions before completing this report.

Responses are DUE by February 28, 2025

Submit this 2024 Home Health Agency Annual Report electronically to:
homehealthannualreports@health.mo.gov

After the Bureau of Home Care & Rehab Standards receives the data the information will be sent to the Missouri Alliance for Home Care to be compiled into the annual report.

**Bureau of Home Care & Rehabilitative Standards will
only accept the Home Health Agency Annual Report Electronically!**

HOME HEALTH AGENCY ANNUAL REPORT
DEFINITIONS AND INSTRUCTIONS

PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING THE ANNUAL REPORT. All information given in this Annual Report should be for services rendered to patients <u>in Missouri</u>. Please do not include data on patients residing in states other than Missouri.

If you have not already done so, please save this file on your computer and name this file with your company name and CMS provider number. That way when you send it to the Bureau we will be able to identify the file as yours. Example: XYZ Home Health 26-1234.xlsx.

Enter your data on the worksheet labeled **Statistical Report** (see tabs below). The form contains built-in checks and balances to assist you in making sure the data you submit is accurate.

After you have entered your data save the file, again making sure you have your company name and CMS provider number as part of the file name. Example: XYZ Home Health 26-1234.xlsx.

Agencies must complete all sections of the Annual Report form.

GENERAL DEFINITIONS

  - **Agency Name and Address -** (reported on page 1) – Select your agency name from the drop down menu. Your specific CMS provider #, address and county will automatically fill in below (be sure to double check that the correct name/location was chosen). Select only the name and location of the **licensed** agency in Missouri for which this data is reported. Do not select the home office/corporate headquarters if that is not the licensed agency submitting this data. If the information listed is incorrect please contact the Bureau of Home Care and Rehab Standards at 573-751-6336.

  - **County -** (listed on page 1) – No action required. The county will pre-populate based on the agency selected from the drop down menu.

  - **Number of Branch Offices -** Enter the total number of branch locations of the agency as of December 31 of this report year.

  - **CMS Certification Number (CCN) –** No action required. The CCN (previously the Medicare provider number) will pre-populate based on the agency selected from the drop down menu.

- NPI # - Enter your National Provider Identifier number. Health care providers such as physicians, dentists, and pharmacists, and organizations, such as hospitals, nursing homes, pharmacies, and home care companies who transmit health information electronically are required to obtain NPIs. For further information visit:

https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/index

- Agency Types

   Facility Based – Any home health agency that is owned or affiliated with a hospital, nursing facility or rehabilitation facility.

   Freestanding – Any home health agency that is **not** owned or affiliated with a hospital, nursing facility or rehabilitation facility.

   Government Based – Any home health agency that is County, City-County, City, or District owned or affiliated.

- Unduplicated Intermittent Patients - (reported on page 1, Item 1) - The number of individuals **admitted during the report year** and receiving **intermittent** service from an agency during the report year **counted only once, regardless of the number of services, frequency of admission, or payor source.**

- 12/31/2023 Census - Insert the end of year census as reports on the prior year annual survey. This number should be close to the number reported in line 2 - Census 01/01/2024. This is for information purposes only to assist with data comparison.

- Admissions (General Definition) - [reported on page 1, Item 3(a)] - The total number of admissions during the report year regardless of the number of individuals involved. For example, the same individual admitted more than once during the reporting period (the calendar year) would be counted each time admitted. Multiple admissions of same patient would be included in 3a total.

- Intermittent Visits - Direct face-to-face contact with a client for the purpose of delivering service measured in visits regardless of length of time of the visits or payment source. Include all visits made during the report year, including visits for patients already on service at the beginning of the report year. Intermittent data is required information.

- Medicare PPS Patients - Report all requested information for patients covered by regular Medicare, billed to the Medicare Fiscal Intermediary.

- Medicare Managed Care - Report all requested information for Medicare patients covered by an approved Medicare Health Maintenance Organization (HMO) plan.

ITEM BY ITEM INSTRUCTIONS

ITEM 1

UNDUPLICATED INTERMITTENT PATIENTS: Patients admitted during the calendar year. Enter the unduplicated intermittent patients admitted (this is equal to the number of individuals receiving **intermittent** service from an agency during the report year **counted only once**, regardless of the number of admissions, frequency of admission, number of services, or payor source to the agency from the period January 1 - December 31 of the report year.) The total of this line **will not** correspond with any other totals reported on this Annual Report. **The number of unduplicated intermittent patients must be equal or less than the intermittent admissions in Item 3a.**

12/31/2023 CENSUS: Insert the end of prior year census as reported on the prior year annual survey. This number should be close to the number reported in line 2 – Census 01/01/2024. This is for informational purposes only to assist with data comparison.

ITEM 2

INTERMITTENT CENSUS ON JANUARY 1: Enter the number of patients receiving **intermittent** services at the beginning of the business day on January 1 of the report year.

ITEM 3

INTERMITTENT ADMISSION AND DISCHARGE SUMMARY
ADMISSIONS: Enter the number of **intermittent** admissions - those admitted **after** the beginning of the business day on January 1 of the report year. (See definition above for "Admissions.") If the same patient was admitted twice in the year, here you would count them twice. The number of intermittent admissions must be equal or greater than the unduplicated intermittent patients in Item 1.

DISCHARGES: Enter the number of times intermittent services to patients were terminated in the report year (number of discharges you had this year). If the same patient was on service 2 times and you discharged him 2 times then count him twice.

ITEM 4

INTERMITTENT CENSUS ON DECEMBER 31: This number will automatically be calculated. The number is derived from the following: # 2 + 3a – 3b = 4

ITEM 5

NUMBER OF MEDICARE PDGM PAYMENT PERIODS ENDED DURING THE YEAR:

A Medicare PPS Episode is 60 days or less. Each 60-day certification period is considered an episode. Each 60-day episode/certification is broken into two 30 day payment periods.

Enter the number of payment periods ended during the reporting year, including both payment periods ended due to completion of a 30 day period and payment periods ended due to patient discharge. Payment periods in process at 1/1 are included, but payment periods started during the year and in process at 12/31 will not be included.

ITEM 6

DISPOSITION UPON DISCHARGE: Refers to the level of care to which the client was discharged upon termination of home health services. Self/Family Care includes independent resources such as family and neighbors. Do not include patients who are discharged (or transferred) from one source of payment and immediately receive services under another payment source; (such as Medicare Managed Care to Medicare) only those discharged from the agency with no more services should be counted here. The total (g) will equal the total of Item 3, line (b).

ITEM 7

VISITS BY DISCIPLINE & PRINCIPAL PAYOR SOURCE: Include the number of intermittent visits made for each discipline per principal payor source listed. Include all visits, made during the report year, including visits for patients already on service at the beginning of the report year.

ITEM 8

PATIENTS BY PRIMARY DIAGNOSIS (ICD-10-CM) AT TIME OF ADMISSION: List the number of patients according to the primary diagnosis at the time of admission. Only include admissions made after January 1 and through December 31 for the report year. The total (w) will equal the total Item 3, line (a); Item 9, line (h); and Item 10 total admissions.

ITEM 9

PATIENTS BY AGE: List the number of patients according to age at the time of admission to the agency. Only include admissions made after January 1 and through December 31 of the report year. The age categories listed correspond with the age guidelines for the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program and other funding sources. The total (h) will equal the total of Item 3, line (a); Item 8, line (t) and Item 10 total admissions.

ITEM 10

NUMBER OF ADMISSIONS BY COUNTY: List the number of intermittent admissions made within each county. In the admissions columns, only include admissions made after January 1 and through December 31 of the report year. The totals at the bottom of the page will correspond as follows: intermittent total number of admissions will equal the total of Item 3, line (a); Item 8, line (t) and Item 9, line (h).

VALIDATE AGENCY – Click "yes" to verify agency name, provider number and address listed on page 1 is correct.
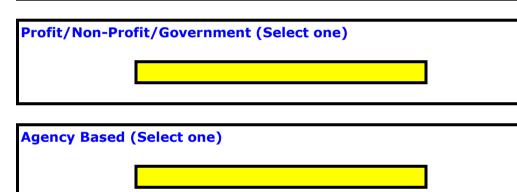
forvis mazars

Questions on this spreadsheet tool? Email Tristan Ollar at:
Tristan.Ollar@us.forvismazars.com

This 2024 Home Health Agency Annual Statistical Report must be submitted by February 28, 2025 to:
homehealthannualreports@health.mo.gov

Missouri Alliance for Home Care 2024 Home Health Annual Statistical Report Data Entry

Agency Name:	Please select home health name from drop-down menu at right.			
CMS Provider#:	0			
Address:				0
City, State ZIP:				0
Phone:		(i.e., 999-999-9999)		
Fax:		(i.e., 999-999-9999)		
Email:				
NPI #:				

Validation Checks:

When form is complete, all should read "OK"

All identifier fields entered	ERROR
Item 1 Tot <= Item 3a Tot	OK
Item 3a Tot = Item 8t Tot	OK
Item 3a Tot = Item 9h Tot	OK
Item 3a Tot = Item 10 Tot	OK
Item 3b Tot = Item 6g Tot	OK
Item 8t Tot = Item 9h Tot	OK
Item 8t Tot = Item 10 Tot	OK
Item 9h Tot = Item 10 Tot	OK

Number of Branches as of 12/31/2024	
County where agency above is located	0

Profit/Non-Profit/Government (Select one)

Agency Based (Select one)

Admissions/Discharges/Census

	Medicare PPS	Medicare Managed Care	Medicaid	All Others	Total
1. Unduplicated Intermittent Patients					
12/31/2023 Census as reported on 2023 survey					
Intermittent:					
2. Census 01/01/2024					
3.a. Admissions					
3.b. Discharges					
4. Census 12/31/2024					

5. Number of PDGM payment periods ended during the year 1/1/2024 - 12/31/2024

6. Disposition upon Discharge

	Intermittent
a. Self/Family	
b. Acute In-patient Hospital	
c. Skilled Nursing Facility	
d. Hospice	
e. Death	
f. Unknown/Other	
g. Total *(equals item 3b total)*	

7. Visits by Discipline and Principle Payor Source

	Medicare PPS	Medicare Managed Care	Medicaid	All Others	Total
a. Skilled Nursing					
b. Physical Therapy					
c. Speech Pathology					
d. Occupational Therapy					
e. Medical Social Services					
f. Home Health Aide					
g. Other					
h. Total					

(does not equal other sections)

8. Patients by Primary Diagnosis (ICD-10CM) at Time of Admission

(Do not include census on January 1)

		Intermittent
a. Infectious & Parasitic Diseases	A00-A39.9 and A42-B99	
b. Sepsis	A40-A41.9	
c. Neoplasms	C00-D49	
d. Diseases of Blood/Blood-forming Organs/Immune System	D50-D89	
e. Endocrine, Metabolic, Nutritional Diseases	E00-E89	
f. Mental, Behaviorial, Neurodevelopmental Disorders	F01-F99	
g. Diseases of Nervous System	G00-G99	
h. Diseases of Eye and Adnexa	H00-H59	
i. Diseases of Ear and Mastoid Process	H60-H95	
j. Diseases of Circulatory System	I00-I99	
k. Diseases of Respiratory System	J00-J99	
l. Diseases of Digestive System	K00-K95	
m. Diseases of Skin and Subcutaneous Tissue	L00-L99	
n. Diseases of Musculoskeletal System/Connective Tissue	M00-M99	
o. Diseases of Genitourinary System	N00-N99	
p. Pregnancy, Childbirth and Puerperium	O00-O9A	
q. Conditions Originating in Perinatal Period	P00-P96	
r. Congenital Malformations, Deformations, Abnormalities	Q00-Q99	
s. Symptoms, Signs and Abnormal Clinical Findings	R00-R99	
t. Injuries and Burns	S00-T34	
u. Poisoning, Adverse Effects and Complications	T35-T88	
v. COVID	U07.1	
w. Encounters for Cure and Factors Affecting Health Status	Z00-Z99	
x. Unknown		
y. Total *(equals item 3a total, item 9h and item 10 total admissions)*		

9. Patients by Age at Time of Admission

(Do not include census on January 1)

	Intermittent
a. Less than 1 year	
b. 1 - 18	
c. 19 - 20	
d. 21 - 59	
e. 60 - 64	
f. 65 - 84	
g. 85 +	
h. Total	

(equals item 3a total, item 8t and item 10 total adm)

10. Number of Admissions by County (Missouri Counties Only)

Code	County	No. of Adms.		Code	County	No. of Adms.		Code	County	No. of Adms.
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 GIR			109	LAWRENCE			187	ST. FRANCOIS	
033	CARROLL			111	LEWIS			189	ST. LOUIS CO.	
035	CARTER			113	LINCOLN			191	ST. LOUIS CITY (510)	
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	DAVIESS			139	MONTGOMERY			217	VERNON	
063	DE KALB			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 Totals		

Admissions Computed County Totals

COMMENTS AND/OR EXPLANATIONS
Please comment on any responses that you left incomplete or responses that require explanation.

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   Area Code Telephone Number ext.

Approval:

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

Name and Title   Date of Completion

Approval requires both a name and date to be entered.   I have verified my agency name, provider # and address:

INVALID

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)