
***Home Health Agency
Annual Statistical Report
January 1 through December 31, 2007***

**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 January 31, 2008

Submit this 2007 Home Health Agency Annual Report electronically to:
kim@homecaremissouri.org
Missouri Alliance for Home Care

After Missouri Alliance for Home Care receives the data statistics, they are compiled and submitted to the Bureau of Home Care & Rehabilitative Standards.

**Bureau of Home Care & Rehabilitative Standards will
only accept 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 in Missouri. Please do not include data on patients residing in states other than Missouri.

GENERAL DEFINITIONS

- **Agency Name and Address** - (reported on page 1) - List only the name and location of the **licensed** agency in Missouri for which this data is reported. Do not list the home office/corporate headquarters if that is not the licensed agency submitting this data.
- **County** - (listed on page 1) - Please list the one county **in Missouri** where the parent office of the agency is located. Please refer to the county codes listed on the last page of these instructions. Enter the appropriate three-digit code on page 1 of the Annual Report.
- **Number of Branch Offices** - List the total number of branch locations of the agency as of December 31 of this report year.
- **CMS Certification Number (CCN)** - Enter your CCN (previously the Medicare provider number) if agency is Medicare certified.
- **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 www.cms.hhs.gov/app/npi/01_overview.asp
- **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 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.
- **Admissions** - [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 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. Agencies must complete **all** sections of the Annual Report form.

- **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 services, frequency of admission, 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 admissions must be equal or less than the intermittent admissions in Item 3a.
- 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**
- (a) 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.”) The number of intermittent admissions must be equal or greater than the unduplicated intermittent admissions in Item 1.
- (b) Discharges: Enter the number of times **intermittent** services to patients were terminated in the report year.
- ITEM 4 **INTERMITTENT CENSUS ON DECEMBER 31:** Enter the number of patients receiving **intermittent** services at the end of the business day on December 31 of the report year.
- ITEM 5 **NUMBER OF MEDICARE PPS EPISODES ENDED DURING THE YEAR:**
A Medicare PPS Episode is 60 days or less. Each 60-day certification period is considered an episode.

Coverage for Medicare PPS beneficiaries is covered in “episodes” of care not to exceed 60 days in duration. Enter the number of episodes ended during the reporting year, including both episodes ended due to completion of a 60 day period (patients eligible for recertification and start of a new episode during the same admission) and episodes ended due to patient discharge. Episodes in process at the beginning of the year are included, but episodes started during the year and in process at the end of the year are not included.

- ITEM 6 DISPOSITION UPON DISCHARGE: Refers to the level of care to which the client was discharged upon termination of 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; only those discharged **from the agency** 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 and 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: List the number of patients according to the primary diagnosis at the time of admission to the agency. Only include admissions made after January 1 and through December 31 for the report year. The total (t) will equal the total of 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 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 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).

COUNTY CODES - On page 7 of the Annual Report, list the county in Missouri where the parent office of the agency is located. Use the appropriate three-digit code from the list below.

001	Adair	089	Howard	177	Ray
003	Andrew	091	Howell	179	Reynolds
005	Atchison	093	Iron	181	Ripley
007	Audrain	095	Jackson	183	St. Charles
009	Barry	097	Jasper	185	St. Clair
011	Barton	099	Jefferson	187	St. Francois
013	Bates	101	Johnson	189	St. Louis Co.
015	Benton	103	Knox	191	St. Louis City (510)
017	Bollinger	105	Laclede	193	Ste. Genevieve
019	Boone	107	Lafayette	195	Saline
021	Buchanan	109	Lawrence	197	Schuyler
023	Butler	111	Lewis	199	Scotland
025	Caldwell	113	Lincoln	201	Scott
027	Callaway	115	Linn	203	Shannon
029	Camden	117	Livingston	205	Shelby
031	Cape Girardeau	119	McDonald	207	Stoddard
033	Carroll	121	Macon	209	Stone
035	Carter	123	Madison	211	Sullivan
037	Cass	125	Maries	213	Taney
039	Cedar	127	Marion	215	Texas
041	Chariton	129	Mercer	217	Vernon
043	Christian	131	Miller	219	Warren
045	Clark	133	Mississippi	221	Washington
047	Clay	135	Moniteau	223	Wayne
049	Clinton	137	Monroe	225	Webster
051	Cole	139	Montgomery	227	Worth
053	Cooper	141	Morgan	229	Wright
055	Crawford	143	New Madrid	999	Unknown
057	Dade	145	Newton		
059	Dallas	147	Nodaway		
061	Daviess	149	Oregon		
063	DeKalb	151	Osage		
065	Dent	153	Ozark		
067	Douglas	155	Pemiscot		
069	Dunklin	157	Perry		
071	Franklin	159	Pettis		
073	Gasconade	161	Phelps		
075	Gentry	163	Pike		
077	Greene	165	Platte		
079	Grundy	167	Polk		
081	Harrison	169	Pulaski		
083	Henry	171	Putnam		
085	Hickory	173	Ralls		
087	Holt	175	Randolph		

CHECK YOUR 2007 ANNUAL REPORT TOTALS!

Avoid errors in your data reporting. Use this page as a cross-reference to be sure your section totals are correct.

NOTE: Do not include data for patients residing outside of Missouri. Only report information for services rendered to patients in Missouri.

<i>Y</i>	<i>Total of This Item:</i>	<i>Should Equal the following Items:</i>	<i>Other Hints</i>
	1	No other sections	The number of unduplicated intermittent admissions must be equal or less than the intermittent admissions in Item 3a.
	2	No other sections	Vertically: check calculations for columns. Add Item 2 plus Item 3(a) minus Item 3(b). Should equal Item 4
	3(a)	8(t); 9(h) & 10 total admissions	
	3(b)	6(g)	
	4	No other sections	
	5	No other sections	
	6(g)	3(b)	
	7(h)	No other sections	Item 7 should add correctly both vertically and horizontally.
	8(t)	3(a) total; 9(h) & 10 total admissions	
	9(h)	3(a) total; 8(t) & 10 total admissions	
	10 admissions	3(a) total; 8(t) & 9(h)	

HOME HEALTH AGENCY ANNUAL REPORT
JANUARY 1 – DECEMBER 31, 2007

Please be sure to completely read all instructions accompanying this Annual Report form. This Annual Report must be submitted by January 31, 2008.

Agency Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

Number of Branch Offices as of 12-31-07 (see instructions): _____

CMS Certification # (CCN) (Previously known as the Medicare Provider #): _____

NPI #: _____

County Code (Use ONLY the three-digit County Code listed in the instructions): _____

Check Only One:

- For-profit or Proprietary Not-for-profit Government

Check Only One Applicable Agency Type Below:

- Facility Based Freestanding Government Based

	MEDICARE PPS	MEDICARE MANAGED CARE	MEDICAID	ALL OTHERS	TOTAL
1. UNDUPLICATED INTERMITTENT PATIENTS (See Instructions)	_____	_____	_____	_____	_____
2. INTERMITTENT CENSUS ON JANUARY 1, 2007	_____	_____	_____	_____	_____
3. INTERMITTENT ADM / DISC. SUMMARY	_____	_____	_____	_____	_____
a. ADMISSIONS	_____	_____	_____	_____	_____
b. DISCHARGES	_____	_____	_____	_____	_____
4. INTERMITTENT CENSUS ON DECEMBER 31, 2007	_____	_____	_____	_____	_____
5. NUMBER OF MEDICARE PPS EPISODES ENDED DURING THE YEAR (1/1/07 - 12/31/07)	_____	_____	_____	_____	_____

HOME HEALTH AGENCY ANNUAL REPORT
JANUARY 1 – DECEMBER 31, 2007

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 3(b) total]	_____

7.	VISITS BY DISCIPLINE & PRINCIPAL 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 of report)	_____	_____	_____	_____	_____

8.	PATIENTS BY PRIMARY DIAGNOSIS (ICD-9CM) AT TIME OF ADMISSION (DO <u>NOT</u> INCLUDE CENSUS ON JANUARY 1)		INTERMITTENT
a.	INFECTIVE & PARASITIC.....	(000-139)	_____
b.	NEOPLASMS	(140-239)	_____
c.	ENDOCRINE, NUTRITIONAL & METABOLIC	(240-279)	_____
d.	BLOOD & BLOOD-FORMING ORGANS	(280-289)	_____
e.	MENTAL DISORDERS	(290-319)	_____
f.	NERVOUS SYSTEM & SENSE ORGANS	(320-389)	_____
g.	CIRCULATORY SYSTEM	(390-459)	_____
h.	RESPIRATORY SYSTEM	(460-519)	_____
i.	DIGESTIVE SYSTEM	(520-579)	_____
j.	GENITOURINARY SYSTEM	(580-629)	_____
k.	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, PUERPERIUM	(630-676)	_____
l.	SKIN & SUBCUTANEOUS TISSUE	(680-709)	_____
m.	MUSCULO SKELETAL SYSTEM & CONNECTIVE TISSUE..	(710-739)	_____
n.	CONGENITAL ANOMALIES	(740-759)	_____
o.	CONDITIONS ORIGINATING IN PERINATAL PERIOD ...	(760-779)	_____
p.	SYMPTOMS & ILL-DEFINED CONDITIONS	(780-799)	_____

HOME HEALTH AGENCY ANNUAL REPORT
 JANUARY 1 – DECEMBER 31, 2007

- q. INJURY & POISONING (800-999) _____
- r. V CODES _____
- s. UNKNOWN _____
- t. TOTAL [equals Item 3(a) total; Item 9(h) & 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 3(a)total; Item 8(t) & Item 10 total (admissions)] _____

10. **PLEASE COMPLETE THE CHART ON THE FOLLOWING PAGE, INDICATING THE INFORMATION REQUESTED:**

NUMBER OF ADMISSIONS BY COUNTY: Enter the number of admissions made within each county in the proper columns. (See instructions)

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)

HOME HEALTH AGENCY ANNUAL REPORT
JANUARY 1 – DECEMBER 31, 2007

10. NUMBER OF ADMISSIONS BY COUNTY

NO.	COUNTY	NO. OF ADMS.	NO.	COUNTY	NO. OF ADMS.	NO.	COUNTY	NO. OF ADMS.	NO.	COUNTY	NO. OF ADMS.	NO.	COUNTY	NO. OF ADMS.
001	Adair		049	Clinton		097	Jasper		145	Newton		193	Ste Genevieve	
003	Andrew		051	Cole		099	Jefferson		147	Nodaway		195	Saline	
005	Atchison		053	Cooper		101	Johnson		149	Oregon		197	Schuyler	
007	Audrain		055	Crawford		103	Knox		151	Osage		199	Scotland	
009	Barry		057	Dade		105	Laclede		153	Ozark		201	Scott	
011	Barton		059	Dallas		107	Lafayette		155	Pemiscot		203	Shannon	
013	Bates		061	Daviess		109	Lawrence		157	Perry		205	Shelby	
015	Benton		063	DeKalb		111	Lewis		159	Pettis		207	Stoddard	
017	Bollinger		065	Dent		113	Lincoln		161	Phelps		209	Stone	
019	Boone		067	Douglas		115	Linn		163	Pike		211	Sullivan	
021	Buchanan		069	Dunklin		117	Livingston		165	Platte		213	Taney	
023	Butler		071	Franklin		119	McDonald		167	Polk		215	Texas	
025	Caldwell		073	Gasconade		121	Macon		169	Pulaski		217	Vernon	
027	Callaway		075	Gentry		123	Madison		171	Putnam		219	Warren	
029	Camden		077	Greene		125	Maries		173	Ralls		221	Washington	
031	Cape Girardeau		079	Grundy		127	Marion		175	Randolph		223	Wayne	
033	Carroll		081	Harrison		129	Mercer		177	Ray		225	Webster	
035	Carter		083	Henry		131	Miller		179	Reynolds		227	Worth	
037	Cass		085	Hickory		133	Mississippi		181	Ripley		229	Wright	
039	Cedar		087	Holt		135	Moniteau		183	St. Charles		999	Unknown	
041	Chariton		089	Howard		137	Monroe		185	St. Clair				
043	Christian		091	Howell		139	Montgomery		187	St. Francois				
045	Clark		093	Iron		141	Morgan		189	St. Louis Co.				
047	Clay		095	Jackson		143	New Madrid		191 (510)	St. Louis City		MISSOURI TOTALS:		

HOME HEALTH AGENCY ANNUAL REPORT
JANUARY 1 – DECEMBER 31, 2007

COMMENTS AND/OR EXPLANATIONS

Please comment on any responses that you left not complete 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 (please print)

Area Code Telephone Number ext.

Approval:

The person whose name appears 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

_____/_____/_____
Date of Completion

Approval requires both a name and date to be entered.

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)