



Questions on spreadsheet tool? Email Tristan Ollar at:  
[Tristan.Ollar@us.forvismazars.com](mailto:Tristan.Ollar@us.forvismazars.com)

## Missouri Department of Health and Senior Services 2025 Hospice Annual Statistical Report January 1 - December 31, 2025

This 2025 Hospice Annual Statistical Report must be submitted to MO DHSS via e-mail to  
[hospiceannualreports@health.mo.gov](mailto:hospiceannualreports@health.mo.gov)

by February 28, 2026. 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.

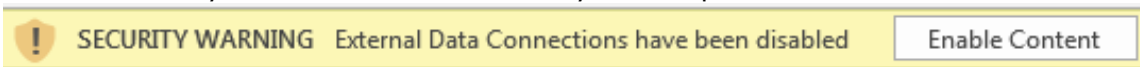
**County Report** - Contains questions for the Annual County Report.

**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.



Questions on spreadsheet tool? Email Tristan Ollar at:  
[Tristan.Ollar@us.forvismazars.com](mailto:Tristan.Ollar@us.forvismazars.com)

## **Missouri Department of Health and Senior Services 2025 Hospice Annual Statistical Report January 1 - December 31, 2025**

### **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



Questions on spreadsheet tool? Email Tristan Ollar at:  
[Tristan.Ollar@us.forvismazars.com](mailto:Tristan.Ollar@us.forvismazars.com)

This 2025 Hospice Annual Statistical Report must be submitted by February 28, 2026 to MO DHSS via e-mail to:  
[hospiceannualreports@health.mo.gov](mailto:hospiceannualreports@health.mo.gov)

## Hospice Annual Statistical Report for the period January 1 to December 31, 2025

**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 12/31/2025

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 1/1/2025						0
2. Total yearly admissions						0
3. Total patients served (1 & 2)	0	0	0	0	0	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.



Questions on spreadsheet tool? Email Tristan Ollar at:  
[Tristan.Ollar@us.forvismazars.com](mailto:Tristan.Ollar@us.forvismazars.com)

This 2025 Hospice Annual Statistical Report must be submitted by February 28, 2026 to MO DHSS via e-mail to:  
[hospiceannualreports@health.mo.gov](mailto:hospiceannualreports@health.mo.gov)

## Hospice Annual Statistical Report for the period January 1 to December 31, 2025

**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.

	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			
	Under 7 days	Over 6 months	Mean (average) Length of Stay	Median 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!



Questions on spreadsheet tool? Email Tristan Ollar at:  
[Tristan.Ollar@us.forvismazars.com](mailto:Tristan.Ollar@us.forvismazars.com)

This 2025 Hospice Annual Statistical Report must be submitted by February 28, 2026 to MO DHSS via e-mail to:  
[hospiceannualreports@health.mo.gov](mailto:hospiceannualreports@health.mo.gov)

## Hospice Annual Statistical Report for the period January 1 to December 31, 2025

**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.**

	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		
COVID		
Neurological (including ALS, MS, Huntington, and Parkinson)		
Other (please specify)		
Total		0

**Answer on admissions by  
diagnosis required!**



Questions on spreadsheet tool? Email Tristan Ollar at:  
[Tristan.Ollar@us.forvismazars.com](mailto:Tristan.Ollar@us.forvismazars.com)

This 2025 Hospice Annual Statistical Report must be submitted by February 28, 2026 to MO DHSS via e-mail to:  
[hospiceannualreports@health.mo.gov](mailto:hospiceannualreports@health.mo.gov)

## Hospice Annual Statistical Report for the period January 1 to December 31, 2025

**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.**

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!**



Questions on spreadsheet tool? Email Tristan Ollar at:  
[Tristan.Ollar@us.forvismazars.com](mailto:Tristan.Ollar@us.forvismazars.com)

This 2025 Hospice Annual Statistical Report must be submitted by February 28, 2026 to MO DHSS via e-mail to:  
[hospiceannualreports@health.mo.gov](mailto:hospiceannualreports@health.mo.gov)

**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, 2025**

**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	DAVIESS			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						



Questions on spreadsheet tool? Email Tristan Ollar at:  
[Tristan.Ollar@us.forvismazars.com](mailto:Tristan.Ollar@us.forvismazars.com)

This 2025 Hospice Annual Statistical Report must be submitted by February 28, 2026 to MO DHSS via e-mail to:  
[hospiceannualreports@health.mo.gov](mailto:hospiceannualreports@health.mo.gov)

**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, 2025**

**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

Date of Approval:

**Approval requires both a name and date to be entered**