

JOINT ANNUAL REPORT OF HOSPICES
2014 General Information and Tips to Avoid Common Errors

The following guidelines are written to assist you to complete the Joint Annual Report for your Hospice 2014 reporting year.

- A. Please read all information carefully before completing your Joint Annual Report form.
- B. Please complete all items on the **Excel report form**.
 - 1. Check all computations, especially where totals are required. Notice that all totals are calculated by the system.
 - 2. Use 0 (zero) when appropriate.
 - 3. If the value of an item is unknown, leave the item blank.
 - 4. Please provide the appropriate **answer** to **all Yes or No questions**. If you mistakenly enter something into a Yes/No box that causes the error message: "You did not select Yes or No" and the system provides you with the options "Retry" and "Cancel," click on the "Cancel" section to be able to change your answer to either "Yes" or "No."
 - 5. Use the drop down boxes when available.
 - 6. Error detection to the right of the schedule may change as data is entered. When a line is completely entered or the entire schedule is completely entered, look for entries that cause "Error" to be displayed.
 - 7. If you find that you cannot change the data to eliminate the "Error" message shown to the right of the form, you can type your explanation on the "Error Sheet" in the last column under "Comments."
- C. Items which appear to be inconsistent will be queried. **Facilities will be reported to the Board for Licensing Health Care Facilities for failure to file a joint annual report and failure to respond to queries.**

SCHEDULE A – IDENTIFICATION

Facility	There is a tab named "State ID" that shows the state id, license number, facility names and addresses for your information. Please look up the State ID and use the name of your facility and put the State ID it in Schedule A. The information will populate at the top of each schedule. Fill out the complete address information, mailing address will populate if same as street address question is answered "Yes". You will need to put in your ten digit phone number. The email address is an excellent tool for communications.
Residential Hospice	Yes/No question is for those hospice agencies that are licensed as Residential Hospice, if "yes" is indicated then number of beds will need to be provided.
Ownership	Check the appropriate box for type of ownership and complete the race of owner information. Fill out the owner name and address.
Reporting Period	All facilities are requested to report data based on the twelve month period from July 1, 2013 to June 30, 2014. This reporting period shows as the default in the field. If it is not possible to report information within these dates enter the exact date (month/day/year) that your reporting period begins and ends in the spaces provided.

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SCHEDULE B – CLASSIFICATION

Owner Type Choose one and only one type of owner from the list. Consult <http://www.tennesseeanytime.org/soscorp/> if you have any questions.

SCHEDULE C – ACCREDITATIONS and APPROVALS

Answer all “Yes” or “No” boxes.

SCHEDULE D – FINANCES

Net Revenue By Revenue Source Enter the amount of net revenue that your organization received from each of the sources listed. In the space labeled “Other Pay Source,” specify the amount of revenue derived from sources not included in the specific list of sources.

Costs Total programs operating cost for the reporting period (should include all pass-through costs, i.e. nursing home room and board costs)

Medicare Per Diem Rates Enter the amount that Medicare reimburses (for one day) your hospice for one day for all levels of care you provide to Medicare patients.

SCHEDULE E – AVAILABILITY and UTILIZATION of SERVICES

Referrals Specify the number of referrals admitted to your organization and those not appropriate for admission.

Patients Served Provide an unduplicated number of patients, with each person counting only once.

Average Length of Service (ALOS) Specify the unduplicated average length of service for all hospice patients no matter what payor sources. Then calculate the average length of service for hospice patients whose care is covered by Medicare specifically, e.g. All patients - 75 days, Medicare patients - 58 days.

SCHEDULE F – PATIENT UTILIZATION

Patient Origin First, check the box beside each county in which this hospice is licensed to operate, regardless of whether any residents from that county received services.

Second, indicate by residence county the number of patients who received hospice services by both age group and race.

Third, indicate the number of days associated with these patients by county of residence.

NOTE: Total number of patients must agree between Schedule E, Patients Served and Schedule F, Total Patients (Tennessee plus States).

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SCHEDULE G – PERSONNEL

Indicate the number of personnel as of last day of the reporting period. Do not include a type of employee for which you do not provide that type of service. The number of full time personnel should be represented by whole numbers. Enter FTEs rounded to two decimal places for all part-time personnel.

SCHEDULE H – ALTERNATE SITES

If you answer yes to this section, please list all locations that are being used.

ADMINISTRATOR'S DECLARATION

Check the box with an 'X' and place the appropriate date in the date box using proper format.

Instructions on how to e-mail the report as an attachment are found on page seven of the User Instructions.

We look forward to receiving your report before the due date of **August 29, 2014**. Thank you for your cooperation.