

Joint Annual Report of Hospice 2014 User Instructions

Downloading and Saving the Hospice Program

The Hospice program was developed in Excel, a common Microsoft Office application.

This is a spreadsheet program and may be able to be used by other spreadsheet programs.

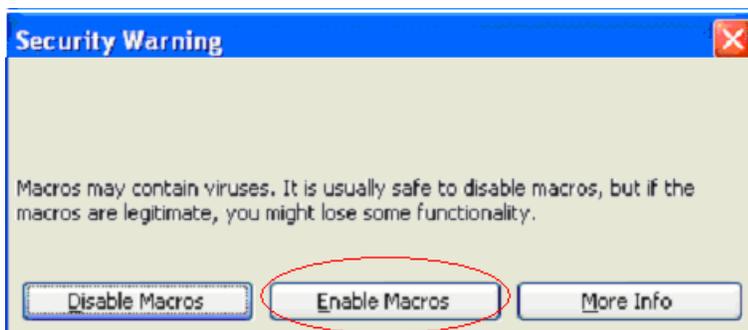
Download from the website by going to:

<http://health.state.tn.us/statistics/jarhospice.htm>

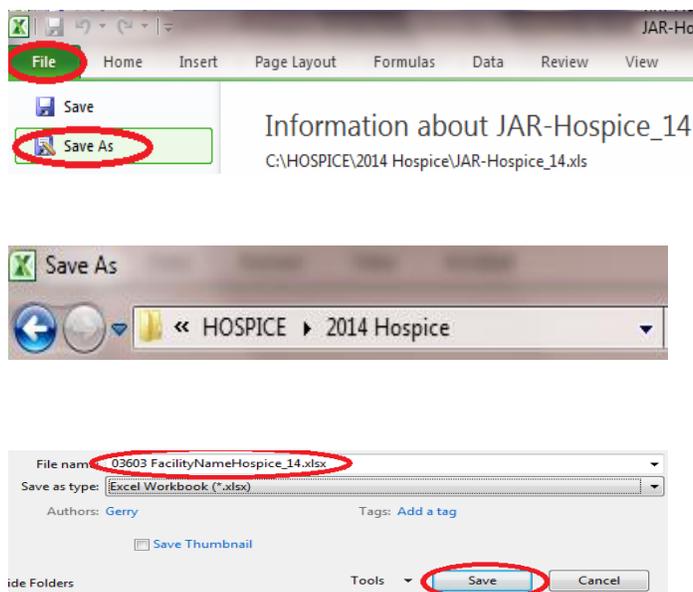
Click on the first icon to read, save and print User Instructions. Click on the second icon to read, save and print Tips to Avoid Common Errors. Click on the third icon to save (download) and open the program in Excel.



If you see a security warning, please respond Enable Macro. If this step prevents you from opening the file, contact your IT consultant.



Save the Excel document to your hard drive, using **File, Save As** and navigating to a location on your hard drive where your work will be stored between data entry sessions. Name the file with your state ID and facility name and **Save**.

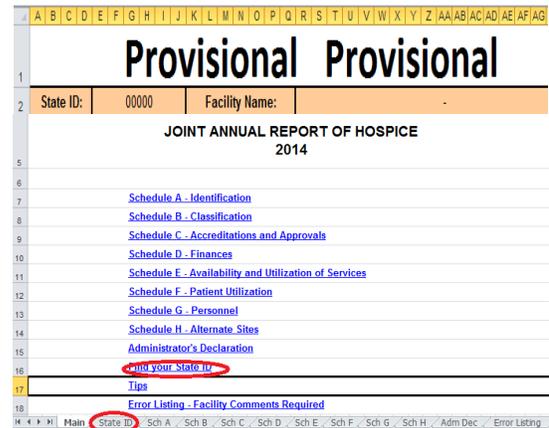


Navigating Within the Hospice Program

The Main “menu” provides a link (blue) to each of the schedules and to the Administrator’s Declaration Page (electronic signature).

There is also a link to the “Find your State ID” sheet where you can look up your five digit number that is used to identify your facility. The facilities are listed alphabetically by county name.

The Error Listing is also linked from the main menu.



Also, at the bottom of each screen you will see the tabs that name the schedules and other sheets available for your use.

Use the arrows to see additional sheets.



For your convenience at the end of each schedule there are **links** to click as shown.

[Go to Next Schedule](#)
[Return to Main Menu](#)
[Go to Error Listing](#)

All Schedules

To move to the next data field, you may use the **Tab** key (generally moves across the page) or the **Enter** key (generally moves down the page) on your keyboard, or use your **mouse** to go to a particular field. You may also use the **arrow keys** on your keyboard to move in the desired direction.

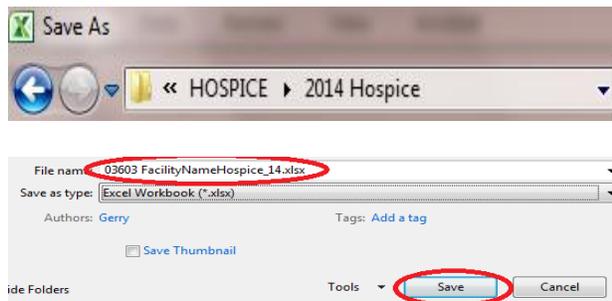
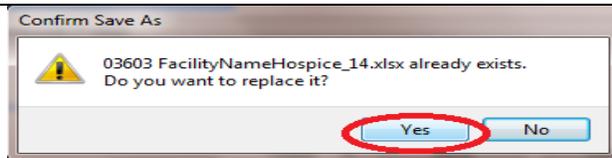


Entering Data

Whenever you leave the Excel program, by using the **X** in the top right of the screen, a message may ask if you want to save the changes. Respond **Yes** or data you entered will be lost.

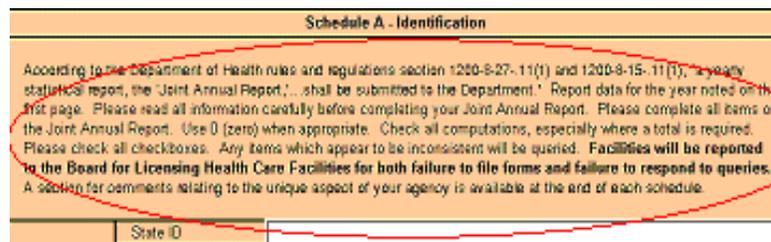
You may save the file prior to leaving the Excel program. Choose the location on your hard drive to which you saved before.

Always using the same name to save as this will eliminate the possibility of having partial data in multiple locations.



Instructions and definitions are included on the form itself. **Please read these carefully prior to completing each Schedule.**

Also please refer to the document that was included in the mailing, **General Information and Tips to Avoid Common Errors.**



Data Fields

Only data entry fields (white) are available for selection. Other areas of the worksheet, such as tan boxes or areas outside the form itself, are protected.

Please attempt to answer all questions by supplying information in each white box, unless otherwise instructed.

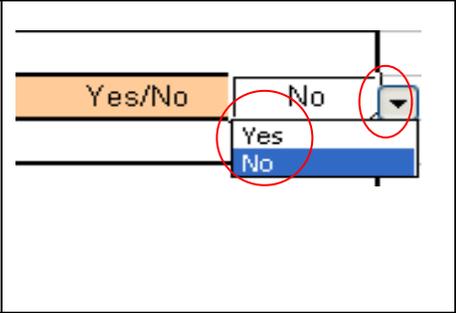
According to the Department of Health rules and regulations section 1200-8-27-.11(f) and 1200-8-15-.11(f), a yearly statistical report, the 'Joint Annual Report,'... shall be submitted to the Department.' Report data for the year noted on the first page. Please read all information carefully before completing your Joint Annual Report. Please complete all items on the Joint Annual Report. Use 0 (zero) when appropriate. Check all computations, especially where a total is required. Please check all checkboxes. Any items which appear to be inconsistent will be queried. Facilities will be reported to the Board for Licensing Health Care Facilities for both failure to file forms and failure to respond to queries. A section for comments relating to the unique aspect of your agency is available at the end of each schedule.

Facility	State ID	
	Hospice Name	
	Did the facility name change during the reporting period?	Yes/No -
	If Yes, Prior Name	
	Street Address	
	Mailing Address	
	City	County
Preparer	State	Zip Code
	Phone	
	Name	Phone
	Title	
	E-Mail	
Individual	-	Race of the individual owner

Use of Drop-down boxes for Yes/No and other questions

To select Yes or No, use the drop-down selection. Answer every Yes/No question.

If there is more information requested after a Yes answer, provide or specify that information.



Use of Drop-down boxes for "X" and other questions

The drop-down box using the arrow provides an "X" to select. If typing a response, use only upper case "X" (lower case will register as an error).



Changing an answer

If you need to change your answer in a drop-down field, return to the drop-down box and make the correct selection.

If you need to change your answer, in a drop-down field, click into another data field, return to the dropdown box and use the Delete key on your keyboard.



Helpful information and definitions

Some data fields have associated frames with helpful information or definitions.

If the helpful information gets in the way of entering or seeing a field, simply click (hold) and drag with the mouse to move it to another location.

y	If Yes, Prior Name				
	Street Address				
	Mailing Address				
	City		County		
	State	TN	Zip Code		
	Phone				
er	Preparer Name			Preparer Phone	
	Preparer Title				

Phone
Enter 10 digit phone number with NO () or -
EXAMPLE: 6151234567

Preparer	Name				Phone	
	Title					
	E-Mail					
Ownership	Individual	-	Race of the individual owner			
	Partnership	-	If owned by corporation or partnership, give the number of board members by race		White	Black
	Corporation	-				

Phone
Enter 10 digit phone number with NO () or -
EXAMPLE: 6151234567

Errors and Errors Sheet

Error checking

The Excel spreadsheets onto which you enter data have built-in error checking which occurs in boxes to the right of the data entry. "Ok" indicates that there is likely no Error. "Error" indicates that there may be an error in the data provided. All "Error" fields that remain may be corrected on the schedule form, or you may explain why the data cannot be changed in a comment on the Error sheet.

OK	AL	AM
'OK' = Likely no Error 'Error' = Maybe Error in data provided		

Yes/No Question	Facility data provided
Ok	
Prior Name	Ok

Errors Sheet

All "Error" fields from the various schedules are listed in the Error Listing sheet.

You may go to the Errors sheet from the Main menu link or from the sheet tab at the bottom of any screen.

All lines marked "OK" in the first column indicate that the error description does not apply and the data is probably not in error.

The lines marked "Error" describe likely errors in the data that was entered.

A link is provided to return to the schedule involved to make a change in the data, if possible.

A	B	C	D	E
State ID	Ok/ Error	Return to schedule	Error Number	Error message
1				
2				
3	0 Error	A_NameChange	A-01-01	Indicate Yes or No to the question about facility name change.
4	0 Ok	A_PriorName	A-01-02	It was indicated that the facility had a name change; please provide prior name.
5	0 Error	A_Owning	A-01-03	Please check only one type of ownership.
6	0 Error	A_ReportingPeriod	A-01-04	Indicate Yes or No to question about whether the reporting period is July 1 through June 30.
7	0 Error	A_StreetAddress	A-02-01	Provide the data for the address for the facility.
8	0 Error	A_RepName	A-02-02	Provide the data of the person preparing the Joint Annual Report.
9	0 Ok	A_OwnerWhite	A-02-03	Provide Corporation or Partnership owner race data.
10	0 Error	A_Admin	A-02-04	Provide the name of the Administrator, that is, the person responsible for the operations of the Hospice.
11	0 Ok	A_CombiOffice	A-03-01	Provide individual owner race data.

A	B	C	D	E
State ID	Ok/ Error	Return to schedule	Error Number	Error message
1				
2				
3	0 Error	A_NameChange	A-01-01	Indicate Yes or No to the question about facility name change.
4	0 Ok	A_PriorName	A-01-02	It was indicated that the facility had a name change; please provide prior name.
5	0 Error	A_Owning	A-01-03	Please check only one type of ownership.
6	0 Error	A_ReportingPeriod	A-01-04	Indicate Yes or No to question about whether the reporting period is July 1 through June 30.
7	0 Error	A_StreetAddress	A-02-01	Provide the data for the address for the facility.
8	0 Error	A_RepName	A-02-02	Provide the data of the person preparing the Joint Annual Report.
9	0 Ok	A_OwnerWhite	A-02-03	Provide Corporation or Partnership owner race data.
10	0 Error	A_Admin	A-02-04	Provide the name of the Administrator, that is, the person responsible for the operations of the Hospice.

Comments/Explanations

If you find that you cannot change the data to eliminate the "Error" message, a descriptive comment or explanation on the reason why this cannot be done must be entered in the last column.

These comments will be reviewed upon submission.

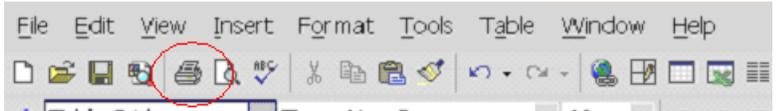
You may or may not be queried about the error for which you provide a comment.

Error Number	Error message	Please provide an explanation of why the data cannot be changed (if an error may remain) for all error messages that are marked "Error" Comments
A-01-01	Indicate Yes or No to the question about facility name change.	
A-01-02	It was indicated that the facility had a name change; please provide prior name.	
A-01-03	Please check only one type of ownership.	
A-01-04	Indicate Yes or No to question about whether the reporting period is July 1 through June 30.	
A-02-01	Provide the data for the address for the facility.	
A-02-02	Provide the data of the person preparing the Joint Annual Report.	
A-02-03	Provide Corporation or Partnership owner race data.	
A-02-04	Provide the name of the Administrator, that is, the person responsible for the operations of the Hospice.	

Printing

Printing Schedules

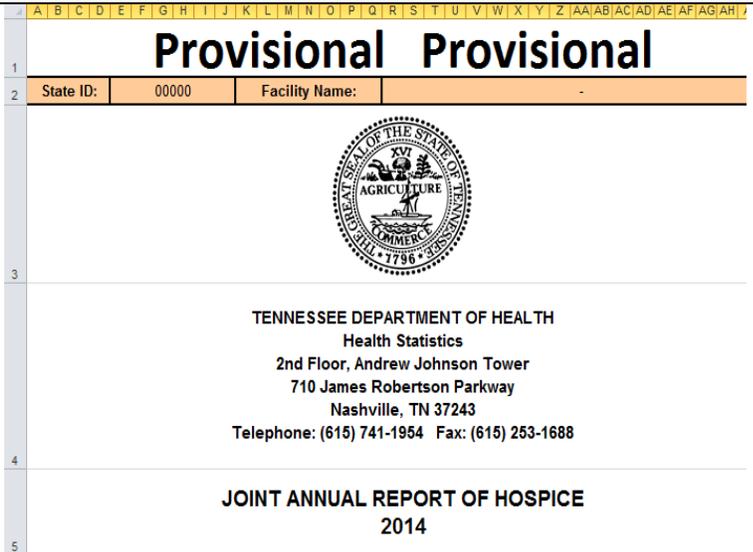
After you have entered data, print by selecting each schedule and using File/Print or the Print Icon. This printout will be a record of the data you submitted.



Printing only Main page, All Schedules and Declaration page

If you wish to print only the Main page, all the schedules and the Administrator's Declaration page follow these instructions.

Go to the tabs at the bottom of Excel program and highlight the first tab (**Main**) and hold the shift key. Then find and click on the **Adm Dec** tab. Click on the preview icon to view the pages that should print and click on the print button.

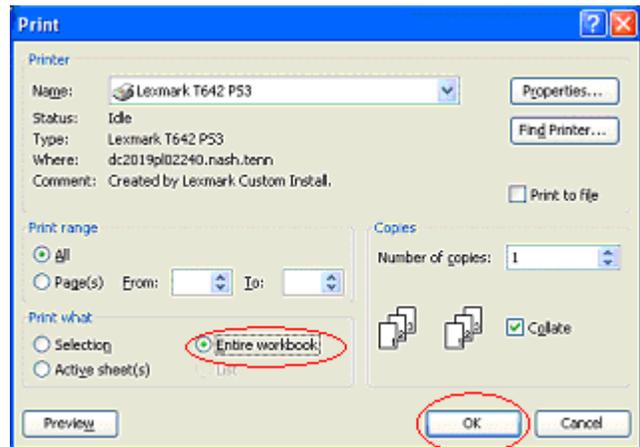
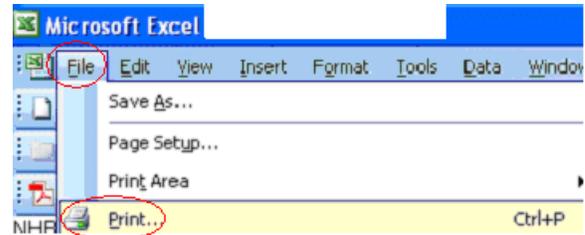


Printing Entire Workbook

If you wish to print all the schedules, the error list, and StateIDs use **File/Print**.

At the resulting screen, select **Entire workbook** and **OK**.

NOTE: Printing Entire workbook will print all pages in the Excel program. This option will take up to 28 more pages than printing individual schedules (17 pages).

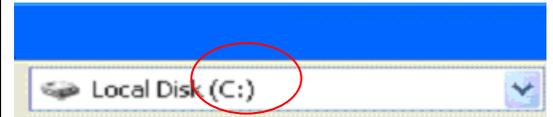
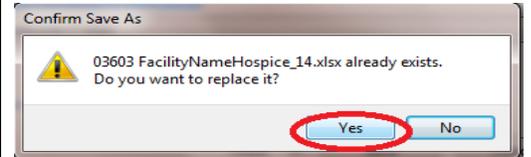


Saving

When you leave the Excel program by using the X in the top right of the screen, a message will ask if you want to save the changes. Respond **Yes** or data you entered will be lost.

Choose a location on your C: drive that you will be able to locate later.

BE SURE your State ID and Facility Name are part of the File Name the last time you save.



Submitting Data

Submit the form via e-mail attachment to: **JARHospice.Health@tn.gov** or you may make a copy of the Joint Annual Report (Excel file) from your hard drive to a CD. Label the CD with your facility's name and State ID and mail it to:

Mr. Lonell Matthews
Tennessee Department of Health
Health Statistics
Second Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243

There is no need to mail or fax a paper form.

DUE DATE: August 29, 2014 no later than 4:30 p.m. (Central Standard Time)

If you have any questions, call Mr. Lonell Matthews, (615) 741-5845 or email JARHospice.Health@tn.gov

Attaching Excel to Email

To E-mail the report, address e-mail to **JARHospice.Health@tn.gov** and put in subject line the State ID, Facility Name and Hospice_14. Go to the **attachment** icon and click on (browse or look in) and find the file name on your computer at the location that you saved it. **Attach** it and **send** it. You will receive an e-mail confirmation that the report has been received. Please print that e-mail for documentation purposes to confirm that the report was received by Health Statistics.

