JOINT ANNUAL REPORT OF AMBULATORY SURGICAL TREATMENT CENTERS
2016

General Information and Tips to Avoid Common Errors

The following guidelines are written to assist you to complete the Joint Annual Report for your Ambulatory Surgical Treatment Center 2016 reporting year.

A. **Please read all information carefully before completing your Joint Annual Report form.**

B. A few changes have been made to improve the form and increase the value of the collected data. Microsoft Excel will be the **only** acceptable submission of form – Open Office will not be accepted.

C. **Before beginning to complete the Excel form, Save it to your computer using the following naming convention, State ID and Name of Agency. Example: 01234-ABC Surgery Center**

**Do NOT use ALL UPPER case when completing the form.

Complete all items on the Excel data entry form.

1. No schedule should be left with all blank fields (looking like it could have been overlooked and not completed).
2. Check all computations, especially where totals are provided. Notice that all totals are system calculated.
3. **Use 0 (zero) only in Schedule F (financial); on all other schedules, zero is not required**.
4. If the value of an item is unknown, leave the item blank.
5. 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.
6. Use the drop down boxes when available.
7. If you find that you cannot change the data to eliminate the "Error" message, type your comment on the "Error Sheet" in the last column

D. **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 report and failure to respond to queries**.

SCHEDULE A – IDENTIFICATION

There is a tab named "State ID" that shows the state id, license number, facility names and addresses for your information. Facilities are listed by county. Please use the name of your facility to look up the state id and put it in Schedule A. The information will populate at the top of each schedule. It will also populate the facility address. Check the complete address information to make sure it is correct. Mailing address will populate if same as street address question is answered "Yes". The email address is an excellent tool for communications.

Reporting Period: All facilities are requested to report data based on the twelve month period from July 1, 2015 to June 30, 2016. If you answer "Yes", dates will populate automatically and if "No", you will need to enter the reporting dates.

SCHEDULE B – CERTIFICATIONS, ACCREDITATION AND MEMBERSHIPS

All Yes/No questions need to be answered.

To indicate your certification, accreditation and membership status, make sure the appropriate boxes are checked Yes or No to each question. If you answer "yes" to other, state the specific association name. Provider numbers should be entered, if you have one.

SCHEDULE C – CLASSIFICATION

Classification: Select the classification that best describes your center. If "Other" is selected, please enter your facility's classification in the space provided. Please note that the first classification "Surgical Clinic" also includes ASC's and ASTC's.

Type of Facility: Select the type that best describes your center, and if you select Hospital Based or Hospital Affiliated, please type in the hospital name.

SCHEDULE D – AVAILABILITY AND UTILIZATION OF SERVICES

Availability of Rooms – please fill in blanks.
All room and patient fields must be completed (4 fields).

Total number of rooms should be at least 1
Total number of patients should be at least 1

If the number of rooms is zero, number of patients should also be zero.

If the number of operating/procedure rooms is zero, number of cases should also be zero.
(See cross check in columns AY and AZ)

Total Unduplicated Number of Patients: For this question, count patients who received multiple services only once. This number may be less than the number of patients and procedures reported in Utilization of Services after resolving duplicate patients. (Total Unduplicated Number of Patients on Schedule D should agree with Schedule E, Total Tennessee resident and non-Tennessee resident patients. Additionally, Total Unduplicated Number of Patients should agree with Schedule E, Total Patients, Patients Served summed by Age and Gender.)

Type of Service (Utilization of Services): Check the yes/no column for each of the services the facility offers and indicate the number of patients and procedures for services during the reporting period. Fields can be left blank if type of service is a 'No', if 'Yes,' case data should be included (including zeros)

Only One type of service must be indicated if facility is Single Specialty.

If you choose other, state the specific service name. Also, one patient may receive several of the services listed; therefore the total number of patients may include the same patient more than once.

Lines 40 and 41 will only accept zero and higher.
Fields for cases, rooms and patients will accept numeric values only!

***Case*- one visit to an Operating Room or to a Procedure Room by one patient, regardless of the number of surgeries or procedures performed during that visit.**

The Availability and Utilization of Equipment: For each item listed check for yes/no and indicate the number of units (fixed or mobile). If mobile units are used, indicate the number of days per week they are available at the center. **Complete all** the fields for patients and procedures.
*Data may not match what is reported to Health Services and Development Agency (HSDA) due to reporting period.

SCHEDULE E – PATIENT CHARACTERISTICS

The numbers of patients served during the reporting period are requested by **age, gender and race.** This is important information for statistical purposes. Race data is a point of emphasis and should be completed before submission. Please do not enter zeros on this schedule.

Please locate the names of the counties of residence for patients who received services during the entire reporting period. In the column labeled Number of Patients, enter the number of patients who were residents of each of the listed counties. Total Patients are calculated as the sum of the numbers reported for the specified counties, other states and countries. That is, Total Tennessee Residents + Non-Tennessee Residents = Total Patients.

Note: Total patients should agree with Total unduplicated number of patients in Schedule D and Total Patients, Patients Served in Schedule E.

SCHEDULE F – FINANCIAL DATA

Do not leave this Schedule blank or complete with all zeros. **Use 0 (zero) only in Schedule F (financial).**

Expenses: Round all figures to the nearest dollar.

Depreciation: Record yearly depreciation on all capital assets and round all figures to the nearest dollar.

Revenues: Round all figures to the nearest dollar.

Gross Patient Revenue (Gross Patient Charges): This represents the sum of all charges for services rendered to patients during the reporting year at the facility's established rate.

Adjustments to Revenue (Charges): This represents the amount of reduction of gross patient charges (revenue) due to contractual allowances, bad debt, charity care, etc.

Net Patient Revenue: This represents the actual amount of revenue that the facility received. This value is the difference calculated by subtracting Gross Patient Revenue (Charges) minus Adjustments to Revenue (Charges). **Do not put in negative numbers.**

Other: Any other adjustments that are not appropriately reported in any of the other specific categories may be included here.

Adjustments to previous years' revenue, such as Medicare or TennCare prior adjustments should **not be reported as current year adjustments**. Do not include revenue related losses.

Non-Government Adjustments to Revenue Total includes three sources:
- -Bad Debt
- -Charity Care
- -Other

Please check all calculated Totals and Net Revenue calculations for accuracy. If needed, make corrections to the detail.

SCHEDULE G – PERSONNEL

Please indicate the number of personnel on the last day of the reporting period. Record the 0 (zero), if appropriate. Full Time Equivalent (FTE) = number of hours worked by part-time employees per week/40 hours per week. For example, three Registered Nurses, each working 20 hours a week, the FTE would be (3x20)/40=1.5. For two medical records employees, one working 10 hours per week and the other working 15 hours per week, the FTE would be (10+15)/40=.63. If you choose other, state the specific type of employee service.

Nursing Personnel section and Contract Nursing section: Only complete if the question about contract nursing staff is answered "Yes".

SCHEDULE H – MEDICAL STAFF

Include all medical staff with privileges to practice at the facility, whether considered active or associate. If you choose other, specify, be sure to fill in type of specialty.

Active: employed and practicing at the facility
Associate: has privileges to practice at the facility but is not employed at the facility

Include all certified and not certified medical staff in counts. For example, two general surgeons NOT board certified and one who is board certified would be recorded as three medical staff and one board certified.

ERROR SHEETS

<u>*The Error Sheets must be reviewed and corrected before submitting your report.</u>

All "Error" fields from the various schedules are listed in the Errors 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 with error number and error message.

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

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ADMINISTRATOR 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 six of the User Instructions.

We look forward to receiving your report before the due date of **December 9, 2016**. Thank you for your cooperation.