

## ERC Monthly Reporting Form

The purpose of this form is to collect monthly performance data from providers delivering ERC services to our members. Information will be used to assess the quality outcomes and overall performance of the services being provided.

ERC reports are typically submitted to TennCare monthly via the Care Coordination Tool (CCT). However, with the reporting portal being unavailable, the reporting activities were temporarily suspended. TennCare has created an alternative mechanism for reporting which will be utilized until further notice.

We are requesting that facilities submit monthly reports for both the previous (April 1, 2023 to September 30, 2023) and current (October 1, 2023 to March 31, 2024) evaluation periods using the reporting form provided. To allow facilities sufficient time to submit data for both submission periods (April to September 2023 and October to March 2024) all the datafiles **(12 in total)** must be submitted by **April 20, 2024**.

Data files must be transmitted using the secure file transfer method defined by TennCare by April 20, 2024, but may be transmitted earlier and as they are completed. An additional communication with instructions on where and how to submit the completed ERC monthly reported forms is forthcoming.

Please be sure to review and complete all the worksheets (3), **General Information, Referral Information, Resident Information included** in this file. An additional worksheet, Data Dictionary, that includes a brief description of each data point is included. For more detailed information, please refer to the ERC Operations Manual which can be accessed [here](#).

Please use the drop-down list when available. If a field is highlighted gray  or black  you should not enter any information. Fields highlighted gray indicate an auto-populated/calculated data point, no data is required for blacked out fields; auto-population occurs based on data from a previous field.

### General Information Tab

Facility name	Greystone
Facility CMS number (6 digits)	Greystone
Administrator name	Spring Gate
Administrator email	Standifer
Person submitting the form	Summit View
Submitter email	West Meade
Month being reported	Wexford
Year being reported	WyndRidge
Form Completion Date	Graceland

Number of ventilator beds licensed by TN	18	→ This field auto-populates based on facility name
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Indicate which of the following are available at your facility:	
Alarm Paging/Beeper System	
Cough Assist	Yes
Heated Wire	No
High Flow Molecular	
High Frequency Chest Wall Osc or IPV	
Incentive Spirometer or any PEP	
Mobile Monitoring Device	
Non-Invasive Ventilation	
Non-Invasive Open Ventilation (Nasal application for mobility)	

The general information tab is intended to capture facility specific information and technology that is available at the facility for use. It is also used to identify and collect contact information for both the facility administrator and the person submitting the form, or the person who should be contacted for any follow-up questions.

Please note that if a specific technology is not available at your facility for use, you will not be eligible for points for each of the technology marked “No”.

## Referral Information

### Enhanced Respiratory Care Monthly Data Report Referral Information

Please record only new referrals that had occurred during the reporting month  
Referrals not admitted to the ERC program must be properly documented.  
Referrals admitted to the ERC program will begin to prepopulate in the Resident Information worksheet  
Data is not required for any fields that are pre-filled black.

Scroll right to complete ALL fields.

Date NF Received the Referral?	Last Name	First Name	Admitted to ERC Program (Y/N)	Date Admitted to ERC Program	Social Security Number (if admitted)	State of Residence at Time of Admission	Acute Care Days Prior to NF Admission	Hospitalizations in last 12 months	Number of Wounds (not stages)	Reason Not Admitted	Date of Denial	Referral Source	Name of Referral Source
10/1/2023	New referral 1	New referral 1	y	10/5/2023	123456789								
10/2/2023	New referral 2	New referral 2	n										
10/3/2023	New referral 3	New referral 3	y	10/10/2023	123456789								
10/4/2023	New referral 4	New referral 4	y	10/12/2023	111111222								
10/5/2023	New referral 5	New referral 5	n										
10/6/2023	New referral 6	New referral 6	n										
10/7/2023	New referral 7	New referral 7	y	10/20/2023	123123123								

The referral information tab was designed to capture new referrals received by the facility during the reporting month. Please only enter data for points that are required, fields pre-filled in black indicates that the data point is not required; fields will pre-populate in black based on a previous field response as illustrated above. Note that limited data from this tab will automatically transfer (prefill) in the **Resident Information tab**, this will only occur for referrals who have been identified as a new member and has “Y” in the “Admitted to ERC Program” field.

## Resident Information

### Enhanced Respiratory Care Monthly Data Report Resident Information

The resident's name, date admitted and SSN information will prefill for those newly referred and admitted residents.  
Please enter existing residents in the fields below the last prepopulated record.

Scroll right to complete ALL fields.

Last Name	First Name	Date Admitted	SSN	Date of Birth	Gender	Choice's Member	Medical ID	Primary Payor	Secondary Payor	Resident Status (at beginning of month)	Days in reporting month prior to admission	Non-Member Exclusion

The resident information tab is where clinical events and resident information are recorded. If a resident was identified as a new admission in the **Referral Information tab**, the resident name, ERC admission date, and SSN information will pre-populate in the **Resident Information table**; the rest of the information must be entered. Existing resident information must be entered beginning with the record directly below the last record with pre-populated information. Please be sure to complete all fields that have not pre-populated. See illustration below

## Enhanced Respiratory Care Monthly Data Report

### Referral Information

Please record only new referrals that had occurred during the reporting month  
 Referrals not admitted to the ERC program must be properly documented.  
 Referrals admitted to the ERC program will begin to prepopulate in the Resident Information worksheet  
 Data is not required for any fields that are pre-filled black.

Scroll right to complete ALL fields.

Date NF Received the Referral?	Last Name	First Name	Admitted to ERC Program (Y/N)	Date Admitted to ERC Program	Social Security Number (if admitted)
10/1/2023	New referral 1	New referral 1	y	10/5/2023	123458989
10/2/2023	New referral 2	New referral 2	n		
10/3/2023	New referral 3	New referral 3	y	10/10/2023	123456789
10/4/2023	New referral 4	New referral 4	y	10/12/2023	111111222
10/5/2023	New referral 5	New referral 5	n		
10/6/2023	New referral 6	New referral 6	n		
10/7/2023	New referral 7	New referral 7	y	10/20/2023	123123123

## Enhanced Respiratory Care Monthly Data Report

### Resident Information

The resident's name, date admitted and SSN information will prefill for those newly referred and admitted residents.  
 Please enter existing residents in the fields below the last prepopulated record.

Scroll right to complete ALL fields.

Last Name	First Name	Date Admitted	SSN	Date of Birth	Gender	Choice's Member	Medicaid ID	Primary Payor	Secondary Payor	Diagnosis	Care Status Change Within reported month	Sentinel Event	Date of Sentinel Event	Type of Sentinel Event
New referral 1	New referral 1	10/5/2023	123458989											
New referral 3	New referral 3	10/10/2023	123456789											
New referral 4	New referral 4	10/12/2023	111111222											
New referral 7	New referral 7	10/20/2023	000000000											
Existing resident 1	Existing resident 1	2/1/2023	111111111											
Existing resident 2	Existing resident 2	3/24/2023												
Existing resident 3	Existing resident 3	5/5/2000												
Existing resident 4	Existing resident 4	4/1/2020												
Enter existing resident information														

## Data Dictionary

Worksheet	Field Name	Description	Data Type	Format	Required (Y/N)
General Facility	Facility name	name of the facility - drop-down list available	Text		Y
General Facility	Facility CMS number (6 digits)	CMS number - autopopulated field based on facility name	Integer		Y
General Facility	Administrator name	name of the current facility administrator	Text		Y
General Facility	Administrator email	email address of the current facility administrator	Text		Y
General Facility	Person submitting the form	name of person who completed and/or responsible for submitting the form and responding to follow-up questions from TennCare	Text		Y
General Facility	Submitter email address	email address of the person to respond to any questions related to the data input.	Text		
General Facility	Month being reported	reporting month - drop-down list available	Date	January	Y
General Facility	Year being reported	year of reporting period - drop-down list available	Date	YYYY	Y
General Facility	Form Completion Date	date the form was completed	Date	MM/DD/YYYY	Y
General Facility	Number of ventilator beds licensed by TN	the number of licensed ERC beds - autopopulated based on Facility field name	Integer	30	Y
General Facility	Alarm Paging/Beeper System	technology that is available for use at the facility - drop-down list available	Text		Y
General Facility	Cough Assist	technology that is available for use at the facility - drop-down list available	Text		Y
General Facility	Heated Wire	technology that is available for use at the facility - drop-down list available	Text		Y
General Facility	High Flow Molecular	technology that is available for use at the facility - drop-down list available	Text		Y
General Facility	High Frequency Chest Wall Osc or IPV	technology that is available for use at the facility - drop-down list available	Text		Y
General Facility	Incentive Spirometer or any PEP	technology that is available for use at the facility - drop-down list available	Text		Y
General Facility	Mobile Monitoring Device	technology that is available for use at the facility - drop-down list available	Text		Y
General Facility	Non-Invasive Ventilation	technology that is available for use at the facility - drop-down list available	Text		Y
General Facility	Non-Invasive Open Ventilation (Nasal application for mobility)	technology that is available for use at the facility - drop-down list available	Text		Y
Referral Information	Date NF received the referral?	the date the initial referral was received	Date	MM/DD/YYYY	Y
Referral Information	Last Name	the last name of the patient being referred to the facility	Text		Y
Referral Information	First Name	the first name of the patient being referred to the facility	Text		Y
Referral Information	Admitted to ERC Program (Y/N)	admittance flag - drop-down list available	Text		Y

This worksheet contains the data elements and brief description.

If you have any questions related to the ERC program or completing this data file, please contact us at [ERC.LTSS@tn.gov](mailto:ERC.LTSS@tn.gov)