

Joint Annual Report of Outpatient Diagnostic Centers 2015 Tips to Avoid Common Errors

The following guidelines are written to assist you to complete the Joint Annual Report for the Outpatient Diagnostic Center 2015 reporting year.

- A. A User Manual can be found on the website <http://health.state.tn.us/statistics/jarodc.htm>. Please read all information carefully before completing your Joint Annual Report. Keep the manual and these tips handy as you will need them to fill out the form and export the data.

***The Excel file must be saved and renamed with the facility's State ID and Name. Files submitted incorrectly will be returned for correction.**

Renaming example: 00000_ABC Center

- B. Please complete all items on the report form.
- (1) Use 0 (zero) when appropriate rather than leaving the item blank.
 - (2) Please select the appropriate answer to all (Yes / No) questions.
 - (3) Check all computations, especially where a total is required.
 - (4) Corporate offices that do data entry for several facilities must close out between each facility to avoid system generated errors. It is requested that you work on one (1) facility at a time.
 - (5) In the event that a reporting period other than January 1 through December 31 is used by your facility for statistical information, please report that data including the actual beginning and ending dates of your facilities' reporting period.
- C. Any item which appears to be inconsistent will be queried. Report forms with items left blank will not be acceptable. ***The Tennessee Department of Health's Bureau of Health Licensure and Regulation may issue deficiencies for either failing to file forms or submission of incomplete forms.***

SCHEDULE A – IDENTIFICATION

Facility

State ID: Select your State ID from the drop down list first. Facility name and address are filled in automatically, unless there is a name change in which case your facility's new name and your facility's new address has to be typed in manually.

Reporting Period: All facilities are requested to report data based on the twelve month period for the calendar year. If reporting period is January 1 through December 31, leave date lines blank.

Use Proper Case and not ALL CAPS in Schedule A; such as facility name, address, and city.

Please fill in the e-mail address of the preparer of your facility's report, so that we may use this address as a means of initial contact.

SCHEDULE B – ORGANIZATION STRUCTURE

Owner Type

Please place an "X" in only one block of the For Profit, Not for Profit or Government Section.

SCHEDULE C – LICENSURE, CERTIFICATIONS AND ACCREDITATION

Please fill in provider numbers. The data field for year of accreditation/audit takes only the four digit year. Do not put in a complete date. Answer all Yes/No questions.

SCHEDULE D – AVAILABILITY AND UTILIZATION OF SERVICES/EQUIPMENT

Fill in the number of patients and diagnostic procedures and number of fixed and mobile units as well as number of days per week for mobile.

The total unduplicated patients on this schedule should match the total patients by age, gender, and race in Schedule E.

SCHEDULE E – PATIENT CHARACTERISTICS

The age, gender and race section should be filled out completely. The total patients served should sum up the age, gender and race in the middle column.

The total patients by county and state should match the total patients served by age, gender and race.

SCHEDULE F – FINANCIAL DATA

Financial data is important. There are three tables to be filled out:

- (1) Please do not leave any financial data fields blank. Please enter (0) zero within those fields as an alternative.
- (2) Expenses, such as payroll, fringe benefits, other operating expenses, depreciation expense and non-operating expenses.
- (3) Patient Revenue including Government and Non-government, and Non-Government Adjustment to Charges. **Do not put in negative numbers.**
- (4) All non-patient revenue and non-government adjustment to charges subcategories include bad debt, charity care and other. **Do not put in negative numbers.**

SCHEDULE G - PERSONNEL

Full-time employees are those whose regularly scheduled workweek is usually 40 hours or more per week or at least 80 hours within a two week period, (this includes administrators).

Full-time equivalent (FTE) = number of hours worked by part-time employees per week divided by 40 hours per week, rounded to two decimal places.

For example, for three Registered Technologists, each working 20 hours a week, the FTE would be $(3 \times 20) / 40 = 1.50$.

For two Technical employees, one working 10 hours per week and the other working 15 hours per week the FTE would be $(10 + 15) / 40 = .63$.

- (1) Registered Nurses - fill out the highest education level section for all columns. If you do not employ nursing staff in any of the listed education levels, indicate this by using 0 (zero).
- (2) Advanced Practice Nurses, Licensed Practical Nurses, Certified Nurses Aides and others refer to the same columns in item (a) to fill in blanks.
- (3) Contract nursing staff - answer yes or no to contract question and refer to the same column in item (a) to fill in blanks.

SCHEDULE H – MEDICAL STAFF

Total medical staff and number of medical staff who are board certified needs to be filled out for Cardiologists, Neurologists, Pathologists, Radiologists, Technicians and other medical staff.

ADMINISTRATOR'S DECLARATION

By checking the Administrator's Declaration box and providing a date represents the Administrator's electronic "signature" on the form stating that the report is true, correct, and complete to the best of the Administrator's knowledge.