

## Joint Annual Report of Outpatient Diagnostic Centers 2019 Tips to Avoid Common Errors

The following guidelines are written to assist you to complete the Joint Annual Report for the Outpatient Diagnostic Center 2019 reporting year.

A. User Manual can be found on the website

<https://www.tn.gov/content/tn/health/health-program-areas/statistics/health-data/jar/jar-odc.html>

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. For your reference, this Tips document is also included as a Tab on the Excel data entry form.

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, 2019 through December 31, 2019 leave date lines blank.

Use Proper Case and **Do Not use 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.

## **ERRORS**

Due to increased numbers of facilities reporting with errors and reporting incorrect data, state staff will be reviewing submitted reports more closely and reporting deficiencies to the Office of Healthcare Facilities Licensure. This could lead to state inspection deficiencies and require Plans of Correction to be submitted. Please recognize the importance of including accurate data in the Joint Annual Report.

We strongly encourage each administrator to review the completed form for accuracy before submission.