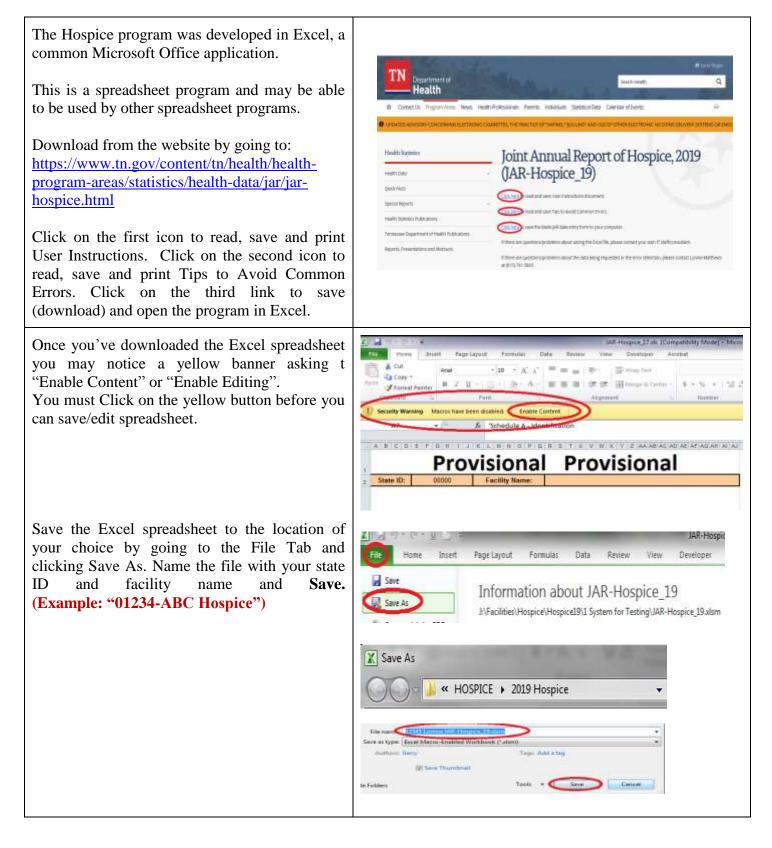
Joint Annual Report of Hospice 2019 User Instructions

Downloading and Saving the Hospice Program





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 Save 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. 	Hie name Table Annuel Reserve And Street Name Save & at type: Excel Marm-Environment Infinition Geny Taper Andid a tag If Save As Save If Save As Save As Save As Save As If Save As Sav
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 is located on the website, <u>General</u> <u>Information and Tips to Avoid</u> <u>Common Errors</u> .	Schedule A - Identification Accerding to the Department of Health rules and regulations section 1200-8-27-11(1) and 1200-8-15-11(1), a yeary statistical report, the Usin Annual Report , shall be submitted to the Department." Report data for the year noted on the third 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 checkbores. Any tems which appear to be inconsistent will be queried. Facilities will be reported to the Board for Licensing Health Care Facilities for both follower to the 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. State ID
Data Fields Only data entry fields (white) are available for Edits. Other areas of the worksheet, such as tan boxes or areas outside the form itself are protected and locked. 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(1) and 1200-8-15-11(1), "a yearly statistical report, the 'Usert Annual Report,''' shall be submitted to the Department.'' Report data for the year noted on the first page. Please ends all information concellully before completial pleases, ends all information concellully before completing the public terms and the Joint Annual Report. Please ends all information concellully before for hot failure to the provide the reported to the Department.'' Report data for the year noted on the Joint Annual Report. Use 0 (zero) when appropriate. Check all computations, especially where a total is required. Please and all information check for hot failure to file forms and failure to respond to guerries. A section for comments relating to the unique aspect of your agency is available at the end of each schedule. Versities State ID Hospite Name Did the facility name charge dating the reporting period? Yes/No Hailing Address City County State ID Eace Hailing Address Zip Code Proce Name Proce Name Proce Name Proce Name Proce Name

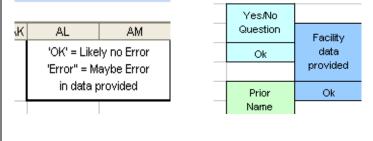
Use of Drop-down boxes for Yes/No and other questions	
To select Yes or No, use the drop-down selection. Answer every Yes/No question.	Yes/No No 🕞
If there is more information requested after a Yes answer, provide or specify that information.	No

Use of Drop-down boxes for "X	(" an	d other qu	estion	s				
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Changing an answer								
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If you need to change your answer return to the dropdown box and u		-				ther dat	a field,	
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		State		TN		Zip Code		EXAMPLE: 6151234567
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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.



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.

1	State ID	en En		Return to schedule	Error Sumber	Error mensege	
2			-				
3) Erra	,	A NameChange	A-01-01	Indicate Yes or No to the question about facility name change.	
4		OR		A. PriorName	A-01-02	t was indicated that the facility had a name change; please provide prior name.	
5	1	0,6110	e	A Ownind	A-01-03	Please check only one type of ownership.	
6		0 6110	,	A RotPeriod/N	A-01-04	Indicate Yes: or No to question about whether the reporting period is July 1 through June 30.	
7	1) Erra	r	A StreetAddress	A-02-01	Provide the data for the address for the facility.	
Б		erra (,	A Prep/lane	6-02-02	Provide the data of the person preparing the Joint Annual Baroot	
8		l OK	-	A Owninhite	4.02.03	Provide Corporation or Partnership owner race slata.	
						Provide the name of the Administrator, that is, the person	
		0 610		A Astrin	A-02-04		
10						responsible for the operations of the Hospice.	
10	i	o ok		A Control Rece	A-03-01	Provide Individual owner race data.	
	i		2	A Control Rece	A-03-01	Provide Individual owner race data.	
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Comments/Explanations Any errors remaining after JAR has been completed will require a descriptive comment	A-01-01 A-01-02 A-01-03 A-01-04	Indicate Yes or his to the question about facility name change. It was indicated that the facility had a name change; please provide pior, name. Please check only one type of ownership. Indicate Yes or No to question about whether the reporting period is July in through June 30.	
or explanation on the reason why this cannot be done must be entered in the last column.	A-02-01 A-02-02 A-02-03	Provide the data for the advect for the facility. Provide the data for the period preparing the John Annual Report. Provide Corporation or Permerchip owner race lists. Devoke the name of the Asteriotecher and the two remove	
These comments will be reviewed upon submission.			
You may or may not be queried about the error for which you provide a comment.			

Printing

Printing Schedules	<u>File Edit View Insert Format Tools Table Window Help</u>
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	State ID: 11000 Facility Name:
If you wish to print only the Main page, all the schedules and the Administrator's Declaration page follow these instructions.	TENNESSEL CEPARTMENT OF MEAL TH Health TENNESSEL CEPARTMENT OF MEAL TH Health Statistics 2nd Floor, Andrew Johnson Towar 710 James Robertson Parkway Naskvite, TN 37243 Twiephone: (818) 741-1954 Par: (818) 253-1688 JOINT ANNUAL REPORT OF HOSPICE 2019
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.	Schudula A. Menofikation Schudula B. Charattariton Schudula D. Charattariton Schudula D. Anonaesi Schudula E. Availability and Mitanium of Services Schudula F. Availability and Mitanium Schudula F. Availability and Mitanium Find your Schudula F. Schull Schull Schull Schull Schull Schull Schull Availability Schudula F. Schuller Schull
Printing Entire Workbook	
If you wish to print all the schedules, the error list, and StateIDs use File/Print.	Microsoft Excel Edit Yiew Insert Format Tools Data Window D Save As Page Setup D Print_Area Otrl+P
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).	Printer Nagge: Lexmark T642 PS3 Status: Ide Type: Lexmark T642 PS3 Where: dc2019pl02240.nash.tern Comment: Created by Lexmark Custom Instal. Print range Operation Image: Image: Image:

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. Example: "01234-ABC Hospice"

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. Lonnell Matthews Division of Health Planning Healthcare Facility Statistics/Joint Annual Report Andrew Johnson Tower, Second Floor 710 James Robertson Parkway Nashville, Tennessee, 37243

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

DUE DATE: August 30, 2019 no later than 4:30 p.m. (Central Standard Time)

If you have any questions, call Mr. Lonnell 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_19. 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.

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