

# Provisional Provisional

State ID:	00000	Facility Name:	
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TENNESSEE DEPARTMENT OF HEALTH  
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## JOINT ANNUAL REPORT OF HOSPICE 2016

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State ID:	00000	Facility Name:				2016	
<b>Hospice - Schedule A - Identification</b>							
<p>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 'Joint Annual Report,'...shall be submitted to the Department." Report data for the year noted on the first 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 checkboxes. Any items which appear to be inconsistent will be queried. <b>Facilities will be reported to the Board for Licensing Health Care Facilities for both failure to file forms and failure to respond to queries.</b> A section for comments relating to the unique aspect of your agency is available at the end of each schedule.</p>							
Facility	State ID						
	Hospice Name						
	Did the facility name change during the reporting period?					Yes/No	-
	If Yes, Prior Name						
	Street Address						
	City		County				
	State		Zip Code (5 digit)				
	Phone						
	Mailing Address same as Street Address? If Yes, proceed to next section.					Yes/No	-
	Mailing Address						
	City						
	State		Zip Code (5 digit)				
Residential	Facility a residential Hospice?		Yes/No	-	If Yes, Number of beds		
Preparer	Name		Phone				
	Title						
	E-Mail						
Ownership	Individual	-	Race of the individual owner			-	
	Partnership	-	If owned by corporation or partnership, give the number of board members by race	White	Black	Other	
	Corporation	-					
	Name						
	Street Address						
	City		Phone				
	State		Zip Code				
Reporting Period	<p>In the event that a reporting period other than July 1 through June 30 is used for statistical information, please report data for the last day of your reporting period when information is requested for June 30. If you are reporting for less than 365 days, utilization and financial data should be presented for days reported only. The reporting period for the hospice JAR report does not need to match the reporting period for an affiliated hospital.</p>						
	Is the reporting period July 1 - June 30 of the year specified above?					Yes/No	-
	If unable to report based on above dates, provide beginning and ending dates (used for all utilization and financial data):			Beginning (mm/dd/yyyy)			
				Ending (mm/dd/yyyy)			
Administration	Administrator's Name						

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<b>State ID:</b>	00000	<b>Facility Name:</b>		<b>2016</b>
<b>Hospice - Schedule B - Classification</b>				
The type of legal entity, except proprietorship, general partnerships and government entities, can be confirmed by entering the legal entity's name into a search at the Secretary of State web site: <a href="https://tnbear.tn.gov/Ecommerce/FilingSearch.aspx">https://tnbear.tn.gov/Ecommerce/FilingSearch.aspx</a>				
<b>Owner Type</b>	<b>For Profit</b>	-	Proprietorship - a business owned by one person.	
		-	General Partnership - an association of two or more persons to carry on as co-owners of a business or other undertaking for profit formed under § 61-1-202, predecessor law, or comparable law of another jurisdiction. TCA Title 61 Chapter 1	
		-	Limited Partnership (LP) - a partnership formed by two or more persons under the laws of the state of Tennessee, and having one or more general partners and one or more limited partners. TCA Title 61 Chapter 2	
		-	Limited Liability Partnership (LLP) - governed by TCA § 61-1-106 (c). The law of this state governs relations among the partners and between the partners and the partnership and the liability of partners for an obligation of a limited liability partnership that has filed an application as a limited liability partnership in this state.	
		-	Limited Liability Company (LLC) - established by the "The Tennessee Limited Liability Company Act" found in the Tennessee Code Annotated, § 48-201-101 through § 48-248-606.	
		-	Corporation - defined by the "Tennessee Business Corporation Act" codified in TCA Title 48 Chapters 11-27.	
	<b>Not for Profit</b>	-	Non-Religious Corporation or Association - defined by the "Tennessee Nonprofit Corporation Act" codified in TCA Title 48 Chapters 51-68.	
		-	Religious Corporation or Association - either a corporation or association that is organized and operated primarily or exclusively for religious purposes. Most of the provisions of the Tennessee Nonprofit Corporation Act apply to a religious corporation. Exceptions are specified in TCA § 48-67-102.	
		-	Limited Liability Company (LLC) - a company that is disregarded as an entity for federal income tax purposes, and whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in TCA § 67-4-1004(15).	
	<b>Government</b>	-	City	
		-	County	
		-	State	
		-	Federal	
		-	Other Government, Specify	
	<b>Structure</b>	Type		Name of Facility
-		Hospital Based		
-		Nursing Home Based		
-		Home Health Agency Based		
-		Free-Standing		

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<b>State ID:</b>	00000	<b>Facility Name:</b>		<b>2016</b>
<b>Hospice - Schedule C - Accreditations and Approvals</b>				
Accreditation	Yes/No	-	The Joint Commission (TJC)	
	Yes/No	-	National League of Nursing (NLN)	
	Yes/No	-	Community Health Accreditation Program (CHAP)	
Membership	Yes/No	-	National Hospice and Palliative Care Organization (NHPCO)	
	Yes/No	-	Tennessee Hospice Organization (THO)	
	Yes/No	-	Tennessee Association for Home Care (TAHC)	
	Yes/No	-	THA Home Care Alliance	
	Yes/No	-	Other 1, specify	
	Yes/No	-	Other 2, specify	
	Yes/No	-	Other 3, specify	
Payor Participation	Yes/No	-	TRICARE/CHAMPUS	
	Yes/No	-	Medicare	
	Yes/No	-	TennCare	

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<b>Hospice - Schedule D - Finances</b>					
Please note: This reporting period should be consistent with the reporting period listed in Schedule A of this report.					
Net Revenue by Revenue Source	Enter the amount of net revenue (total charges minus adjustments such as contractual adjustments and bad debt) that your organization received from each of the sources listed during the reporting period. <b>TennCare</b> – Tennessee’s Medicaid program that is a joint federal and state program that helps with medical costs for some people with low incomes and limited resources. <b>Medicare</b> – the federal health insurance program for: people 65 years of age or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure with dialysis or a transplant, sometimes called ESRD). <b>TRICARE/CHAMPUS</b> – the health care program for active duty members of the military, military retirees, and their eligible dependents. <b>Self Pay</b> – payment coming from consumers. <b>Other Pay Source</b> – payment coming from sources not included in this specific list of sources.				
	Revenue Source			Amount	
	TennCare (include funds for nursing home room and board)				
	Medicare				
	TRICARE/CHAMPUS				
	Self Pay				
	Other Pay Source				
	(System Calculation)			Net Revenue Total	\$0
Charity Care	Charity Care: Report as a positive number. Do not include other adjustment to gross revenue such as contractual allowances (e.g. discounts) or bad debt (e.g. not receiving expected payments).				
	Charity Care – services provided to medically needy persons for which the agency does not expect payment. These persons have insufficient income and/or assets with which to pay for their care. “Insufficient income” is defined as an amount not to exceed one hundred percent (100%) of the federal poverty guidelines. They are not eligible for Medicaid or other state or federal programs, or benefits of these programs have been exhausted. The patient has no insurance or has a very limited insurance policy.				
Costs	Total program costs for reporting period (include payment for TennCare nursing home room and board, if applicable)				
Medicare Per Diem Rates	Medicare Per Diem Rates By Level of Care: (amount Medicare reimburses for one day at these levels of care)				
	Routine Hospice Care				
	Continuous Hospice Care				
	General Inpatient				
	Respite Inpatient				

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<b>Hospice - Schedule E - Availability and Utilization of Services</b>					
Referrals	Total number of referrals admitted to organization				
	Total number of referrals not appropriate for admission				
Patients Served	Unduplicated number of patients served during the reporting period (Number of patients receiving services on day one of reporting period plus number of admissions during the reporting period) <b>*Must match Schedule F, Line 131, TN &amp; Non-TN Total Unduplicated patients</b>				
Services through other facility	Does your agency provide services to patients located at another type of healthcare facility? If yes, please provide information:			Yes/No	-
	Hospital Services Provided	Were services provided to patients located in a hospital?		Yes/No	-
		If yes, number of patients that received services located in a hospital.			
		If yes, which hospital(s)			
	Nursing Home Services Provided	Were services provided to patients located in a nursing home?		Yes/No	-
		If yes, number of patients that received services located in a nursing home.			
		If yes, which nursing home(s)			

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## Hospice - Schedule E - Availability and Utilization of Services

Services through other Facility (continued)	Assisted Care Living Facility Services Provided	Were services provided to patients located in an assisted-care living facility (ACLF)?		Yes/No	-	
		If yes, number of patients that received services located in an assisted-care living facility.				
		If yes, which ACLF(s)				

**Do not enter zero. Blank fields will represent zero discharges.**

Discharges	*List the number of discharges by reason during reporting period. **Total Patient Days should be calculated from date of admission to date of discharge, during the reporting period.		
	Reason for Discharge	*Number Discharged	**Total Patient Days
	Physician order (Unplanned)		
	Death		
	Patient Request		
	Transfer out of service area		
	Revoked hospice benefit		
	Patient no longer met payor's hospice qualifications for eligibility/coverage criteria		
	Other		
	(System Calculation) Totals	0	0
	Average Length of Service - All Patients in days (System Calculation)		
	Average Length of Service - Medicare Patients in days		
	Average Length of Service is calculated by dividing Total Medicare Patient Days by Total Number Medicare Discharges in the reporting period.		

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<b>Hospice - Schedule E - Availability and Utilization of Services</b>					
<b>Do not enter zero. Blank fields will represent zero discharges.</b>					
Patients Served	Please specify the total number of patients served who received the services below and the number of days or visits provided to those patients. For per diem payors, exclude number of visits.				
	Payor		TennCare		
	Discipline	Per Diem Patients	Days	Per Visit Patients	Visits
	Routine Hospice Care				
	General Inpatient Care				
	Continuous Care				
	Respite Inpatient Care				
	(System Calculation) Total	0	0	0	0
	Payor		Medicare		
	Discipline	Patients	Days		
	Routine Hospice Care				
	General Inpatient Care				
	Continuous Care				
	Respite Inpatient Care				
	(System Calculation) Total	0	0		
	Payor		TRICARE/CHAMPUS		
	Discipline	Per Diem Patients	Days	Per Visit Patients	Visits
	Routine Hospice Care				
	General Inpatient Care				
	Continuous Care				
	Respite Inpatient Care				
	(System Calculation) Total	0	0	0	0
	Payor		Self Pay		
	Discipline	Patients	Days		
	Routine Hospice Care				
	General Inpatient Care				
	Continuous Care				
	Respite Inpatient Care				
(System Calculation) Total	0	0			
Payor		Other Pay Source			
Discipline	Per Diem Patients	Days	Per Visit Patients	Visits	
Routine Hospice Care					
General Inpatient Care					
Continuous Care					
Respite Inpatient Care					
(System Calculation) Total	0	0	0	0	

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<b>State ID:</b>	00000	<b>Facility Name:</b>		<b>2016</b>	
<b>Hospice - Schedule E - Availability and Utilization of Services</b>					
Patients Served (Continued)	Payor		Charity		
	Discipline	Patients	Days		
	Routine Hospice Care				
	General Inpatient Care				
	Continuous Care				
	Respite Inpatient Care				
	(System Calculation) Total	0	0		
	<b>Do not enter zero. Blank fields will represent zero discharges.</b>				
	Number of Visits by Discipline	RN/LPN			
		Social Worker			
		Chaplain			
		Hospice Aide			
		Therapies (PT, ST, OT, RT)			
		Nutritionist/Dietician			
		Volunteer			
		Bereavement Counselor			
		Other, Specify			
		Other, Specify			
		Other, Specify			
		(System Calculation) Total			0
Bereavement	Total number bereavement cases hospice followed during reporting period				
	Bereavement services offered (check all that are available)				
	-	Group Support			
	-	Children's Day Camp			
	-	Mailings			
	-	Individual Follow-up			
	-	Bereavement Visits			
	-	Funeral Visitation			
	-	Remembrance Items			
	-	Other, Specify			
	-	Other, Specify			
-	Other, Specify				

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## Hospice - Schedule F - Patient Utilization

- 1) Check the box beside each county this hospice is licensed to operate in regardless of whether any residents from that county received services.
- 2) Indicate by resident county the number of patients who received hospice services by age groups (0-17 years, 18-64 years, 65-74 years, and 75+ years) and by race (White, Black, and Other; Other includes American Indian, Alaska Native, Asian, Native Hawaiian, and Other Pacific Islander) and Total Patients.
- 3) Indicate the total number of days of service provided by county.

**Do not enter zero. Blank fields will represent zero residents.**

Patient Origin	Check the counties you are licensed to serve	Number of Patients Served				Total Unduplicated Patients (Sys. Calc.)	Number of Days	Number of Patients Served		
		Age (in years)						Race		
		0-17	18-64	65-74	75 +			White	Black	Other
-	01 Anderson					0				
-	02 Bedford					0				
-	03 Benton					0				
-	04 Bledsoe					0				
-	05 Blount					0				
-	06 Bradley					0				
-	07 Campbell					0				
-	08 Cannon					0				
-	09 Carroll					0				
-	10 Carter					0				
-	11 Cheatham					0				
-	12 Chester					0				
-	13 Claiborne					0				
-	14 Clay					0				
-	15 Cocke					0				
-	16 Coffee					0				
-	17 Crockett					0				
-	18 Cumberland					0				
-	19 Davidson					0				
-	20 Decatur					0				
-	21 DeKalb					0				
-	22 Dickson					0				
-	23 Dyer					0				
-	24 Fayette					0				
-	25 Fentress					0				
-	26 Franklin					0				
-	27 Gibson					0				
-	28 Giles					0				
-	29 Grainger					0				
-	30 Greene					0				
-	31 Grundy					0				

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**Schedule F - Patient Utilization (Continued)**

**Do not enter zero. Blank fields will represent zero residents.**

Patient Origin	Check the counties you are licensed to serve	Number of Patients Served				Total Unduplicated Patients (Sys. Calc.)	Number of Days	Number of Patients Served		
		Age (in years)						Race		
		0-17	18-64	65-74	75 +			White	Black	Other
-	32 Hamblen				0					
-	33 Hamilton				0					
-	34 Hancock				0					
-	35 Hardeman				0					
-	36 Hardin				0					
-	37 Hawkins				0					
-	38 Haywood				0					
-	39 Henderson				0					
-	40 Henry				0					
-	41 Hickman				0					
-	42 Houston				0					
-	43 Humphreys				0					
-	44 Jackson				0					
-	45 Jefferson				0					
-	46 Johnson				0					
-	47 Knox				0					
-	48 Lake				0					
-	49 Lauderdale				0					
-	50 Lawrence				0					
-	51 Lewis				0					
-	52 Lincoln				0					
-	53 Loudon				0					
-	54 McMinn				0					
-	55 McNairy				0					
-	56 Macon				0					
-	57 Madison				0					
-	58 Marion				0					
-	59 Marshall				0					
-	60 Maury				0					
-	61 Meigs				0					
-	62 Monroe				0					
-	63 Montgomery				0					
-	64 Moore				0					
-	65 Morgan				0					
-	66 Obion				0					
-	67 Overton				0					

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**Schedule F - Patient Utilization (Continued)**

**Do not enter zero. Blank fields will represent zero residents.**

	Check the counties you are licensed to serve	Number of Patients Served				Total Unduplicated Patients (Sys. Calc.)	Number of Days	Number of Patients Served		
		Age (in years)						Race		
		0-17	18-64	65-74	75 +			White	Black	Other
Patient Origin  TN Counties	- 68 Perry					0				
	- 69 Pickett					0				
	- 70 Polk					0				
	- 71 Putnam					0				
	- 72 Rhea					0				
	- 73 Roane					0				
	- 74 Robertson					0				
	- 75 Rutherford					0				
	- 76 Scott					0				
	- 77 Sequatchie					0				
	- 78 Sevier					0				
	- 79 Shelby					0				
	- 80 Smith					0				
	- 81 Stewart					0				
	- 82 Sullivan					0				
	- 83 Sumner					0				
	- 84 Tipton					0				
	- 85 Trousdale					0				
	- 86 Unicoi					0				
	- 87 Union					0				
	- 88 Van Buren					0				
	- 89 Warren					0				
	- 90 Washington					0				
	- 91 Wayne					0				
	- 92 Weakley					0				
	- 93 White					0				
- 94 Williamson					0					
- 95 Wilson					0					
- 96 Unknown					0					
(System calculation) Unduplicated patients Tennessee Total		0	0	0	0	0	0	0	0	

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State ID:		00000		Facility Name:				2016		
Schedule F - Patient Utilization (Continued)										
Do not enter zero. Blank fields will represent zero residents.										
		Number of Patients Served				Total Patients (System Calculation)	Number of Days	Number of Patients Served		
		Age (in years)						Race		
		0-17	18-64	65-74	75 +			White	Black	Other
Patient Origin  Out of State	01 Alabama					0				
	04 Arkansas					0				
	11 Georgia					0				
	18 Kentucky					0				
	25 Mississippi					0				
	26 Missouri					0				
	34 North Carolina					0				
	47 Virginia					0				
	55 Other States/ Countries					0				
	(System calculation) Non-Tennessee Total	0	0	0	0	0	0	0	0	0
*(System Calculation) Tennessee & Non-Tennessee Total	0	0	0	0	0	0	0	0	0	
<b>*TN &amp; Non-TN Total Unduplicated patients, Line 131, must match Schedule E Line 6, Unduplicated number of patients</b>										
Patients by Diagnosis	Number of Patients with Diagnoses of the following:									
	Cancer									
	AIDS									
	Other									
	Total (System Calculation)									0

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<b>Hospice - Schedule G - Personnel</b>						
Type of Personnel by Service	Please indicate the number of paid personnel as of the last day of the reporting period. Do not include a type of personnel for which you do not provide that type of service. For example, do not include Physical Therapists unless you provide Physical Therapy services. Record zero where appropriate. Leave the item blank if the value is unknown. 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. Additional examples of FTEs: 40 hours = 1 FTE; 30 hours = .75 FTE; 20 hours = .5 FTE; 10 hours = .25 FTE. For the purposes of this calculation, if your agency reimburses employees per visit rather than per hour worked, one visit equals one hour in FTE. The sum of full-time personnel plus part time personnel (in full-time equivalents) added together equal the total number of full-time equivalents.					
	Type		Number of Personnel by type			
			Employee		Contract	
			Full-Time	Part-Time In FTE	Full-Time	Part-Time In FTE
	Administrators and Assistant Administrators					
	Clinical Directors/Assistant Directors					
	Other Administrative Personnel					
	Nurse Practitioner					
	Direct Nursing Services - RNs					
	Direct Nursing Services - LPNs					
	Physical Therapy Services					
	Occupational Therapy Services					
	Speech/Language Pathology Services					
	Social Workers					
	Respiratory Therapists					
	Hospice Aides					
	Homemakers					
	Office Personnel (Clerical)					
	Financial/Billing Personnel					
	Medical Director					
	Bereavement Counselor					
	Other Counselors					
	Nutritionists/Dieticians					
	Chaplains					
	Volunteer Coordinator					
Other, Specify						
Other, Specify						
Other, Specify						
(System Calculation) Total		0	0.00	0	0.00	
Volunteer	Number of Volunteers (unpaid personnel of any type through out the year)					
	Number of Volunteer Hours (hours of service by volunteers through out the year)					
	Number of Volunteer Visits (visits by volunteers through out the year)					

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<b>Hospice - Schedule H - Alternate Sites</b>						
Other Sites	Do you have alternate sites in other locations?				Yes/No	-
	If yes, please provide names and addresses of up to 12 alternate sites:					
	Site 1	Name				
		Street				
		City			County	
		State			Zip Code	
	Site 2	Name				
		Street				
		City			County	
		State			Zip Code	
	Site 3	Name				
		Street				
		City			County	
		State			Zip Code	
	Site 4	Name				
		Street				
		City			County	
		State			Zip Code	
	Site 5	Name				
		Street				
		City			County	
		State			Zip Code	
	Site 6	Name				
		Street				
City			County			
State			Zip Code			

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<b>Hospice - Schedule H - Alternate Sites</b>									
Other Sites (Continued)	Site 7	Name							
		Street							
		City		County					
		State		Zip Code					
	Site 8	Name							
		Street							
		City		County					
		State		Zip Code					
	Site 9	Name							
		Street							
		City		County					
		State		Zip Code					
	Site 10	Name							
		Street							
		City		County					
		State		Zip Code					
	Site 11	Name							
		Street							
		City		County					
		State		Zip Code					
	Site 12	Name							
		Street							
		City		County					
		State		Zip Code					

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<b>Hospice - Schedule Adm Dec - Administrator's Declaration</b>				
Administrator's Declaration	-	I, the administrator, declare that I have examined this report and to the best of my knowledge and belief, it is true, correct, and complete.		
Date (mm/dd/yyyy) (use slashes)				