

**EXHIBIT 286**

*(Rev. 80, Issued: 03-01-12)*

**HOSPITAL/CAH DATABASE WORKSHEET**

Worksheet completed by the SA surveyor to gather data of worksheet, not to be given to provider to fill out.

**CMS Certification Number (CCN):** \_\_\_\_\_ **Date of Worksheet Update:** \_\_\_\_\_

**Medicaid Provider Number:** \_\_\_\_\_ **(MMDDYYYY) (M1)**

**National Provider Identification Number(s) (NPI):** \_\_\_\_\_

**Fiscal Year Ending Date (MMDD):** \_\_\_\_\_

**Name and Address of Facility (Include City, State):**

\_\_\_\_\_  
\_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Telephone Number (M2):** \_\_\_\_\_ **Fax Number (M3):** \_\_\_\_\_

**CEO Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**\*Accreditation Status:** \_\_\_\_\_

Select one

0 Not Accredited

1 JC

2 AOA

3 DNV

**\*Effective Date of Accreditation:** \_\_\_\_\_

**(MMDDYYYY) (M4)**

**\*Renewal Date of Accreditation:** \_\_\_\_\_

**(MMDDYYYY) (M5)**

**\*Multiple Accreditation Status:**  Yes  No

**(Select all others that apply; do not include the accreditation organization listed above):**

JC

AOA/HFAP

DNV

**State/County Code (M6):** \_\_\_\_\_

**State Region Code (M7):** \_\_\_\_\_

**\* - Mandatory field, must be entered for survey kit to upload.**

**\*Type of Program Participation (M8):\_\_\_\_\_**

**CLIA ID Numbers (M9):**

Select one

1 Medicare

2 Medicaid

3 Medicare & Medicaid

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medicare CAH Status or Type of Medicare Hospital (select one) (M10):\_\_\_\_\_**

01 Short-term \_\_\_\_

06 Childrens\_\_\_\_

02 Long-term \_\_\_\_

07 Distinct Part Psychiatric  
Hospital\_\_

03 Religious Nonmedical Health Care Institution\_\_\_\_

04 Psychiatric \_\_\_\_

11 Critical Access Hospital (CAH)\_\_\_\_

05 Rehabilitation \_\_\_\_

**\* Affiliation with a Medical School (M11):\_\_\_\_\_**

01 Major

02 Limited

03 Graduate School

04 No Affiliation

**\* Resident Programs (M12) (select all that apply):\_\_\_\_\_**

01 Allopathic

02 Dental

03 Osteopathic

05 Podiatric 09 Other

**\*Ownership Type (select 1) (M13):\_\_\_\_\_**

01 Church

06 State

02 Private (Not for Profit)

07 Local

03 Other

08 Hospital District or Authority

04 Private (For Profit)

09 Physician Ownership

05 Federal\_

10 Tribal

**Average Daily Census (M14):\_\_\_\_\_**

**Number of Staffed Beds (M15):\_\_\_\_\_**

**\*Type of Chain/Health System Involvement (M16):\_\_\_\_\_**

**\* - Mandatory field, must be entered for survey kit to upload.**

- 01 None** **05 Wholly Owned**
- 02 Joint Venture/Partnership** **06 Leased**
- 03 Operated/Related** **07 Other**
- 04 Managed/Related**

Name of System (M17): \_\_\_\_\_

Corporate Headquarters City (M18): \_\_\_\_\_ State (M19): \_\_\_\_\_

*\*Number of state-licensed beds: \_\_\_\_\_*

*\*Number of operating rooms: \_\_\_\_\_ Separately Licensed:  Yes  No*

*\*Number of endoscopy procedure rooms: \_\_\_\_\_ Separately Licensed:  Yes  No*

*\*Number of cardiac catheterization procedure rooms: \_\_\_\_\_ Separately Licensed:  Yes  No*

<b>Number of Employees Salaried by Hospital/CAH</b>					
<b>(Use Full Time Equivalents FTE)</b>					
<b>M20</b>	<b>Physicians (Salaried only)</b>		<b>M30</b>	<b>Medical Technologists (Lab)</b>	
<b>M21</b>	<b>Physicians - Residents</b>		<b>M31</b>	<b>Nuclear Medicine Technicians</b>	
<b>M22</b>	<b>Physician Assistants (PA)</b>		<b>M32</b>	<b>Occupational Therapists</b>	
<b>M23</b>	<b>Nurses - CRNA</b>		<b>M33</b>	<b>Pharmacists (Registered)</b>	
<b>M24</b>	<b>Nurses - Practitioners</b>		<b>M34</b>	<b>Physical Therapists</b>	
<b>M25</b>	<b>Nurses - Registered</b>		<b>M35</b>	<b>Psychologists</b>	
<b>M26</b>	<b>Nurses – LPN</b>		<b>M36</b>	<b>Radiology Technicians (Diagnostic)</b>	
<b>M27</b>	<b>Dieticians</b>		<b>M37</b>	<b>Respiratory Therapists</b>	
<b>M28</b>	<b>Medical Social Workers</b>		<b>M38</b>	<b>Speech Therapists</b>	
<b>M29</b>	<b>Medical Laboratory Technicians</b>		<b>M39</b>	<b>All Others</b>	

**\* - Mandatory field, must be entered for survey kit to upload.**

**Medicare Payment-Related Categories for a Hospital or a CAH (select all that apply) (M40):\_\_\_\_\_**

	<b>CAH Categories</b>			<b>Hospital Categories</b>	
<b>01</b>	<b>CAH Psychiatric DPU</b>		<b>07</b>	<b>Hospital PPS Excluded Psych Unit</b>	
<b>02</b>	<b>CAH Rehabilitation DPU</b>		<b>08</b>	<b>Hospital PPS Excluded Rehab Unit</b>	
<b>03</b>	<b>CAH Swing Beds</b>		<b>09</b>	<b>Hospital Swing Beds</b>	
			<b>10</b>	<b>Medicare Dependent Hospital</b>	
			<b>11</b>	<b>Regional Referral Center</b>	
			<b>12</b>	<b>Sole Community Hospital</b>	

**\* - Mandatory field, must be entered for survey kit to upload.**

**\*Services Provided by the Facility (M41): \_\_\_\_\_**

**0 *Not Provided***

**1 Services provided by facility staff only**

**2 Services provided by arrangement or agreement**

**3 Services provided through a combination of facility staff and through agreement**

02	Alcohol and/or Drug Services		42	Pharmacy	
03	Anesthesia Service		43	Physical Therapy Services	
04	Audiology		44	Positron Emission Tomography Scan	
06	Burn Care Unit		45	Post-Operative Recovery Rooms	
07	Cardiac Catheterization Laboratory		46	Psychiatric Services - Emergency	
08	Cardiac-Thoracic Surgery		47	Psychiatric - Child/Adolescent	
09	Chemotherapy Services		48	Psychiatric - Forensic	
10	Chiropractic Service		49	Psychiatric - Geriatric	
11	CT Scanner		50	Psychiatric – Adult Inpatient	
12	Dental Services		51	Psychiatric - Outpatient	
13	Dietetic Service		52	Radiology Services - Diagnostic	
14	Emergency Department (Dedicated)		53	Radiology Services - Therapeutic	
16	Extracorporeal Shock Wave Lithotripter		54	Reconstructive Surgery	
17	Gerontological Specialty Services		55	Respiratory Care Services	
20	ICU - Cardiac (non-surgical)		56	Rehab Services - Inpatient	
21	ICU - Medical/Surgical		58	Rehab -Outpatient	
22	ICU - Neonatal		59	Renal Dialysis (Acute Inpatient)	
23	ICU - Pediatric		60	Social Services	
24	ICU - Surgical		61	Speech Pathology Services	
26	Laboratory-Clinical		62	Surgical Services - Inpatient	
28	Magnetic Resonance Imaging (MRI)		63	Surgical Services - Outpatient	
29	Neonatal Nursery		64	Trauma Center (Designated)	
30	Neurosurgical Services		65	Transplant Center (Medicare Certified)	
31	Nuclear Medicine Services		66	Urgent Care Center Services	
32	Obstetric Service				
33	Occupational Therapy Services				
34	Operating Rooms				
35	Ophthalmic Surgery				
36	Optometric Services				
38	Organ Transplant Services (Not Medicare-certified)				
39	Orthopedic Surgery				
40	Outpatient Services				
41	Pediatric Services				

**\* - Mandatory field, must be entered for survey kit to upload.**

\*Sprinkler Status, Main Campus (select 1) (M42): \_\_\_\_\_

- 01 **Totally sprinklered: All required areas are sprinklered**
- 02 **Partially sprinklered: Some but not all required areas are sprinklered**
- 03 **Sprinklers: No required areas are sprinklered**

Total number of provider-based off-site locations under the same CCN (M43): \_\_\_\_\_

TYPES OF OFF-SITE LOCATIONS					
01	Inpatient Remote Location		07	Satellite of an IPPS-Excluded Psych Unit	
02	Offsite Outpatient Surgery		08	Satellite of a Long Term Care Hospital	
03	Offsite Urgent Care Center		09	Satellite of a Cancer Hospital	
04	Satellite of a Rehabilitation Hospital		10	Satellite of a Childrens' Hospital	
05	Satellite of a Psychiatric Hospital		11	Offsite Emergency Department	
06	Satellite of an IPPS-Excluded Rehab Unit		20	Other Provider-Based Offsite Facility/Department	

For each off-site location, complete and attach the Provider-Based Off-Site Locations Continuation Worksheet.

Number of related or affiliated providers or suppliers (M44): _____ TYPES OF AFFILIATED PROVIDERS/SUPPLIERS					
01	Ambulance Service		06	Hospice	
02	Ambulatory Surgery Center		07	Organ Procurement Organization	
03	End Stage Renal Disease		08	Psychiatric Residential Treatment Facility	
04	Federally Qualified Health Center		09	Rural Health Clinic	
05	Home Health Agency		10	Skilled Nursing Facility (SNF)	

For each affiliated provider/supplier, complete and attach the Affiliated Provider/Supplier Continuation Worksheet, indicating the provider/supplier name, CCN, and type.

**\* - Mandatory field, must be entered for survey kit to upload.**

**(M45) Co-location Status: Is there another hospital, or a satellite location of another hospital, that occupies space in a building used by the hospital described in this worksheet?**

**Yes**     **No**

**If yes, provide the name and CCN number of the co-located hospital:**

**Name** \_\_\_\_\_ **CCN** \_\_\_\_\_

**\* - Mandatory field, must be entered for survey kit to upload.**

**PROVIDER-BASED OFF-SITE LOCATION CONTINUATION WORKSHEET**

**PAGE 1 OF \_\_\_\_\_**

**ENTRY# \_\_\_\_\_**

**Type of Off-site Location (from table M43): \_\_\_\_\_**

**Name of Off-Site Location: \_\_\_\_\_**

**Off-Site Street Address: \_\_\_\_\_**

**County: \_\_\_\_\_**

**City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_**

**\*Sprinklered Status of Off-site Location (select 1): \_\_\_\_\_**

- 01 Totally sprinklered: All required areas are sprinklered;**
- 02 Partially sprinklered: Some but not all required areas sprinklered;**
- 03 Sprinklers: *No required areas are sprinklered***
- 04 Sprinklers are not required**

**ENTRY# \_\_\_\_\_**

**Type of Off-site Location (from table M43): \_\_\_\_\_**

**Name of Off-Site Location: \_\_\_\_\_**

**Off-Site Street Address: \_\_\_\_\_**

**County: \_\_\_\_\_**

**City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_**

**\*Sprinklered Status of Off-site Location (select 1): \_\_\_\_\_**

- 01 Totally sprinklered: All required areas are sprinklered;**
- 02 Partially sprinklered: Some but not all required areas sprinklered;**
- 03 Sprinklers: No required areas are sprinklered**
- 04 Sprinklers are not required**

**ENTRY# \_\_\_\_\_**

**Type of Off-site Location (from table M43): \_\_\_\_\_**

**Name of Off-Site Location: \_\_\_\_\_**

**Off-Site Street Address: \_\_\_\_\_**

**County: \_\_\_\_\_**

**City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_**

**\*Sprinklered Status of Off-site Location (select 1): \_\_\_\_\_**

- 01 Totally sprinklered: All required areas are sprinklered;**
- 02 Partially sprinklered: Some but not all required areas sprinklered;**
- 03 Sprinklers: No required areas are sprinklered**
- 04 Sprinklers are not required**

**Make additional copies as needed for additional off-site locations.**

**\* - Mandatory field, must be entered for survey kit to upload.**

**AFFILIATED PROVIDER/SUPPLIER CONTINUATION WORKSHEET PAGE 1 OF \_\_\_\_\_**

**Entry #** \_\_\_\_\_

**Name** \_\_\_\_\_ **CCN** \_\_\_\_\_

**Type of Provider/Supplier** \_\_\_\_\_

**Entry #** \_\_\_\_\_

**Name** \_\_\_\_\_ **CCN** \_\_\_\_\_

**Type of Provider/Supplier** \_\_\_\_\_

**Entry #** \_\_\_\_\_

**Name** \_\_\_\_\_ **CCN** \_\_\_\_\_

**Type of Provider/Supplier** \_\_\_\_\_

**Entry #** \_\_\_\_\_

**Name** \_\_\_\_\_ **CCN** \_\_\_\_\_

**Type of Provider/Supplier** \_\_\_\_\_

**Entry #** \_\_\_\_\_

**Name** \_\_\_\_\_ **CCN** \_\_\_\_\_

**Type of Provider/Supplier** \_\_\_\_\_

**Make additional copies as needed for additional affiliated providers/suppliers.**

**\* - Mandatory field, must be entered for survey kit to upload.**

## **INSTRUCTIONS FOR COMPLETING HOSPITAL/CAH DATABASE WORKSHEET**

*The Hospital/CAH Medicare Database Worksheet, Exhibit 286 is an important tool used by the Centers for Medicare & Medicaid Services (CMS) to gather detailed information about hospitals and critical access hospitals (CAHs) participating in Medicare. It is completed by the State Agency or, in some limited cases, by the CMS Regional Office and included in the initial certification package for each hospital and CAH. It must be updated each time the State Agency is on site completing a full standard survey – i.e., an initial, recertification, or validation survey. **The ASPEN system will not permit any hospital or CAH full, standard survey to be uploaded unless there is a completed worksheet entered into ASPEN.***

*These instructions will assist the surveyor in completing the Hospital/CAH Medicare Database worksheet. The information from the worksheet serves to update the CMS survey and certification database.*

***Any item with an asterisk (\*) is a mandatory field in ASPEN. The worksheet will not be complete in ASPEN without an entry in these fields, and the survey kit will not upload until the worksheet is complete.***

***The worksheet should not be distributed to the hospitals or CAHs for them to complete on their own, unless the State Agency does this under its separate State authority. Surveyors may jointly complete the worksheet with hospital/CAH staff, and should always verify the accuracy of the information on the worksheet with the hospital or CAH. Typically the Chief Operating Officer and/or the Chief Financial Officer of the hospital or CAH would be able to provide the required information.***

*When a new certification kit associated with a full survey is created in ASPEN, the information from the previous hospital/CAH data base worksheet is not carried forward. We are exploring changing this at some future date, but in the meantime it would be advisable to print out the worksheet from the current kit before opening the new kit and using this version to update the information with the hospital or CAH, prior to entering the information into the new kit.*

***MI–M3:** Basic hospital/CAH descriptive information:*

***CMS Certification Number (CCN)** – this is the number used to track CMS’ certification of the provider agreement between CMS and the hospital or CAH. In ASPEN, this information is automatically populated based on information entered in Facility Properties.*

*\* **Date of Worksheet Update (M1)** – this is the date the surveyor completed the worksheet. It must be entered in ASPEN in the MMDDYYYY format.*

***Medicaid Provider Number** – this is the number used by the State’s Medicaid program to track its provider agreement with the hospital or CAH. In ASPEN this information is found in Facility Properties. Check to be sure the information found there is correct, and update there if necessary.*

***Fiscal Year Ending Date** – this is the date marking the end of the hospital or CAH’s fiscal year for purposes of its reporting to Medicare. It must be entered in ASPEN in the format of 2 digits for the month and 2 digits for the day. In ASPEN, this information is automatically populated based on information entered in Facility Properties. Check to be sure this information is correct, and update if necessary.*

***Name and Address of Facility** – be sure to include the county where the hospital or CAH is located, in addition to the municipality and State. In ASPEN this information is automatically populated based on information entered in Facility Properties. Check to be sure this information is correct, and update there if necessary.*

***\* - Mandatory field, must be entered for survey kit to upload.***

**Telephone Number (M2)** – the number entered in this field in ASPEN will be published on the CMS Hospital Compare Web site, so hospitals should be sure to provide a number to be used by the general public. State Survey Agencies (SAs) should also note on their hard copy of the worksheet a number to be used to reach the hospital’s CEO. In ASPEN this information is automatically populated based on information entered in Facility Properties. Check to be sure this information is correct, and update there if necessary.

**Fax Number (M3)** – be sure to include the area code. In ASPEN this information is automatically populated if information has been entered in Facility Properties. Check to be sure the information found there is correct, and update there if necessary.

**Email Address** – enter an e-mail address that can be used by the SA or RO to reach the hospital’s senior management quickly when necessary. In ASPEN this information is automatically populated if information has been entered in Facility Properties. Check to be sure this information is correct, and update there if necessary.

**Web Address** - if the hospital has an internet web page, enter the address here.

**M4 – M5** - Information on the accreditation (deemed) status of the hospital or CAH.

Care must be taken in recording the accreditation (deemed) status of a facility. CMS currently recognizes three accreditation organizations whose hospital and CAH accreditation programs may be accepted as evidence of a hospital’s or CAH’s compliance with the CoPs: The Joint Commission, the American Osteopathic Association/Healthcare Facilities Accreditation Program, and DNV Healthcare. Select one of these only if the hospital or CAH has been accredited under an approved Medicare accreditation program. Consult the latest table of deemed facilities in QIES Workbench for a list of deemed hospitals and CAHs and the organization(s) that accredit them, based on the most recent submission of data from the accreditation organizations to CMS. Accreditation organizations also offer non-Medicare accreditation programs which may not be used for Medicare deeming purposes. Except in the case of an initial certification, if the hospital or CAH does not appear in the deemed facility table, then Choose “0 – Not Accredited.” If the hospital or CAH is not on the deemed facility table, but provides a letter from the accreditation organization showing that it is currently accredited under a Medicare accreditation program, work with the CMS Regional Office to resolve the discrepancy.

**\*Accreditation Status:** Choose one of the following:

0	Not Accredited
1	JC Accredited
2	AOA Accredited
3	DNV Accredited

**AOA/HFAP** American Osteopathic Association/Healthcare Facilities Accreditation Program – a CMS-recognized hospital and CAH accreditation organization.

**DNV** DNV Healthcare– a CMS-recognized hospital and CAH accreditation organization

**JC** The Joint Commission – a CMS-recognized hospital and CAH accreditation organization.

**\* - Mandatory field, must be entered for survey kit to upload.**

**\*Effective Date of Accreditation (M4)** – the effective date of the hospital’s or CAH’s accreditation, as stated in documentation from the accreditation organization presented by the facility. This field is mandatory in ASPEN whenever a status other than “0” is selected. It must be entered in ASPEN in the MMDDYYYY format.

**\*Renewal Date of Accreditation (M5)** – the date that the hospital’s or CAH’s accreditation must be renewed by. In the ASPEN system this is currently listed as the “expiration date.” This field is mandatory in ASPEN whenever a status other than “0” is selected. It must be entered in ASPEN in the MMDDYYYY format and must be later than the accreditation effective date.

**\*Multiple Accreditation Status Y/N** – A health care facility may choose to be accredited by more than one accreditation organization. Multiple Medicare accreditations are indicated in this field.

If a hospital or CAH is listed on the deemed facility table in QIES Workbench as being currently accredited by more than one accreditation organization, select yes. The worksheet allows identification of additional accreditation organizations by which a hospital or CAH is accredited. Do not check the accreditation organization identified in the prior accreditation status field. In ASPEN, the accreditation organization choices are limited to those not selected in the prior accreditation status field.

**Other Accreditations** – if Yes is indicated, select all of the following that apply:

- JC Accredited
- AOA/HFAP Accredited
- DNV

#### **Additional Participation Information (M6 – M8)**

**State/County Code (M6)** – In ASPEN this information is found in Facility Properties. Check to be sure the information found there is correct, and update there if necessary.

**State Region Code (M7)** – some State Agencies are broken down into distinct regions. In ASPEN this information is found in Facility Properties. Check to be sure the information found there is correct, and update there if necessary.

**\*Type of Program Participation (M8)** – Hospitals and CAHs enroll with CMS to participate in the Medicare program and with State Medicaid agencies to participate in the Medicaid program. Most hospitals enroll in both programs, but this is not always the case. Medicaid regulations require that participating hospitals or CAHs must meet the Medicare Conditions of Participation, but there is no Federal requirement for the facilities to be enrolled in Medicare. (State Medicaid programs have the option of requiring Medicare enrollment.) **Choose only one** from the following categories of hospital/CAH participation status:

- 1 Medicare
- 2 Medicaid
- 3 Both Medicare and Medicaid

**CLIA ID Numbers (M9)** – The hospital or CAH laboratory must be certified under the Clinical Laboratory Improvement Amendments (CLIA) program administered by CMS. Enter all CLIA ID numbers assigned to facility labs.

**\* - Mandatory field, must be entered for survey kit to upload.**

## **Medicare CAH Status or Type of Medicare Hospital (M10)**

*This field does not apply to Medicaid-only hospitals. Hospitals that participate in Medicare are broken down into subcategories, based on specific definitions in the Social Security Act and/or how Medicare reimburses that hospital for services. **One - and only one** - of the following categories must be selected. The selection must be consistent with the hospital's CCN number, since there are different CCN number series for each of the categories below, except psychiatric hospitals and distinct part psychiatric hospitals share the same number series. See Section 2779A1 for information on CCN number series. If you believe that the hospital's CCN classification is wrong, please contact the CMS Regional Office to clarify.*

- 1 Short-term*
- 2 Long-term*
- 3 Religious Non-medical Health Care Institution*
- 4 Psychiatric*
- 5 Rehabilitation*
- 6 Children's*
- 7 Distinct Part Psychiatric*
- 11 Critical Access Hospital*

*In ASPEN, this information is automatically populated based on information entered in Facility Properties. Check to be sure the information found there is correct. If not correct, please refer to the ASPEN procedures guide for information on how to fix this. Note that there is also a separate payment category for a very limited number of hospitals specializing in cancer care, but ASPEN does not distinguish cancer hospitals from other short-term acute care hospitals. Their special payment arrangements are handled through the payment system. Choose short-term acute care hospital for cancer hospitals.*

***Short-term Acute Care Hospital (M10-01)** is a hospital that is a "subsection(d) hospital" in accordance with section 1886(d)(1)(B) of the Social Security Act as well as general hospitals in Puerto Rico and US territories. Generally a "subsection (d) hospital" is a hospital that does not meet any of the criteria at 42 CFR 412.23 for classification for exclusion from the Inpatient Prospective Payment System, and also is not either a Critical Access Hospital or a religious non-medical health care institution. Typically this is a general hospital providing inpatient services to acutely ill patients whose stays are comparatively short.*

***Long Term Care Hospital (M10-02)** is a hospital that, in accordance with Section 1861(ccc) of the Social Security Act, is primarily engaged in providing inpatient services to patients whose medically complex conditions require a long hospital stay. Long term care hospitals have an average Medicare inpatient length of stay greater than 25 days and meet the requirements for a Medicare-participating long term care hospital specified at 42 CFR 412.23(e).*

***Religious Non-medical Health Care Institution (M10-03)** is, in accordance with Section 1861(ss) of the Social Security Act, a facility which meets the criteria of Section 501(c)(3) of the Internal Revenue Service, is exempt from taxes, and which provides only non-medical nursing items and services exclusively to patients who choose to rely solely upon a religious method of healing and for whom the acceptance of medical health services would be inconsistent with their religious beliefs. The facility meets the requirements for a Medicare-participating religious non-medical health care institution specified at 42 CFR 403 Subpart G.*

***Psychiatric Hospital (M10-04)** is, in accordance with Section 1861(f) of the Social Security Act, primarily engaged in providing inpatient psychiatric services for the diagnosis and treatment of mentally ill persons; and meets the Medicare conditions of participation for hospitals and special conditions of participation for psychiatric hospitals (42 CFR 412.23(a)).*

**\* - Mandatory field, must be entered for survey kit to upload.**

**Rehabilitation Hospital (M10-05)** is primarily engaged in the provision of rehabilitation services to an inpatient population and meets the criteria for a Medicare-participating rehabilitation hospital specified at 42 CFR 412.23 (b).

**Children’s Hospital (M10-06)** is primarily engaged in the provision of hospital inpatient services to children under the age of 18, and meets the criteria for a Medicare-participating children’s hospital at 42 CFR 412.23(d).

**Distinct Part Psychiatric Hospital (M10-07)** is a physically separate and distinct component of a health care institution that independently meets all Medicare requirements for psychiatric hospitals and participates in Medicare in accordance with the requirements at 42 CFR 482.1(a)(2).

**Critical Access Hospital (CAH) (M10-11)** is, in accordance with Section 1861(mm) of the Social Security Act, a Medicare-participating health care facility certified as a CAH under the provisions of Section 1820(e) of the Act. A CAH provides limited inpatient services in rural areas and meets the requirements for a CAH specified at 42 CFR 485 Subpart F.

**Fields M11 and M12 are designed to capture information about the type of graduate medical education program, i.e., physician resident training program, if any, offered at the hospital or CAH. Surveyors must obtain this information from the hospital and are not required to independently verify it.**

**\*Affiliation with a Medical School (M11)** Select from one of the following, to indicate whether the hospital operates a graduate medical education program affiliated with a medical school, and how extensive the program is. The most extensive involvement is represented by the category “graduate school,” (03). Typically this happens when the hospital and a medical school are both part of a university and form an academic medical center. Next comes “major,” (01), followed by “limited,” (02) and “no affiliation,” (04).

**\*Resident programs (M12)** If there is an entry other than “no affiliation” in M11, then M12 should be completed. Note that for this field more than one choice may be made.

- 01 Allopathic - related to a medical school program that grants the M.D. degree.
- 02 Dental – related to a dental school program that grants the D.D.S. degree.
- 03 Osteopathic – related to a medical school program that grants the D.O. degree.
- 05 Podiatric – related to a program that grants a doctor of podiatry degree
- 09 Other

**\*Ownership Type (M13)** Select the category that best describes the ownership and control of the hospital.

- 1 Church
- 2 Private – Not for profit corporations.
- 3 Other –
- 4 Private – for profit. This would include sole proprietors, limited liability corporations, partnerships, and corporations.
- 5 Federal – this would be an Indian Health Service hospital, since no other federally-owned hospitals are allowed to participate in Medicare.
- 6 State – a public hospital owned by a State.
- 7 Local – a public hospital owned by a county, city, or town government.
- 8 Hospital District or Authority – a public hospital that is owned by a special hospital district created by a State for the purpose of owning and operating a hospital, or a public authority created by the State for a variety of purposes. A State university hospital, for example, might be operated by a public authority.

**\* - Mandatory field, must be entered for survey kit to upload.**

- 9 *Physician Ownership* – a private hospital that listed in section 6 of its Form CMS- 855A application to enroll in Medicare individual owners who have their own Medicare provider identification number or National Provider Identification number.
- 10 *Tribal* – a hospital that is operated by an Indian tribe.

**Average Daily Census (M14)** - ask the hospital to provide its average daily census of inpatients for the most recent twelve-month period.

**Number of Staffed Beds (M15)** – hospitals frequently maintain fewer beds than they are certified for. Ask the hospital how many inpatient beds it is staffing at the time of the survey.

**\*Type of Chain/Health System Involvement (M16)** – a hospital or CAH may be part of a larger chain or system of health care facilities. The relationship may be one where the chain or system wholly owns the hospital or CAH, or operates it, or manages it, or leases it, or a joint venture/partnership. If the hospital or CAH is part of a chain or system, this information is found in Part E of Section 7 of the 855A. Enter the information based on the 855A, and ask the hospital or CAH to confirm that it is still accurate. (If it has changed, remind the hospital or CAH that it needs to file an updated 855A to reflect the change.)

- 01 None – select this if Section 7 of the 855A is blank.
- 02 Joint Venture/Partnership
- 03 Operate/Related
- 04 Managed/Related
- 05 Wholly Owned
- 06 Leased
- 07 Other

**Name of System (M17)** – Enter the information found in Part C of Section 7 of the Form CMS 855A. Ask the hospital or CAH to confirm that it is still accurate. (If it has changed, remind the hospital or CAH that it needs to file an updated 855A to reflect the change.)

**Corporate Headquarters City (M18) & State (M19)** – Enter the information found in Part C of Section 7 of the Form CMS 855A. Ask the hospital or CAH to confirm that it is still accurate. (If it has changed, remind the hospital or CAH that it needs to file an updated 855A to reflect the change.)

**Number of State-licensed Beds, ORs and Procedure Rooms** – SAs should independently have information on the number of licensed beds and, if separate licensure of ORs and specialized procedure rooms applies in the State, the number licensed for the hospital. Otherwise, ask the hospital to provide this information.

\*Number of state-licensed beds: \_\_\_\_\_

\* Number of operating rooms: \_\_\_\_\_ Separately Licensed:  Yes  No

\*Number of endoscopy procedure rooms: \_\_\_\_\_ Separately Licensed:  Yes  No

\*Number of cardiac catheterization rooms: \_\_\_\_\_ Separately Licensed:  Yes  No

**Salaried Employee Information (M20 – M39)** – Ask the hospital or CAH to provide you the number of full time equivalent salaried employees in each of the listed categories.

**\* - Mandatory field, must be entered for survey kit to upload.**

**Medicare Payment-Related Information (M 40)** – If a hospital was classified in M10 as either a short-term hospital (M10-01) or a CAH (M10-11), then it is possible that some other Medicare payment-related categories may apply to it. Select every category that applies to the hospital or CAH.

**1 CAH Distinct Part Psychiatric Unit (M40-01)** A CAH inpatient psychiatric unit of up to ten beds which complies with the requirements of 42 CFR 485.647. These beds are not included in the CAH 25 inpatient bed limit. The units must comply with the hospital CoPs at §482 and the common requirements of §412.25. Psychiatric units must also comply with 412.27.

**2 CAH Distinct Part Rehabilitation Unit (M40-02)** A CAH inpatient rehabilitation unit of up to ten beds which complies with the requirements of 42 CFR 485.647. These beds are not included in the CAH 25 inpatient bed limit. The units must comply with the hospital CoPs at §482, the common requirements of §412.25, and with §412.29 and §412.30.

**3 CAH Swing beds (M40-03)** means the CAH has approval from CMS to provide post acute care extended care services in certified CAH beds.

**7 Hospital [I]PPS-Excluded Psych Unit (M40-07)** is an inpatient psychiatric unit of a short term acute care hospital that has been recognized for Medicare payment purposes as an excluded psychiatric unit that complies with the requirements of 42 CFR 412.25 and is reimbursed by the Medicare program under a different payment system than the general hospital Inpatient PPS.

**8 Hospital [I]PPS Excluded Rehab Unit (M40-08)** is an inpatient rehabilitation unit of a short term acute care hospital that has been recognized for Medicare payment purposes as an excluded rehabilitation unit that complies with the requirements of 42 CFR 412.25 and 42 CFR 412.27 and is reimbursed by the Medicare program under a different payment system than the general hospital Inpatient PPS.

**9 Hospital Swing Beds (M40-09)** – means the hospital is a rural hospital with fewer than 100 beds and has approval from CMS to provide post-hospital or post acute care extended care services in certified hospital beds. A psychiatric hospital may not have swing beds.

**10 Medicare Dependent Hospital (M40-10)** is a rural short term acute care hospital with fewer than 100 beds that has been recognized for Medicare payment purposes as having at least 60% of the hospital's inpatient days or discharges attributable to individuals receiving Medicare Part A benefits; a hospital cannot be both a Medicare-dependent hospital and a sole community hospital. This information may be obtained from the CMS Regional Office Medicare financial management staff or directly from the hospital.

**11 Regional Referral Center (M40-11)** is a rural short-term acute care hospital with 250 or more beds that has been recognized for Medicare payment purposes as a referral center for patients who live more than 25 miles from the hospital and are transferred from other hospitals. This information may be obtained from the CMS Regional Office Medicare financial management staff or directly from the hospital.

**\* - Mandatory field, must be entered for survey kit to upload.**

**12 Sole Community Hospital (M40-12)** is a short-term acute care hospital that has been recognized for Medicare payment purposes as the sole source of inpatient hospital services reasonably available in a geographic area to Medicare beneficiaries. The reasons for such designation can include factors such as isolated location, weather conditions, travel conditions, or absence of other hospitals. This information may be obtained from the CMS Regional Office Medicare financial management staff or directly from the hospital.

**\*Services Provided by the Facility (M41):** For each category of services indicated the worksheet must reflect one of the following categories:

- 0 Not provided.
- 1 Service is provided by facility staff only. "Facility staff" includes both salaried staff and members of the medical staff.
- 2 Service is provided by arrangement or agreement with an outside entity. For example, a hospital may contract with another organization to provide the physicians who staff the hospital's emergency department or provide anesthesia services. (The fact that each physician must be granted privileges to practice in the hospital does not change the fact that the hospital's arrangement is with another entity that furnishes the physician's services.)
- 3 Service is provided by a combination of facility staff and through agreement.

#### **Service Categories:**

**\*(M 41-02) Alcohol and/or Drug Services.** Organized hospital services that provide medical care and/or rehabilitative treatment services to patients for whom the primary diagnosis is alcoholism or chemical dependency.

**\*(M41-03) Anesthesia Service.** Organized hospital service for the provision of anesthesia services to patients undergoing surgery or other invasive procedures. **If the hospital offers any type of surgical services, then it must also have an anesthesia service; do not enter "0" in this case.**

**\*(M41-04) Audiology.** Organized service specializing in identifying, diagnosing, treating and monitoring disorders of hearing.

**\*(M 41-06) Burn Care Unit.** An organized service that provides care to severely burned patients. Severely burned patients are those with second-degree burns of more than 25% of their total body surface area for adults or 20% total body surface area for children; third degree burns of more than 10% of their total body surface area; any severe burns of the hands, face, eyes, ears, or feet or; all inhalation injuries, electrical burns, complicated burn injuries involving trauma and all other poor risk factors.

**\*(M 41-07) Cardiac Catheterization Laboratory.** An organized unit offering catheter-based diagnostic and interventional procedures for cardiac patients.

**\*(M 41-08) Cardio-Thoracic surgery.** Surgical services to treat diseases of the heart and great vessels as well as other organs in the chest or thorax.

**\*(M 41-09) Chemotherapy Service.** An organized service which provides treatment of cancer via antineoplastic drugs. These drugs may be combined into a standardized treatment regimen.

**\*(M 41-10) Chiropractic Service.** An organized clinical service offering spinal manipulation or adjustment and related diagnostic and therapeutic services.

**\* - Mandatory field, must be entered for survey kit to upload.**

**\*(M 41-11) Computed tomography (CT) Scanner.** A medical device that uses a computer and rotating x-ray device to generate detailed cross-sectional images of structures in the body..

**\*(M 41-12) Dental Service.** An organized service that provides dental or oral services to inpatients or outpatients.

**\*(M 41-13) Dietetic Service.** An organized dietary service that provides therapeutic diets for patients in accordance with the orders of practitioners or meets the nutritional needs of patients in accordance with recognized dietary practices and the orders of practitioners. **Every hospital or CAH must provide dietetic services; therefore, do not enter “0,” not provided.**

**\*(M 41-14) Emergency Department (Dedicated).** In accordance with the EMTALA regulations at 42 CFR 489.24, any department or facility of the hospital or CAH, regardless of whether it is located on or off the main hospital campus, that meets at least one of the following requirements: (1) It is licensed by the State in which it is located under applicable State law as an emergency room or emergency department; (2) It is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) During the calendar year immediately preceding the calendar year in which a determination under this section is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment. Every CAH is required to provide emergency services as a service; therefore, do not select “0” for a CAH.

**\*(M 41-16) Extracorporeal Shock Wave Lithotripter.** A medical device used for treating stones in the kidney or ureter. The device disintegrates kidney stones noninvasively through the transmission of acoustic shock waves directed at the stones.

**\*(M 41-17) Gerontological Specialty Services.** An organized service that specializes in the treatment of physical mental, and social aspects of disease in elderly patients.

**\*(M 41-20-24) Intensive Care Unit (ICU)** Unit of the hospital that provides treatment and is concerned with the provision of life support or organ support systems in patients who are critically ill requiring intensive monitoring. Intensive care units may be specific to the area of the body or the age of patient being treated such as the Cardiac ICU, Medical/Surgical ICU, Neonatal ICU, Pediatric ICU, and the Surgical ICU.

**\*(M 41-26) Laboratory – Clinical.** An organized service that is certified by Medicare for the biological, microbiological, serological, chemical, immuno-hematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of human beings. These examinations also include procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body. (42 CFR 493.2) **Every Medicare-participating hospital or CAH must provide basic clinical laboratory services; therefore, do not enter “0,”not provided.**

**\*(M 41-28) Magnetic Resonance Imaging (MRI).** The use of a uniform magnetic field and pulses of radio waves to create detailed images of organs and tissues in the body.

**\* - Mandatory field, must be entered for survey kit to upload.**

*\*(M 41-29) Neonatal (Well-baby) Nursery Services provided to healthy newborns or newborns with minor problems not requiring neonatal intensive care.*

*\*(M 41-30) Neurosurgical Services. Services provided by the hospital dealing with the operative and nonoperative management of disorders of the central, peripheral, and autonomic nervous system.*

*\*(M 41-31) Nuclear Medicine Service. An organized hospital service that uses the nuclear properties of matter in medical imaging for the diagnosis and therapy of patients.*

*\*(M 41-32) Obstetric Service. An organized hospital service that provides services for maternity and newborn cases.*

*\*(M 41-33) Occupational Therapy Services. Hospital service that provides therapy to patients through the provision of the skills related to conduct of activities of daily living.*

*\*(M 41—34) Operating Room. A room within the hospital where surgical operations and other invasive procedures are carried out.*

*\*(M 41-35) Ophthalmic Surgery. Surgical services provided by the hospital that focus on treating diseases of the visual pathway, including the eye, brain, and areas surrounding the eye, such as the lacrimal system and eyelids. Ophthalmic surgery is completed by ophthalmologists, medical doctors with a specialty in ophthalmology.*

*\*(M 41-36) Optometric Services. A service of the hospital that focuses on examining the eye for defects and faults of refraction, with prescribing correctional lenses or eye exercises, with diagnosing diseases of the eye, and with treating such diseases or referring them for treatment.*

*\*(M 41-38) Organ Transplant Services, Not Medicare-certified. A service of the hospital that offers organ-specific transplants and other medical and surgical specialty services required for the care of transplant patients but is not Medicare-certified as a transplant program. Do not confuse with M41-65, which is to be used for all Medicare-certified organ transplantation services.*

*\*(M 41-39) Orthopedic Surgery. Surgical services provided by the hospital that treats patients with acute, chronic, traumatic, and overuse injuries and other disorders of the muscles, bones, and joints of the body.*

*\*(M 41-40) Outpatient Services. Diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services provided to sick or injured persons who do not require hospitalization.*

*\*(M 41-41) Pediatric Services. A service of the hospital that focuses on the medical treatment of infants, children, and adolescents up to the age of 18.*

*\*(M 41-42) Pharmacy. A service of the hospital that is responsible for the safe and effective storage, control and distribution of drugs and biologicals utilized in the diagnosis or treatment of patients. **Every Medicare-participating hospital or CAH must provide pharmacy services; therefore, do not enter "0," not provided.***

*\*(M 41-43) Physical Therapy Service. A service of the hospital that is provided by a physical therapist or a physical therapy assistant to treat patients with movement disorders arising from conditions and diseases.*

**\* - Mandatory field, must be entered for survey kit to upload.**

**\*(M 41-44) Positron Emission Tomography Scan.** A type of nuclear medicine imaging that produces a three-dimensional image of functional processes in the body that can be used in the diagnosis and treatment of patients.

**\*(M41-45) Post-Operative Recovery Rooms.** Rooms where surgical patients are monitored by skilled personal for their immediate recovery from surgery and anesthesia. Also called post-anesthesia care unit(s) (PACU). **If a hospital offers any kind of surgical services, do not enter “0,” since PACU care is required for all post-surgical patients.**

**\*(M 41-46) Psychiatric Emergency Services.** Services or facilities available on a 24-hour basis to provide immediate unscheduled outpatient care, diagnosis, evaluation, crisis intervention, and assistance to person suffering acute emotional or mental distress. **If this service is provided, then M41-14 must also indicate that the hospital provides emergency services.**

**\*(M 41-47) Psychiatric Child/adolescent Services.** A service for provision of inpatient mental health services to children and adolescents, including those admitted for diagnosis and those admitted for treatment. The service may or may not take place in an IPSS-excluded unit.

**\*(M 41-48) Psychiatric Forensic Services.** An organized unit of the hospital that provides inpatient services to individuals under the control and jurisdiction of a police authority.

**\*(M 41-49) Psychiatric Geriatric Services.** A service for provision of inpatient mental health services to elderly patients, including those admitted for diagnosis and those admitted for treatment. The service may or may not take place in an IPSS-excluded unit.

**\*(M 41-50) Psychiatric Adult Inpatient Services.** A service for provision of mental health services to adult individuals who have been admitted to the hospital as inpatients for diagnosis and treatment of mental illness. The service may or may not take place in an IPSS-excluded unit.

**\*(M 41-51) Psychiatric Outpatient Services.** A service for provision of mental health services, including diagnosis and treatment, to individuals who do not require hospitalization.

**\*(M 41-52) Radiology Services - Diagnostic.** An organized service of the hospital that uses medical imaging technologies to diagnose disease. **Every Medicare-participating hospital or CAH must provide diagnostic radiologic services; therefore, do not enter “0,” not provided.**

**\*(M 41-53) Radiology Services - Therapeutic.** An organized service of the hospital that uses medical imaging technologies to treat disease.

**\*(M 41-54) Reconstructive Surgery.** Surgical services that focus on reshaping or rebuilding (reconstruct) a part of the body changed by previous surgery.

**\*(M 41-55) Respiratory Care Services.** An organized service for the provision of respiratory therapy to hospital patients.

**\*(M 41-56) Rehab Services - Inpatient.** An organized service for the provision of rehabilitation therapies to inpatients. The service may or may not take place in an IPSS-excluded unit.

**\*(M 41-58) Rehab-Outpatient.** Services providing rehabilitation therapies to outpatients.

**\* - Mandatory field, must be entered for survey kit to upload.**

**(M 41-59) Renal Dialysis (Acute Inpatient).** A treatment for inpatients that replaces the function of the kidney to remove waste products and excess fluids and restore the proper chemical balance of the blood. A separately Medicare-certified outpatient dialysis treatment services should be listed under M44.

**\*(M 41-60) Social Services.** A hospital service that provides supportive services to address non-medical needs of patients.

**\*(M 41-61) Speech Pathology Services.** Services designed to evaluate and treat oral communication disorders and swallowing problems.

**\*(M 41-62) Surgical Services –Inpatient.** An organized service for the provision of surgery to inpatients.

**\*(M 41-63) Surgical Services –Outpatient.** An organized service for the provision of surgery to patients not requiring inpatient admission.

**\*(M 41-64) Trauma Center (Designated).** An organized service designated by a State or, in the absence of a State trauma designation system, the American College of Surgeons, to provide emergency and specialized intensive care to critically injured patients.

**\*(M 41-65) Transplant center, Medicare certified.** A separately Medicare-certified, organ-specific transplant service within a hospital that offers organ-specific transplants and other medical and surgical specialty services required for the care of transplant patients and meets the requirements of 42 CFR 482 Subpart E.

**\*(M 41-66) Urgent Care Center Services.** Outpatient services provided to patients, usually on an unscheduled, walk-in basis, in a part of the hospital or CAH that does not meet the definition of a dedicated emergency department under EMTALA regulations at 42 CFR 489.24.

**\*Sprinkler Status, Main Campus (M42)** Select one of the following choices to describe the sprinkler status of the main campus of the hospital or CAH:

01 Totally sprinklered: All required areas are sprinklered.

02 Partially sprinklered: Some but not all required areas are sprinklered.

03 Sprinklers: No required areas are sprinklered.

**Total Number of provider-based off-site locations under the same CCN (M43):** A hospital is permitted to have multiple inpatient campuses as well as off-site facilities providing outpatient services, so long as all off-site locations satisfy the provider-based rules at 42 CFR 413.65. CAH off-site provider-based locations must also meet the requirements of 42 CFR 485.610(e). Enter a number, reflecting the total number of the various types of provider-based, off-site locations indicated on the worksheet table. In ASPEN this number is generated based on the total number of locations entered in each row of the table below.

**Table of Types of Off-site Locations.** Enter in the column to the right of each category of provider-based, off-site location the total number of the hospital's or CAH's locations for that type: (In ASPEN, the total number of off-site locations is generated in this field based on the entries made in the accompanying table

**(M 43-01) Inpatient remote location.** A provider-based facility that is located off the hospitals or CAH's main campus, and which furnishes inpatient services and meets the requirements of 42 CFR 413.65(a)(2). In the case of a CAH, it is likely that only a CAH DPU would be a remote location.

**\* - Mandatory field, must be entered for survey kit to upload.**

**(M 43-02) Offsite Outpatient Surgery.** A provider-based department of a hospital or CAH that is located off the main campus and provides surgical services to outpatients.

**(M 43-02) Offsite Urgent Care Center.** A provider-based department of a hospital or CAH that is located off the main campus, that **does not meet the definition of a dedicated emergency department under EMTALA** regulations at 42 CFR 489.24, and which furnishes outpatient services provided to patients, usually on an unscheduled, walk-in basis.

**(M 43-04) Satellite of a Rehabilitation Hospital.** Entries should be made here only if M10-05 was selected as the hospital type. A rehabilitation hospital may operate a an off-site satellite facility in accordance with 42 CFR 412.22(h), providing inpatient services in a building also used by another hospital, or in one or more entire buildings located on the same campus as buildings used by another hospital.

**(M 43-05) Satellite of a Psychiatric Hospital.** Entries should be made here only if M10-04 was selected as the hospital type. A psychiatric hospital may operate a an off-site satellite facility in accordance with 42 CFR 412.22(h), providing inpatient services in a building also used by another hospital, or in one or more entire buildings located on the same campus as buildings used by another hospital.

**(M 43-06) Satellites of an IPPS-Excluded Rehab Unit.** Entries should be made here only if M10-01 was selected as the hospital type, and M40-08 was also selection. A short-term acute care hospital with an excluded rehabilitation unit may operate an off-site satellite facility in accordance with 42 CFR 412.25(e), providing inpatient services in a building also used by another hospital, or in one or more entire buildings located on the same campus as buildings used by another hospital.

**(M 43-07) Satellites of an IPPS-Excluded Psych Unit.** Entries should be made here only if M10-01 was selected as the hospital type, and M40-07 was also selection. A short-term acute care hospital with an excluded psychiatric unit may operate a an off-site satellite facility in accordance with 42 CFR 412.25(e), providing inpatient services in a building also used by another hospital, or in one or more entire buildings located on the same campus as buildings used by another hospital.

**(M 43-08) Satellites of a Long Term Care Hospital.** Entries should be made here only if M10-02 was selected as the hospital type. A hospital may operate a an off-site satellite facility in accordance with 42 CFR 412.22(h), providing inpatient services in a building also used by another hospital, or in one or more entire buildings located on the same campus as buildings used by another hospital.

**(M 43-09) Satellites of a Cancer Hospital.** There are a limited number of hospitals treated as “cancer” hospitals for Medicare payment purposes. Not every facility that specializes in cancer treatment is a Medicare cancer hospital. The CMS Regional Office can provide a list of Medicare cancer hospitals. ASPEN does not distinguish cancer hospitals from other short-term acute care hospitals. Their special payment arrangements are handled through the payment system. A cancer hospital may operate a an off-site satellite facility in accordance with 42 CFR 412.22(h), providing inpatient services in a building also used by another hospital, or in one or more entire buildings located on the same campus as buildings used by another hospital.

**(M43-10) Satellites of a Children’s Hospital.** Entries should be made here only if M10-06 was selected as the hospital type. A hospital may operate a an off-site satellite facility in accordance with 42 CFR 412.22(h), providing inpatient services in a building also used by another hospital, or in one or more entire buildings located on the same campus as buildings used by another hospital.

**\* - Mandatory field, must be entered for survey kit to upload.**

**(M 43-11) Offsite Emergency Department.** A provider-based, off-campus department of a hospital or CAH that meets the definition of a dedicated emergency department under EMTALA regulations at 42 CFR 489.24.

**(M43-12) Other Provider-Based Offsite Facility/Department.** Include in this field any other provider-based off-site facility that is not captured in one of the categories above.

**For each off-site location use the continuation sheet to the worksheet to indicate the type of off-site location, and its name, full address, including street, city, county, state and zip code, and information about its sprinkler status. In ASPEN, click the “NEW” button in the box to enter any new locations, or “MODIFY” to amend any existing information.**

**Number of related or affiliated providers or suppliers (M44):** Enter a number, reflecting the total number of the various types of providers and suppliers that are separately certified to participate in the Medicare program, have their own CCN number, but share common ownership or management with the hospital or CAH. In ASPEN, this number is generated based on the total number of providers/suppliers entered in each category in the following table.

**Table of Types of Affiliated Medicare-participating Providers or Suppliers:** Enter the total number in each category of separately certified Medicare providers or suppliers that are effectively controlled by another provider or closely associated with other providers under common ownership or control. In ASPEN, these numbers are generated based on the number of providers of each type entered.

**(M 44-01) Ambulance Service.**

**(M 44-02) Ambulatory Surgery Center .** Do not confuse an ASC with a hospital outpatient surgery department. An ASC is a separately certified supplier.

**(M 44-03 End Stage Renal Disease Treatment Facility.**

**(M 44-04) Federally Qualified Health Center.**

**(M 44-05) Home Health Agency.**

**(M 44-06) Hospice.**

**(M 44-07) Organ Procurement Organization.**

**(M 44-08) Psychiatric Residential Treatment Facility.**

**(M 44-09) Rural Health Clinic.**

**(M 44-10) Skilled Nursing Facility (SNF).**

**For each affiliated provider/supplier, on the Affiliated Provider/Supplier continuation worksheet enter the facility’s name, CCN, and type of facility, using the M44 codes. In ASPEN, click the “NEW” button in the box to enter any new affiliated providers, or “MODIFY” to amend any existing information.**

**\* - Mandatory field, must be entered for survey kit to upload.**

***(M 45) Co-location status.*** *Is there another hospital, or a satellite location of another hospital, that occupies space in a building used by the hospital, or in one or more entire buildings located on the same campus as buildings used by the hospital?*

- 1      Yes*
- 2      No*

*If the answer is yes, then enter the name and CCN number of the co-located hospital. In ASPEN, if the answer is yes the names of the co-located hospital are automatically populated, from the previously file Worksheet, in a Name and CCN field below M45.*

**\* - Mandatory field, must be entered for survey kit to upload.**