

EXHIBIT 286

(Rev.)

HOSPITAL/CAH MEDICARE 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

Effective Date of Accreditation: _____

(MMDDYYYY) (M4)

0 Not Accredited

1 JC

Renewal Date of Accreditation: _____

2 AOA

(MMDDYYYY) (M5)

3 DNV

Multiple Accreditation Status: Yes _____ No _____

(Select all others that apply; do not include the primary accreditation organization):

JC _____

AOA _____

DNV _____

State/County Code (M6): _____

State Region Code (M7): _____

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 1) (M10):_____

01 Short-term ____

06 Childrens____

02 Long-term ____

07 Distinct Part Psychiatric
Hospital____

03 Religious Nonmedical Health Care Institution____

08 Cancer Hospital____

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*

04 Other

06 Podiatric

Ownership Type (select 1) (M13):_____

01 Church

06 State

02 Private (Not for Profit)

07 Local

03 Other (specify:_____)

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):_____

01 None

02 System Ownership

03 System Management

Name of System (M17):_____

Corporate Headquarters City (M18):_____ State (M19):_____

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

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

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

Services Provided by the Facility (M41): _____

0 Service 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

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

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		12	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.

(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?

01 Yes

02 No

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

Name _____ **CCN** _____

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.

AFFILIATED *PROVIDER/SUPPLIER* CONTINUATION WORKSHEET PAGE 1 OF _____

Identify all affiliated Medicare-*certified* providers/suppliers, indicating for each the name, CCN, and type of provider/supplier, using the codes from M44.

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*.

INSTRUCTIONS FOR COMPLETING HOSPITAL/CAH MEDICARE 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 surveyor and included in the certification package for each hospital and CAH. It must be updated each time the State Agency surveyor is on site completing a full standard survey - either initial, recertification, or validation – and may also be completed when conducting a complaint investigation in accredited hospitals and CAHs. 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.

Any item with an exclamation point (!) is an item that is not contained on the revised Exhibit 286, Hospital/CAH Database Worksheet, but is still present in ASPEN as a mandatory field. Until ASPEN is revised, an entry must be made for the worksheet to be complete. Specific instructions are provided on what to enter in ASPEN.

In a number of cases there are fields in revised Exhibit 286 that are not yet available in ASPEN. Until ASPEN is revised, entries are to be made on the hard copy of the worksheet only.

The worksheet is completed by the State Agency surveyor and should not be distributed to the hospitals or CAHs for them to complete on their own. However, surveyors may jointly complete the worksheet with hospital/CAH staff, and surveyors 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.

M1–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. *The CCN was formerly known as the Medicare Provider Number and is still referred to this way in ASPEN.*

*** 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*

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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 entered on the CMS-1539. Check to be sure the information there 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 found in Facility Properties. Check to be sure the information found there is correct, and update there if necessary.*

***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 found in Facility Properties. Check to be sure the information found there is correct, and update there if necessary.*

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

Web Address - if the hospital has an internet web page, enter the address here. *ASPEN does not yet have a field for this information.*

M4 – M5 Information on the accreditation status of the hospital or CAH.

Care must be taken in choosing the accreditation status of a facility. CMS currently recognizes three accreditation organizations whose hospital accreditation programs may be accepted as evidence of a hospital’s compliance with the hospital CoPs: The Joint Commission, the American Osteopathic Association, and Det Norske Veritas. There are two CMS-recognized accreditation programs that may be accepted as evidence of a critical access hospital’s (CAH) compliance with the CAH CoPs: The Joint Commission and the American Osteopathic Association.

Surveyors must confirm that a hospital or CAH has been accredited by a CMS-recognized accreditation program before coding the facility as accredited. The hospital or CAH must provide documentation from the accreditation organization indicating that the facility has been

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accredited for purposes of Medicare participation. (In the case of a hospital accredited by The Joint Commission, until July 15, 2010, it is sufficient for the hospital to provide evidence of accreditation.) The documentation must indicate the effective and expiration dates of the accreditation.

In addition, even though a health care facility may choose to be accredited by more than one accreditation organization, for purposes of the CMS certification of the facility to participate in Medicare via accreditation from a recognized accreditation organization, the facility must decide which accreditation program is the primary basis for its certification. The effective and renewal dates of the primary accreditation are to be entered on the worksheet. The worksheet allows identification of the additional accreditations as well.

Accreditation Status: Choose one of the following:

0	Not Accredited
1	JC Accredited
2	AOA Accredited
3	DNV (may not be chosen for a CAH)

AOA American Osteopathic Association – a CMS-recognized hospital and CAH accreditation organization.

DNV Det Norske Veritas – a CMS-recognized hospital accreditation organization.

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

This information is entered in ASPEN on the Transmittal (CMS-1539) tab. The codes under Accreditation status reflect all possible combinations of accreditation. Please ignore the combinations and only select the primary organization code – 1 for JC, 2 for AOA, or 4 for DNV.

***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 – if a hospital or CAH provides evidence of accreditation by a CMS-recognized accreditation program from more than one accreditation organization, select yes. *ASPEN does not yet have fields for multiple accreditation information.*

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

- 1 JC Accredited
- 2 AOA Accredited
- 3 DNV (may not be chosen for a CAH)

ASPEN does not yet have these additional fields.

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. 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

ASPEN does not yet include option #2 for Medicaid participation only. In the meantime, enter this on the hard copy only.

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.

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

Hospitals that participate in Medicare are broken down into subcategories, depending on how Medicare reimburses that hospital for services. In addition, a psychiatric hospital, a critical access hospital and a religious non-medical health care institution are legally distinct categories of Medicare-participating health care facilities. One - and only one - of the following categories must be selected:

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- 1 Short-term
- 2 Long-term
- 3 Religious Non-medical Health Care Institution
- 4 Psychiatric
- 5 Rehabilitation
- 6 Children's
- 7 Distinct Part Psychiatric
- 8 Cancer Hospital (*not yet available in ASPEN*)
- 11 Critical Access Hospital

In ASPEN this information is found 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.

Short-term Acute Care Hospital (M10-01) 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 is comparatively short.

Long Term Care Hospital (M10-02) is a hospital that has an average Medicare inpatient length of stay greater than 25 days and meets 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 a facility that 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 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)).

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

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hospitals and participates in Medicare in accordance with the requirements at 42 CFR 482.1(a)(2).

Cancer Hospital (M10-08) is a Medicare-participating hospital that is primarily engaged in the provision of inpatient services to patients with neoplastic disease and meets the requirements of 42 CFR 412.23(f). *This category does not yet exist in ASPEN. Enter it on the hard copy, and in ASPEN, in the meantime, select 01 on the Facility Properties screen.*

Critical Access Hospital (CAH) (M10-11) is a Medicare-participating health care facility that provides limited inpatient services in rural areas and which 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.” Typically this happens when the hospital and a medical school are both part of a university. Next comes “major,” followed by “limited” and “no affiliation.”

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.

- 1 Allopathic - related to a medical school program that grants the M.D. degree. *In ASPEN this is currently designated “AMA.”*
- 2 Dental – related to a dental school program that grants the D.D.S. degree. *In ASPEN this is currently designated “ADA.”*
- 3 Osteopathic – related to a medical school program that grants the D.O. degree. *In ASPEN this is currently designated “AOA..”*
- 4 Other
- 5 Podiatric – related to a program that grants a doctor of podiatry degree. *This field does not yet exist in ASPEN. Enter it on the hard copy, and in ASPEN select “4,” 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. *In ASPEN this category is shown as “private.”*
- 3 Other – specify what the ownership type is if none of the specified categories apply.
- 4 Private – for profit. This would include sole proprietors, limited liability corporations, partnerships, and corporations. *In ASPEN this category is shown as “proprietary.”*

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- 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.
- 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. *This field does not yet exist in ASPEN. Until ASPEN is modified, select either field 4 or 2, as applicable, for physician-owned hospitals*
- 10 Tribal – a hospital that is operated by an Indian tribe. *This field does not yet exist in ASPEN. Until ASPEN is modified, select field 3.*

***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.)

- 1 None – select this if Section 7 of the 855A is blank.
- 2 System ownership – select this if Section 7 of the 855A indicates wholly owned.
- 3 System management – selected this if Section 7 of the 855A indicates either managed or operated.

ASPEN currently includes the option of both System owned and managed as #4, but since there is no correlate to this in Section 855A, do not select this option.

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.)

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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.

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. *ASPEN currently includes the following additional categories which will be eliminated, since they are addressed elsewhere on the worksheet: 04, Cancer hospital; 06, Hospital in a Hospital – Tenant. Do not select these options.*

- 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-hospital or 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

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individuals receiving Medicare Part A benefits; a hospital cannot be both a Medicare-dependent hospital and a sole community 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.

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.

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

- 0 Service is 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 41-01) Ambulance Services.** *This field does not appear on the revised Exhibit 286 and will eventually be relocated to M 44 in ASPEN as a type of affiliated provider/supplier. In the meantime, enter "0," not provided.*

***(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.

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

***(M 41-05) Blood bank.** *This field is being deleted. In ASPEN, enter "0," not provided.*

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***(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.

***(M 41-11) Computed tomography (CT) Scanner.** A medical device used in medical imaging that employs digital geometry processing to generate a three-dimensional image of the interior of patients from a large series of two-dimensional X-ray images taken around a single axis of rotation.

***(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 for 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. This is a required hospital or CAH service; 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.

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***(M 41-15) Emergency Services.** *This field does not appear on the revised Exhibit 286 and will eventually be eliminated from ASPEN. In the meantime, it should be filled out in exactly the same way as M41-14.*

***(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 disease in elderly patients including the physical, mental, and social aspects.

***(M 41-18) Home Health Services (HHA).** *This field does not appear on the revised Exhibit 286 and will eventually be relocated to M 44 in ASPEN as a type of affiliated provider/supplier. In the meantime, enter "0," not provided.*

***(M 41-19) Hospice.** *This field does not appear on the revised Exhibit 286 and will eventually be relocated to M 44 in ASPEN. In the meantime, enter "0," not provided.*

***(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 41-25) Laboratory –Anatomical.** *This field does not appear on the revised Exhibit 286 and will eventually be eliminated from ASPEN. In the meantime, enter "0," not provided.*

***(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 directly; therefore, do not enter "2," Services provided by arrangement or agreement.

***(M 41-27) Long Term Care (Swing Beds).** *This field does not appear on the revised Exhibit 286 as it duplicates information captured under M40. It will eventually be eliminated from ASPEN. In the meantime, enter "0," not provided.*

***(M 41-28) Magnetic resonance Imaging (MRI).** The use of a uniform magnetic field and radio frequencies to study tissue and structure of the body. This procedure enables the visualization of biochemical activity of the cell in vivo without the use of ionizing radiation, radioisotopic substances, or high-frequency sound.

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***(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 41-37) Organ Banks.** *This field does not appear on revised Exhibit 286 and will eventually be eliminated from ASPEN. In the meantime, enter "0," not provided.*

***(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 hospital service.** 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.

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***(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.

***(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.

***(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 and 15 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 IPPS-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 IPPS-excluded unit.

***(M 41-50) Psychiatric 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 IPPS-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. Moreover, for CAHs, they must be direct services; therefore, do not enter “2,” services provided by arrangement or agreement.

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

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***(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 Inpatient.** An organized service for the provision of rehabilitation therapies to inpatients. The service may or may not take place in an IPPS-excluded unit.

***!(M 41-57) Rehab Inpatient (not CARF).** *This field does not appear on the revised Exhibit 286 and will eventually be eliminated from ASPEN. In the meantime, enter "0," not provided here.*

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

(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.

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***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:

- 1 Totally sprinklered: all required areas are sprinklered.
- 2 Partially sprinklered: some but not all required areas are sprinklered.
- 3 Sprinklers: none, no required areas are sprinklered.

Total Number of provider-based off-site locations under the same CCN (M43): Enter a number, reflecting the total number of the various types of off-site locations indicated on the worksheet table. *In ASPEN this number is generated based on the total number of locations entered.*

Types of Off-site Locations. Enter the total number of the hospital's or CAH's provider-based locations in each of the following categories: *(In ASPEN, this number is generated based on the offsite locations entered in each category.)*

Note that the ASPEN version of M43 does not have all of the following categories, or has some of the same categories under a revised name, and also presents the categories in a different sequence. It will be revised to match the worksheet at a later date, but care must be exercised in making ASPEN entries prior to the ASPEN revision.

(M 43-01) Inpatient remote location. A provider-based facility or organization that is located off the hospital's or CAH's main campus, that 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 could be a remote location.

(M 43-02) Offsite Outpatient Surgery. A provider-based department of a hospital or CAH in accordance with the provisions of 42 CFR 413.65 that is located off the main campus and provides surgical services to outpatients. *This field is currently called "Offsite Freestanding Outpatient Surgery" in ASPEN; it will be revised at a later date to match the revised worksheet.*

(M 43-02) Offsite Urgent Care Center. A provider-based department of a hospital or CAH in accordance with the provisions of 42 CFR 413.65 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 provides outpatient services provided to patients, usually on an unscheduled, walk-in basis. *This field is currently called "Urgent Care Center (Freestanding)" in ASPEN; it will be revised at a later date to match the revised worksheet.*

(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

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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. Entries should be made here only if M10-08 was selected as the hospital type on the worksheet. *(In ASPEN, this category does not yet exist under M 10.)* 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.

(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.

(M 43-11) Offsite Emergency Department. A provider-based department of a hospital or CAH in accordance with the provisions of 42 CFR 413.65 that is located off the main campus, that meets the definition of a dedicated emergency department under EMTALA regulations at 42 CFR 489.24. *This field does not yet exist in ASPEN; until ASPEN is revised, enter these facilities under the ASPEN category, "Other Provider-Based Locations."*

(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 and, when entering data into ASPEN, any offsite emergency department.

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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.*

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 APSEN, these numbers are generated based on the number of providers of each type entered.*

(M 44-01) Ambulance Service. *This field does not yet exist in ASPEN.*

(M 44-02) ASC. Do not confuse an ASC with a hospital outpatient surgery department. An ASC is a separately certified supplier. *In ASPEN this field is currently code 01.*

(M 44-03) ESRD. End Stage Renal Disease Treatment Facility. *In ASPEN this field is currently code 04.*

(M 44-04) FQHC. Federally Qualified Health Center. *In ASPEN this field is currently code 05.*

(M 44-05) HHA. Home Health Agency. *In ASPEN this field is currently code 06.*

(M 44-06) Hospice. *In ASPEN this field is currently code 07.*

(M 44-07) OPO. Organ Procurement Organization. *This field does not yet exist in ASPEN.*

(M 44-08) PRTF. Psychiatric Residential Treatment Facility. *In ASPEN this field is also code 08.*

(M 44-09) RHC. Rural Health Clinic. *In ASPEN this field is also code 09.*

(M 44-10) SNF. Skilled Nursing Facility. *In ASPEN this field is also code 10.*

For each affiliated provider/supplier, on the 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.*

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(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. *ASPEN does not yet have fields for this information.*