



Center for Clinical Standards and Quality/Survey & Certification Group

Admin Info: 15-02-Hospital/CAH/ASC/RHC/FQHC

DATE: October 3, 2014

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Automated Survey Processing Environment (ASPEN) Updates Related to New & Revised Regulations and Interpretive Guidelines for Hospitals, Critical Access Hospitals (CAHs), Ambulatory Surgical Centers (ASCs) and Rural Health Clinics (RHCs)/Federally Qualified Health Centers (FQHCs)

Memorandum Summary

- ***ASPEN Updates:*** The Centers for Medicare & Medicaid Services (CMS) has updated the regulation sets in ASPEN for hospitals, CAHs, ASCs and RHCs/FQHCs. The updates reflect several recent regulation changes, as well as previously issued revisions to guidance, such as the hospital discharge planning guidance found in S&C 13-32, issued May 17, 2013. The Division of Quality Systems and Operation Support (DQSAS) recently issued to the Quality Improvement Evaluation System (QIES) State Coordinators standard notice concerning these revisions.
- ***Reduced Lag Time between SOM & ASPEN Updates:*** Due to system upgrades, there is a new process within CMS for implementing revisions to regulation sets in ASPEN. This revised process is designed to reduce the lag time between publication of revised regulations in the Federal Register and/or issuance of revisions to the State Operations Manual (SOM) via Survey & Certification Memoranda, and updating ASPEN accordingly, including Tag additions, deletions and consolidations.
- ***Revised Guidance Still in Process:*** Due to the number of regulation changes that have occurred recently and the lengthy process required before we may issue revised interpretive guidance, in some cases we have changed regulation text and tags, without including the revised guidance. We will add guidance in the ASPEN regulation set as soon as possible after the applicable S&C memoranda are cleared and issued.

Background:

Due to QIES system revisions CMS is now able to reduce the lag time between publication of revised regulations and issuance of SOM revisions, and implementing corresponding revisions in ASPEN.

CMS has adopted three final rules affecting Hospitals, CAHs, ASCs, RHCs and FQHCs:

- Adopted August 13, 2013, *Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care; Hospital Prospective Payment System and Fiscal Year 2014 Rates; Quality Reporting Requirements for Specific Providers; Hospital Conditions of Participation; Payment Policies Related to Patient Status*, effective October 1, 2013
- Adopted May 12, 2014, *Medicare and Medicaid Programs; Regulatory Provisions To Promote Program Efficiency, Transparency, and Burden Reduction; Part II (Burden Reduction 2)*, effective July 11, 2014; and
- Adopted May 2, 2014, *Prospective Payment System for Federally Qualified Health Centers; Changes to Contracting Policies for Rural Health Clinics; and Changes to Clinical Laboratory Improvement Amendments of 1988 Enforcement Actions for Proficiency Testing Referral*, effective July 1, 2014.

(The recently published FY 2015 IPPS rule also contains a revision to the CAH Conditions of Participation, but since it is not effective until October 1, 2014, it is not included in this release.)

ASPEN Updates

Due to the number of regulation changes and the anticipated length of time it will take before our revised guidance is finalized and issued, we have decided in many instances to implement the change to the regulation text and tags in ASPEN while awaiting final clearance of the revised Interpretive Guidelines. Therefore you will see the following text in a number of instances in ASPEN: “Revisions Under Development” or “Under Development”. Further, in those cases where we anticipate that the revised guidance will not involve extensive revision of existing guidance, we have left the existing guidance unchanged in ASPEN for the time being. Once we have issued S&C memoranda with the final revised guidance, we will update the guidance in ASPEN under the appropriate Tags.

We have also identified revisions from prior S&C memoranda that had not yet been incorporated into ASPEN and have taken the opportunity to do so in this release. These revisions include:

- S&C Memo 13-25 LSC & ASC, *Relative Humidity (RH): Waiver of Life Safety Code (LSC) Anesthetizing Location Requirements; Discussion of Ambulatory Surgical Center (ASC) Operating Room Requirements*, released April 19, 2013
- S&C Memo 13-32-Hospital, *Revision to State Operations Manual (SOM), Hospital Appendix A - Interpretive Guidelines for 42 CFR 482.43, Discharge Planning*, released May 17, 2013

- S&C Memo 14-07-Hospital, *Hospital Equipment Maintenance Requirements*, released December 20, 2013
- S&C Memo 14-15-Hospital, *Requirements for Hospital Medication Administration, Particularly Intravenous (IV) Medications and Post-Operative Care of Patients Receiving IV Opioids IV Medication Opioid Monitoring*. Released March 14, 2014

Note that assessment of compliance must always be based on the current regulatory text as well as the official guidance that appears in the SOM or in Survey and Certification Memoranda that have not yet been incorporated into the SOM.

Crosswalk for Revised/New Tags

Attached please find a crosswalk showing the ASPEN tags as they were prior to the regulation changes and/or issuance of the above S&C memoranda, and whether their regulation text was subsequently revised, as well as tags that are new, deleted, and/or consolidated.

Questions concerning this memorandum may be addressed to HospitalSCG@cms.hhs.gov

/s/

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cc: Survey and Certification Regional Office Management