



Center for Medicaid and State Operations/Survey and Certification Group

Ref: S&C-04-31

DATE: May 13, 2004
TO: State Survey Agency Directors
FROM: Director
Survey and Certification Group
SUBJECT: Status of Form CMS-1514

Letter Summary

- Form CMS-1514 will be obsolete effective August 2004.
- The “Hospital/CAH Medicare Database Worksheet” replaces the data collected in the CMS-1514.
- The letter “Authorization for Accreditation Organization to Release the Most Recent Accreditation survey for a Hospital or a CAH” replaces the permission statement included in the CMS-1514.
- Both documents are to be filled out by surveyors on site and cannot be mailed to the provider.

Form CMS-1514, “*Hospital Request for Certification in the Medicare/Medicaid Program,*” was not renewed for continued use and is no longer in the supply system. Form CMS-1514 served several purposes:

- It provided basic information about the hospital that is necessary for the state to schedule and conduct a survey;
- It provided data to update the Medicare database; and
- For accredited hospitals with deemed status, it provided hospital authorization for the accrediting organization to release the hospital’s last survey done by the accrediting organization.

Form CMS-1514 will be replaced in August 2004 with two new documents. The “*Authorization for Accreditation Organization to Release the Most Recent Accreditation Survey for a Hospital or a CAH*” is a sample letter located in the “Exhibit” section of the State Operations Manual. The “*Hospital/CAH Medicare Database Worksheet*” is a data collection worksheet that surveyors will complete on survey.

The new documents have been developed; however, the Online Survey, Certification and Reporting (OSCAR) database will not be programmed to receive the information from the Hospital/CAH Medicare Database Worksheet until the next OSCAR update in August 2004. Until then, state agencies are to continue collecting both the hospital's authorizing individual's signature for release of the hospital's last accrediting organization's last survey, and the data needed to update the OSCAR database using Form CMS-1514. State agencies may need to use photocopies of Form CMS-1514 if their stock of original forms is inadequate to meet their needs until August.

State agencies may no longer mail Form CMS-1514 or the Hospital/CAH Medicare Database Worksheet to the hospital or CAH for completion. **Effective with the release of this letter, Form CMS-1514 and its successor letter and worksheet must be completed on site by surveyors.** Neither Form CMS-1514 nor the Hospital/CAH Medicare Database Worksheet may be given to hospital or CAH personnel for completion. Once the data fields for the Hospital/CAH Medicare Database Worksheet have been incorporated into OSCAR, Form CMS-1514 must no longer be utilized.

Effective Date: Immediately

Training: The information contained in this announcement should be shared with all survey and certification staff, their managers, and the state/RO training coordinator.

/s/

Thomas E. Hamilton

cc: Survey and Certification Regional Office Management (G-5)

Attachment 1 - Hospital/CAH Medicare Database Worksheet

Attachment 2 - Authorization letter for release of the most recent accreditation survey for a Hospital or CAH

HOSPITAL/CAH MEDICARE DATABASE WORKSHEET

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

Medicare Provider Number: _____ Date Updated: _____

Medicaid Provider Number: _____ (MMDDYYYY) (M1)

Fiscal Year Ending Date (MMDD): _____

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

_____ Zip Code: _____

Telephone Number (M2): _____

Fax Number (M3): _____

Accreditation Status: _____ Effective Date of Accreditation: _____

0 Not Accredited (MMDDYYYY) (M4)

1 JCAHO Accredited Expiration Date of Accreditation: _____

2 AOA Accredited (MMDDYYYY) (M5)

4 Both

State/County Code (M6): _____

CLIA ID Numbers (M9):

State Region Code (M7): _____

Request to Establish Eligibility In (M8): _____

1 Medicare

2 Medicaid

3 Both

Type of Hospital or a Critical Access Hospital (CAH) (select 1) (M10): _____

01 Short-term

02 Long-term

03 Religious Non-medical Health Care Institution

04 Psychiatric

05 Rehabilitation

06 Childrens

07 Distinct Part Psychiatric Hospital

08 CAH

Affiliation with a Medical School

(M11): _____

- 01 Major
- 02 Limited
- 03 Graduate School
- 04 No Affiliation

Resident Programs (M12): _____

(select all that apply)

- 01 AMA
- 02 ADA
- 03 AOA
- 04 Other
- 05 No Program

Type of Control (select 1) (M13): _____

- 01 Church
- 02 Federal
- 03 Hospital District or Authority
- 04 Local

- 05 Private
- 06 Proprietary
- 07 State
- 08 Other (specify) _____

Average Daily Census (M14): _____

Number of Staffed Beds (M15): _____

Type of System Involvement (M16): _____

- 01 None
- 02 System Ownership
- 03 System Management
- 04 Both System Owned and Managed

Name of System (M17): _____

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

Number of Employees Salaried by Hospital/CAH					
(Use Full Time Equivalent 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	

Type of Reimbursement or Status Categories of a Hospital or a CAH (select all that apply)

(M40): _____

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	
04	Cancer Hospital		10	Medicare Dependent Hospital	
05	Hospital in a Hospital - Host		11	Regional Referral Center	
06	Hospital in a Hospital - Tenant		12	Sole Community Hospital	

Services Provided by the Facility (M41): _____

- 1 Services provided by facility staff**
 - 2 Services provided by arrangement or agreement**
 - 3 Services provided through a combination of facility staff and through agreement**
- Leave black if the services are not provided**

01	Ambulance Services (Owned)		34	Operating Rooms	
02	Alcohol and/or Drug Services		35	Ophthalmic Surgery	
03	Anesthesia		36	Optometric Services	
04	Audiology		37	Organ Bank	
05	Blood Bank		38	Organ Transplant Services	
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	
15	Emergency Services		48	Psychiatric - Forensic	
16	Extracorporeal Shock Wave Lithotripter		49	Psychiatric - Geriatric	
17	Gerontological Specialty Services		50	Psychiatric - Inpatient	
18	Home Health Services		51	Psychiatric - Outpatient	
19	Hospice		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 -Inpatient (CARF Acc)	
24	ICU - Surgical		57	Rehab -Inpatient (Not CARF Acc)	
25	Laboratory - Anatomical		58	Rehab -Outpatient	
26	Laboratory - Clinical		59	Renal Dialysis (Acute Inpatient)	
27	Long Term Care (swing-beds)		60	Social Services	
28	Magnetic Resonance Imagining (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 (Certified)	
32	Obstetric Service		65	Transplant Center, Medicare Certified	
33	Occupational Therapy Services		66	Urgent Care Center Services	

Sprinkler Status, Primary Location (select 1) (M42): _____

- 01 Totally sprinklered: All required areas are sprinklered**
- 02 Partially sprinklered: Some but not all required areas are sprinklered**
- 03 Sprinklers: None**

Number of off-site locations with the same provider number (M43): _____

01	Inpatient Remote Locations		07	Satellites of a PPS Excluded Psych Unit	
02	Offsite Freestanding Outpatient Surgery		08	Satellites of a Long Term Care Hospital	
03	Urgent Care Center (Freestanding)		09	Satellites of a cancer hospital	
04	Satellites of a Rehabilitation Hospital		10	Satellites of a Childrens' Hospital	
05	Satellites of a Psychiatric Hospital				
06	Satellites of a PPS Excluded Rehab Unit		11	Other Provider-Based Locations	

Identification Number of Off-site Location (from table) (M44): _____

Name of Off-site Location (M45): _____

Off-site Street Address (M46): _____

County (M47) _____

City (M48): _____ State (M49): _____ Zip Code (M50): _____

Sprinkler Status of Off-site Location (select 1) (M51) _____

01 Totally sprinklered: All required areas are sprinklered

02 Partially sprinklered: Some but not all required areas sprinklered

03 Sprinklers: None

04 Sprinklers are not required but the location is sprinklered

Attach a List of Additional Locations:

Number of related or affiliated provider numbers (M52): _____

01	ASC		06	Home Health Agency	
02	Co-located Hospitals		07	Hospice	
03	Co-located Satellites of Another Hospital		08	PRTF	
04	ESRD		09	RHC	
05	FQHC		10	SNF	

Type of Provider (M53): _____

Provider Number (M54): _____

Attach a List:

Signature of Authorized Individual: _____

Name of Authorized Individual: _____ Date: _____

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Center for Medicaid and State Operations/Survey and Certification Group

**AUTHORIZATION FOR ACCREDITATION ORGANIZATION TO RELEASE THE
MOST RECENT ACCREDITATION SURVEY FOR A HOSPITAL OR A CAH**

To Whom it May Concern:

Hospitals accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the American Osteopathic Association (AOA) may establish their eligibility to provide services for reimbursement under the program by submitting to the designated state agency information for the Medicare database.

The signing of this form authorizes the JCAHO, the AOA, or any other national accrediting body recognized by the Secretary as meeting the conditions to disclose to any authorized representative, employee, or agent of the Centers for Medicare & Medicaid Services (CMS) a copy of the hospital or CAH's most recent accreditation survey for official use solely. The Secretary may disclose such a survey and information related to such a survey to the extent such survey and information relate to an enforcement action taken by the Secretary.

It is understood that survey information disclosed to CMS shall be treated in accordance with the rule of confidentiality and disclosure contained in §§ 401.126 and 401.133, Part 401 of subchapter A of Title 42 of the Code of Federal Regulations.

Signature of Authorizing Individual

Printed/Typed Name of Individual

Name of Facility

Date