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# CMS Manual System

## Pub. 100-07 State Operations Provider Certification

Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

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Transmittal 33

Date: March 21, 2008

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**SUBJECT: Update to Chapter 2, “The Certification Process,” Sections 2021 and 2022**

**I. SUMMARY OF CHANGES:** We have added a new section to Chapter 2 of this manual, §2021 entitled “Non-accredited Hospitals.” This new section will provide guidance specific for the survey and certification of non-accredited hospitals. Within that section, we have created a subsection, §2021A, entitled “Recertification of Non-accredited Hospitals” to discuss the documents to be submitted by the State Survey Agencies to the CMS Regional Offices each time a non-accredited hospital is recertified. Also included in this revision is §2022 which is being updated to reflect the name change of the Joint Commission (formerly JCAHO). The subsection, §2022B, entitled “Recertification,” is being updated to reflect changes in the required documents for recertification of accredited hospitals.

**NEW/REVISED MATERIAL - EFFECTIVE DATE\*: March 21, 2008**

**IMPLEMENTATION DATE: March 21, 2008**

*Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)**

**(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)**

| <b>R/N/D</b> | <b>CHAPTER/SECTION/SUBSECTION/TITLE</b>  |
|--------------|--|
| R            | 2/Table of Contents  |
| N            | 2/2021/Non-accredited Hospitals  |
| N            | 2/2021A/Recertification of Non-accredited Hospitals  |
| R            | 2/2022/Hospitals Accredited by the Joint Commission (JC) or the American Osteopathic Association (AOA) |
| R            | 2/2022B/Recertification  |

**III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.**

**IV. ATTACHMENTS:**

|          |                                      |
|----------|--------------------------------------|
|          | <b>Business Requirements</b>         |
| <b>X</b> | <b>Manual Instruction</b>            |
|          | <b>Confidential Requirements</b>     |
|          | <b>One-Time Notification</b>         |
|          | <b>Recurring Update Notification</b> |

**\*Unless otherwise specified, the effective date is the date of service.**

# State Operations Manual

## Chapter 2 - The Certification Process

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### Table of Contents

*(Rev.33, 03-21-08)*

### Transmittals for Chapter 2

#### Hospitals

*2021 – Non-accredited Hospitals*

*2021A – Recertification of Non-accredited Hospitals*

2022 - Hospitals Accredited by the Joint Commission (JC) or the American Osteopathic Association (AOA)

## **Hospitals**

### ***2021 – Non-accredited Hospitals***

*(Rev.33, Issued: 03-21-08, Effective: 03-21-08, Implementation: 03-21-08)*

### ***2021A – Recertification of Non-accredited Hospitals***

*(Rev.33, Issued: 03-21-08, Effective: 03-21-08, Implementation: 03-21-08)*

*Hospitals that receive their Medicare certification via a State Survey Agency (SA) should be recertified on a schedule consistent with the survey guidelines for nonaccredited hospitals issued from the Centers for Medicare & Medicaid Services each fiscal year. A recertification packet for each hospital is to be sent to the RO by the SA. Exhibit 63 has a complete list of documents to be completed and included in the recertification packet. The Certification & Transmittal Form, CMS-1539 (C&T), which is part of the recertification packet, should indicate in the “remarks” section that the C&T is transmitting a non-accredited hospital recertification. If the hospital has undergone a change of ownership since the last recertification survey, also indicate if a Change of Ownership(CHOW) package was forwarded to the hospital by the SA.*

*In addition, the SA also updates Exhibit 286, the Hospital/CAH Medicare Database Worksheet, with any new information regarding the hospital. It is not permissible to forward the Hospital/CAH Medicare Database Worksheet to the hospital for completion. The SAs are not expected to conduct an onsite visit of the hospital solely to obtain information for the worksheet. However, the SAs may be able to use State licensure data to update the worksheet. The updated Hospital/CAH Medicare Database Worksheet should be forwarded with the recertification packet to the RO. The ASPEN system should also be updated to reflect any changes to the information on the Hospital/CAH Medicare Database Worksheet. This policy applies to ALL non-accredited hospitals.*

### **2022 - Hospitals Accredited by the Joint Commission (JC) or the American Osteopathic Association (AOA)**

*(Rev.33, Issued: 03-21-08, Effective: 03-21-08, Implementation: 03-21-08)*

### **2022B – Recertification**

*(Rev.33, Issued: 03-21-08, Effective: 03-21-08, Implementation: 03-21-08)*

*Hospitals that receive their Medicare certification via accreditation by a CMS-approved Accreditation Organization (AO) with deemed status should be recertified by the State Survey Agency (SA) on a schedule consistent with the accreditation interval of the AO. A*

*recertification packet for each deemed hospital is to be sent to the RO by the SA. Exhibit 63 has a complete list of documents to be completed and included in the recertification packet. The Certification & Transmittal Form, CMS-1539 (C&T), which is part of the recertification packet, should indicate in the “remarks” section that the C&T is transmitting an accredited hospital recertification. If the hospital has undergone a CHOW since the last accreditation survey, also indicate if a CHOW package was forwarded to the hospital by the SA.*

*In addition, the SA also updates the Hospital/CAH Medicare Database Worksheet, Exhibit 286, with any new information regarding the hospital. It is not permissible to forward the Hospital/CAH Medicare Database Worksheet to the hospital for completion. The SAs are not expected to conduct an onsite visit of an accredited hospital solely to obtain information for the worksheet. However, the SAs may be able to use State licensure data to update the worksheet. The updated Hospital/CAH Medicare Database Worksheet should be forwarded with the recertification packet to the RO. The ASPEN system should also be updated to reflect any changes to the information on the Hospital/CAH Medicare Database Worksheet. This policy applies to ALL accredited providers and suppliers that are deemed to meet the CMS certification standards including Hospitals, Home Health Agencies (HHAs), Hospices, Critical Access Hospitals (CAHs), and Ambulatory Surgical Centers (ASCs).*