
CMS Manual System

Pub. 100-07 State Operations Provider Certification

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

Transmittal 249

Date: October 9, 2026

SUBJECT: Exhibit 286, Hospital, Critical Access Hospital (CAH) and Rural Emergency Hospital (REH) Database Worksheet

I. SUMMARY OF CHANGES: The worksheet has been updated to streamline collection of information and incorporate REHs.

NEW/REVISED MATERIAL - EFFECTIVE DATE: October 9, 2026

IMPLEMENTATION DATE: October 9, 2026

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.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	Chapter 9 Exhibit 286 Hospital, Critical Access Hospital (CAH) and Rural Emergency Hospital (REH) Database Worksheet

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

Or

Funding for implementation activities will be provided to contractors through the regular budget process.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	One-Time Notification -Confidential
	Recurring Update Notification

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

EXHIBIT 286

(Rev. 249; Issued: 10-09-26)

Hospital, Critical Access Hospital (CAH) and Rural Emergency Hospital (REH) Database Worksheet

This worksheet is completed by the State Agency (SA) surveyor to collect data. It is an internal surveyor tool and should not be given to the provider to complete. Surveyors may complete it jointly with facility staff and must verify all information with the hospital, CAH or REH. Fields marked with an asterisk () are **mandatory** — the survey kit will not upload to the national survey database until all required fields are completed.*

Facility Information	
CMS Certification Number (CCN):	Medicaid Provider Number:
Name of Facility:	
Street Address:	
City, State, Zip code	
Facility Website Address:	
CEO Name and Contact Number:	

Contact Information	
Telephone Number:	Fax Number:
Email Address:	

Facility Type and Services	
Facility Type: ☐ Hospital ☐ CAH ☐ REH	
Emergency Services Available: ☐ Yes ☐ No	
*Accreditation Status: ☐ Deemed ☐ State-Surveyed	
Accreditation Organization: ☐ TJC ☐ DNV ☐ ACHC ☐ CIHQ	
Average Daily Census:	Number of Staffed Beds:
*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

*Medical School Affiliation
☐ Major ☐ Limited ☐ Graduate School ☐ No Affiliation

<i>*Resident Programs (select all that apply)</i>
☐ <i>Allopathic</i> ☐ <i>Dental</i> ☐ <i>Osteopathic</i> ☐ <i>Podiatric</i> ☐ <i>Other</i>

<i>Co-location Status:</i>
<i>Does another hospital or a satellite location of another hospital — share space in any building used by this facility? ☐ Yes ☐ No</i>
<i>If yes, provide the name and CCN number of the co-located hospital:</i>
<i>Name and CCN of Co-located facility:</i>
<i>Name and CCN of Co-located facility:</i>

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

<i>Medicare Payment-Related Categories for Hospitals, CAHs, REHs (select all that apply)</i>
<i>Hospital Categories:</i>
☐ <i>PPS Excluded Psych Unit</i> ☐ <i>PPS Excluded Rehab Unit</i> ☐ <i>Swing Beds</i>
☐ <i>Medicare Dependent Hospital</i> ☐ <i>Regional Referral Center</i> ☐ <i>Sole Community Hospital</i>

CAH Categories: ☐ Psychiatric DPU ☐ Rehabilitation DPU ☐ Swing Beds
REH Categories: ☐ SNF DPU

****Services Provided by the Facility: Use the following to complete the chart***

0: Services 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 Services		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 Services				
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				

***Sprinkler Status of Main Campus**

☐ Totally sprinklered: All required areas are sprinklered
☐ Partially sprinklered: Some but not all required areas are sprinklered
☐ Sprinklers: No required areas are sprinklered

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	

Total Number of Provider-Based offsite locations under the same CCN _____

For each offsite location, complete and attach the Provider-Based Offsite Locations Continuation Worksheet

Affiliated Providers/Suppliers

01	Ambulance Service		06	Hospice	
02	Ambulatory Surgery Center (ASC)		07	Organ Procurement Organization (OPO)	
03	End Stage Renal Disease (ESRD) Outpatient dialysis		08	Psychiatric Residential Treatment Facility (PRTF)	
04	Federally Qualified Health Center (FQHC)		09	Rural Health Clinic (RHC)	
05	Home Health Agency (HHA)		10	Skilled Nursing Facility (SNF)	

Total Number of related or affiliated providers or suppliers _____

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

PROVIDER-BASED OFF-SITE LOCATION CONTINUATION WORKSHEET

PAGE 1 OF _____

Entry # _____

Type of Off- site Location : _____

Name of Off- site Location _____

Off- site Street Address _____

County: _____ City: _____ State: _____ Zip code: _____

Sprinklered status of off-site location (select 1)

☐ *Totally Sprinklered: All required areas are sprinklered;*

☐ *Partially Sprinklered: Some but not all required areas are sprinklered;*

☐ *Sprinklers: No required areas are sprinklered;*

☐ *Sprinklers are not required*

Entry # _____

Type of Off- site Location : _____

Name of Off- site Location _____

Off- site Street Address _____

County: _____ City: _____ State: _____ Zip code: _____

Sprinklered status of off-site location (select 1)

☐ *Totally Sprinklered: All required areas are sprinklered;*

☐ *Partially Sprinklered: Some but not all required areas are sprinklered;*

☐ *Sprinklers: No required areas are sprinklered;*

☐ *Sprinklers are not required*

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

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: _____

Entry _____

Name: _____ *CCN:* _____

Type of Provider/Supplier: _____

INSTRUCTIONS FOR COMPLETING THE HOSPITAL/CAH/REH MEDICARE DATABASE WORKSHEET

The Hospital/CAH/REH Medicare Database Worksheet, Exhibit 286 is an important tool used by the Centers for Medicare & Medicaid Services (CMS) to gather detailed information about hospitals, critical access hospitals (CAHs), and rural emergency hospitals (REHs) participating in Medicare. It is completed by the State Agency (SA) or, in some limited cases, by the CMS Location and included in the initial certification package for each hospital, CAH and REH. It must be updated each time the SA is on site completing a full standard survey – i.e., an initial, recertification, or validation survey.

The national survey database system will not permit any hospital, CAH, or REH full, standard survey to be uploaded unless there is a completed worksheet entered into the national survey database system. These instructions will assist the surveyor in completing the Hospital/CAH/REH 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 the national survey database. The worksheet will not be complete 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, CAHs, or REHs for them to complete on their own, unless the SA does this under its separate State authority. Surveyors may jointly complete the worksheet with hospital/CAH/REH staff and should always verify the accuracy of the information on the worksheet with the hospital, CAH or REH. Typically, the Chief Operating Officer and/or the Chief Financial Officer of the facility would be able to provide the required information.

When a new certification kit associated with a full survey is created in the national survey database, the information from the previous hospital/CAH/REH database 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 last worksheet completed from the current kit before opening the new kit and using this version to update the information with the hospital, CAH, or REH prior to entering the information into the new kit.

Basic hospital/CAH/REH descriptive information:

CMS Certification Number (CCN) – *this is the number used to track CMS' certification of the provider agreement between CMS and the hospital, CAH or REH. In the national survey database, this information is automatically populated based on information entered.*

*** Date of Worksheet Update** – *this is the date the surveyor completed the worksheet. It must be entered 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, CAH or REH. Check to be sure the information found in the national survey database is correct, and update if necessary.*

Name and Address of Facility – *In national survey database this information is automatically populated based on information entered in the system. Check to be sure this information is correct, and update if necessary.*

Telephone Number – the number entered in this field in the national survey database 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. Check to be sure this information is correct, and update if necessary.

Fax Number – be sure to include the area code. Check to be sure the information found there is correct, and update if necessary.

Email Address – enter an e-mail address that can be used by the SA or CMS location to reach the hospital's senior management quickly when necessary. Check to be sure this information is correct, and update if necessary.

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

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 four 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 Accreditation Commission for Health Care (ACHC), DNV Healthcare and the Center for Improvement in Healthcare Quality (CIHQ). 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. Note: At the time of this publication, there are no CMS approved AOs for the deeming of REHs. All REHs are currently surveyed by the state survey agency.

Accreditation organizations also offer non-Medicare accreditation programs which may not be used for Medicare deeming purposes. 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 Location to resolve the discrepancy.

Accreditation Status: Choose the following as applicable: Deemed or state surveyed.

Non-deemed facilities are surveyed by the state agency for initial and recertification surveys. Deemed facilities may also be surveyed by the state agency for the completion of validation surveys.

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

Number of Staffed Beds – 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.

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.

The following fields 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, CAH or REH. Surveyors must obtain this information from the hospital and are not required to independently verify it.

***Affiliation with a Medical School-** *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 and form an academic medical center. Other choices include “major,” “limited,” and “no affiliation,”.*

***Resident programs-** *If there is an entry other than “no affiliation” with a medical school, then this field should be completed. Note that for this field more than one choice may be made.*

Allopathic - related to a medical school program that grants the M.D. degree.

Dental – related to a dental school program that grants the D.D.S. degree.

Osteopathic – related to a medical school program that grants the D.O. degree.

Podiatric – related to a program that grants a Doctor of Podiatry degree

Other

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? Check one of the following: Yes or No*

If the answer is yes, then enter the name and CCN number of the co-located hospital.

Salaried Employee Information – *Ask the hospital, CAH or REH to provide you the number of full-time equivalent salaried employees in each of the listed categories.*

Medicare Payment-Related Information – *Select every category that applies to the hospital, CAH or REH.*

CAH Distinct Part Psychiatric Unit *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.*

CAH Distinct Part Rehabilitation Unit *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.*

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

Hospital [I]PPS-Excluded Psych Unit *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. Hospital [I]PPS Excluded Rehab Unit 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.

Hospital Swing Beds 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.

Medicare Dependent Hospital 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 Location Medicare financial management staff or directly from the hospital.

Regional Referral Center 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 Location Medicare financial management staff or directly from the hospital.

Sole Community Hospital 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 Location Medicare financial management staff or directly from the hospital.

REH SNF Distinct Part Unit: A Rural Emergency Hospital (REH) is prohibited from providing acute inpatient services. The one exception is a distinct part skilled nursing facility unit (SNF DPU), which an REH may elect to operate to furnish post-hospital extended care services.

****Services Provided by the Facility:** 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.

***Note on Rural Emergency Hospitals (REHs):** REHs may furnish emergency department services and observation care and may elect to furnish other additional outpatient medical and health*

services. REHs are prohibited from providing acute inpatient hospital services, with the sole exception of post-hospital extended care services furnished through a distinct part skilled nursing facility unit, if the REH elects to operate one. Accordingly, inpatient-specific service categories on this worksheet should not be applied to REHs.

Service Categories:

** 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.*

** 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.*

** Audiology. Organized service specializing in identifying, diagnosing, treating and monitoring disorders of hearing.*

** 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.*

** Cardiac Catheterization Laboratory. An organized unit offering catheter-based diagnostic and interventional procedures for cardiac patients.*

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

** Chemotherapy Service. An organized service which provides treatment of cancer via antineoplastic drugs. These drugs may be combined into a standardized treatment regimen.*

** Chiropractic Service. An organized clinical service offering spinal manipulation or adjustment and related diagnostic and therapeutic services.*

** 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.*

** Dental Service. An organized service that provides dental or oral services to inpatients or outpatients.*

** 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. Every hospital or CAH must provide dietetic services; therefore, do not enter "0," not provided.*

** Emergency Department (Dedicated). In accordance with the EMTALA regulations at 42 CFR 489.24, any department or facility of the hospital, CAH or REH, 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 and REH are required to provide emergency services as a service; therefore, do not select “0” for a CAH or REH.

** 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.*

** Gerontological Specialty Services. An organized service that specializes in the treatment of disease in elderly patients including the physical, mental, and social aspects.*

** 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.*

** 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, CAH or REH must provide basic clinical laboratory services ; therefore, do not enter “0,” not provided.*

** 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.*

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

**Neurosurgical Services. Services provided by the hospital dealing with the operative and nonoperative management of disorders of the central, peripheral, and autonomic nervous system.*

** Nuclear Medicine Service. An organized hospital service that uses the nuclear properties of matter in medical imaging for the diagnosis and therapy of patients.*

** Obstetric Service. An organized hospital service that provides services for maternity and newborn cases.*

** Occupational Therapy Services. Hospital service that provides therapy to patients through the provision of skills related to conduct activities of daily living.*

** Operating Room. A room within the hospital where surgical operations and other invasive procedures are carried out.*

** 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.*

** 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.*

** 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 a Medicare certified transplant center, which is to be used for all Medicare-certified organ transplantation services.*

** 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.*

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

** Pediatric Services. A service of the hospital that focuses on the medical treatment of infants, children, and adolescents up to the age of 18.*

** 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, CAH or REH must provide pharmacy services; therefore, do not enter "0," not provided.*

** 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.*

** 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.*

** 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.*

** 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 emergency department (dedicated) must also indicate that the hospital provides emergency services.

** 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.*

** Psychiatric Forensic Services. An organized unit of the hospital that provides inpatient services to individuals under the control and jurisdiction of a police authority.*

** 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.*

** 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 IPPS-excluded unit.*

** Psychiatric Outpatient Services. A service for provision of mental health services, including diagnosis and treatment, to individuals who do not require hospitalization.*

** Radiology Services - Diagnostic. An organized service of the hospital that uses medical imaging technologies to diagnose disease. Every Medicare-participating hospital, CAH or REH must provide diagnostic radiologic services; therefore, do not enter "0," not provided.*

** Radiology Services - Therapeutic. An organized service of the hospital that uses medical imaging technologies to treat disease.*

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

** Respiratory Care Services. An organized service for the provision of respiratory therapy to hospital patients.*

** Rehab Services - 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.*

** Rehab-Outpatient. Services providing rehabilitation therapies to outpatients.*

** 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 facility should be listed under affiliated providers*

** Social Services. A hospital service that provides supportive services to address non-medical needs of patients.*

** Speech Pathology Services. Services designed to evaluate and treat oral communication disorders and swallowing problems.*

** Surgical Services –Inpatient. An organized service for the provision of surgery to inpatients.*

** Surgical Services –Outpatient. An organized service for the provision of surgery to patients not requiring inpatient admission.*

** 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.*

** 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.*

** Urgent Care Center Services. Outpatient services provided to patients, usually on an unscheduled, walk-in basis, in a part of the hospital, CAH or REH 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, CAH or REH:*

Totally sprinklered: All required areas are sprinklered.

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

Sprinklers:

No required areas are sprinklered.

Total Number of provider-based off-site locations under the same CCN: *A hospital is permitted to have multiple inpatient campuses as well as off-site facilities providing outpatient services, so long as all offsite 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.*

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, CAH's or REH's locations for that type:*

Inpatient remote location. *A provider-based facility that is located off the hospital's 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.*

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

Offsite Urgent Care Center. *A provider-based department of a hospital, CAH or REH 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.*

Satellite of a Rehabilitation Hospital. *A rehabilitation hospital may operate 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.*

Satellite of a Psychiatric Hospital. A psychiatric hospital may operate 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.

Satellites of an IPPS-Excluded Rehab Unit. Entries should be made here only for short-term hospitals and if Hospital PPS Excluded Rehab Unit was selected. 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.

Satellites of an IPPS-Excluded Psych Unit. Entries should be made here only for short-term hospitals, and Hospital PPS Excluded Psych Unit was selected. A short-term acute care hospital with an excluded psychiatric 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.

Satellites of a Long-Term Care Hospital. Entries should be made here only for long-term care hospitals. A hospital may operate 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.

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 Location can provide a list of Medicare cancer hospitals. The national survey database 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 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.

Satellites of a Children’s Hospital. Entries should be made here only for children’s hospitals. A hospital may operate 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.

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

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. Enter this information in the national survey database.

Number of related or affiliated providers or suppliers: 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, CAH or REH.

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.*

Ambulance Service.

Ambulatory Surgery Center. Do not confuse an ASC with a hospital outpatient surgery department. An ASC is a separately certified supplier.

End Stage Renal Disease Treatment Facility.

Federally Qualified Health Center.

Home Health Agency.

Hospice.

Organ Procurement Organization.

Psychiatric Residential Treatment Facility.

Rural Health Clinic.

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