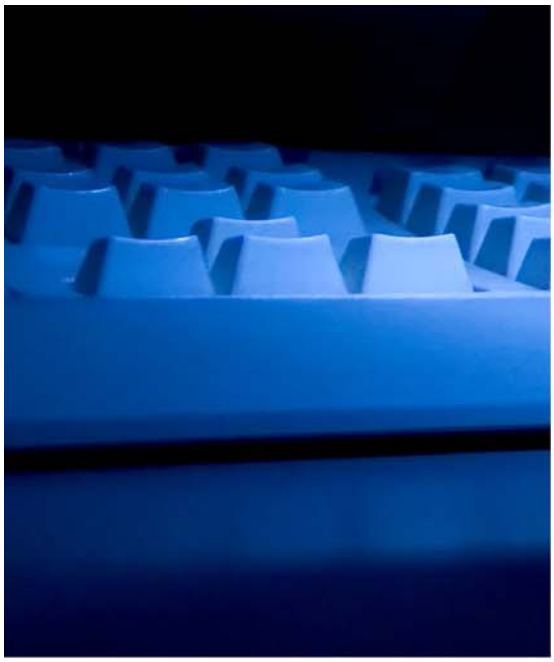
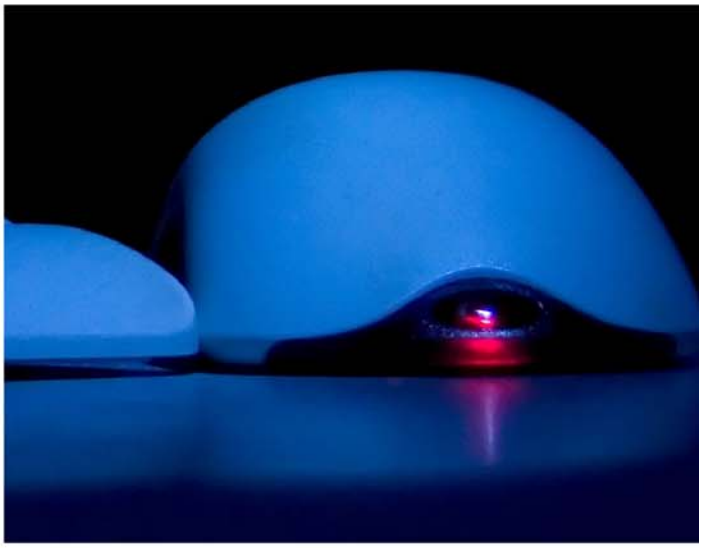


ASPEN ENFORCEMENT MANAGER

AEM

11.9.3

Procedures Guide



Information in this procedures guide is subject to change without notice.

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Systems Environment

Application Development: Microsoft Visual C++ and C# 2008 (9.0), .NET 3.51 SP1, .NET 4.6.1 or later (ASE-Q only)

Desktop Database (ASE-Q only): SQL Anywhere 11

CMS-supported operating systems and MS Internet Explorer versions are posted on the QTSO website at https://qtso.cms.gov/providers/home-health-agency-hha-providers/reference-manuals in the Minimum System Requirements document under Reference & Manuals.

Oracle Database 12c Enterprise Edition Release 12.2.0.1.0

Oracle Client 12.2.0.0

Optional System Environments

MAPI Compliant E-mail client to support e-mail transfer of survey information

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Note: This document can be viewed online or printed in a duplex (two-sided) format. Blank pages have been automatically inserted as needed for correct pagination in the printed copy.

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Introduction

ASPEN Enforcement Manager (AEM) provides functionality for efficient management of all aspects of enforcement for Nursing Homes (NHs), Home Health Agencies (HHAs), and CLIA laboratories. Case workers can, as applicable, create and maintain case records; manage Immediate Jeopardy (IJ) situations; recommend remedies; impose sanctions; assess Civil Money Penalties (CMPs); enter CLIA registry information; and track Informal Dispute Resolution and Independent Informal Dispute Resolution processes (IDRs/IIDRs), NATCEP loss and waivers, hearings, and appeals.

About this Procedures Guide

The *AEM Procedures Guide* gives you the information you need to:

- Open and edit an enforcement case
- Add and remove surveys from a case
- Record details about specific situations cited at a J, K, or L Scope/Severity level
- Enter Federal and/or state remedies
- Add/modify/delete civil monetary penalties
- Maintain a history of all correspondence related to the enforcement case
- Enter all appeal-related information, including request dates, docket numbers, and decision information
- Upload enforcement case data to the national server

Note: This guide assumes that you are familiar with basic Windows operations and that you have attended AEM training offered by your agency.

This guide consists of this introduction and the following four chapters:

- AEM Procedures

  Provides task-based procedures for using the AEM application.
- AEM Screens

  Contains pictures and brief descriptions of AEM screens.

- AEM Fields

  Presents descriptions of the fields and buttons in AEM.
- Supporting Materials

  Contains supplemental information and reference items.

View this Document Online

You must have Adobe Reader installed to view this document online. You can download the latest version from http://get.adobe.com/reader/.

On any page, you can click the Increase (+) or Decrease (-) button in the toolbar to adjust the page magnification to your comfort level. Use the bookmarks in the left pane of Adobe Reader to locate and go (click the bookmark) to relevant information in this procedures guide.

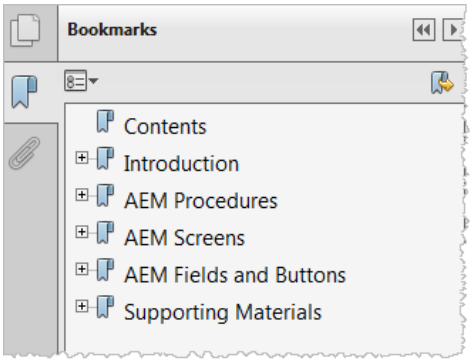


Figure 1: Bookmarks

You can also click the Contents bookmark and then click links in the table of contents to go to relevant topics.

TIP: For best viewing quality in Adobe Reader, go to Edit | Preferences | Page Display (path may vary somewhat depending on version). Select the applicable Smooth Text option.

If you need more information, links to relevant additional material in this document are included. Click a link to directly access the related information.

In the Procedures chapter, there are three types of links (cross-references) to additional material. They are grouped at the end of a procedure or descriptive section.

More ...

Procedure: “Opening a New Case” on page 30
Screen: "Surveys subtab" on page 118
“AEM Explorer View” on page 19

➥ Click the first link to go to the indicated procedure.

➥ Click the second link to go to a graphic and description of the indicated screen or section of screen.

➥ Click the third link to go to descriptive information about the indicated topic.

In the Screens chapter (usually), there is another type of link (cross-reference) to additional material:

Fields: "Surveys", on page 204

➥ Click the link to go to the field/column descriptions for the indicated screen or section of screen.

There may also be cross-references in the Fields and Supporting Materials chapters.

View a Printed Copy of this Document

While it is designed to be used easily online, you can print this document if you prefer. If you print this document, use the table of contents to locate the information you need. Links (cross-references) to additional material in this document include page numbers; simply go to the indicated page.

Conventions

This guide uses the following conventions:

Bold	In procedures: names of screens, screen sections, windows you open, buttons, menu options, and keys you press.
web	Generic reference to the World Wide Web.
ACO	Generic reference to ASPEN Central Office (ACO) and ASPEN Regional Office (ARO). When necessary, ARO is explicitly identified.

Facility Properties
: Generic reference to the <FacName> Definition window/screen in ACO.

More ... Introduces a list of "see also" cross-references.

Note: Notes give you important information that may affect how you use a function.

TIP: Tips give you useful hints, suggestions, or alternative approaches.

WARNING! Warnings tell you actions to avoid that may cause harm, or precautions you should take to avoid causing harm.

Accessibility Features

This *AEM Procedures Guide* and the AEM user interface include a number of 508-compliant accessibility features, which are detailed below.

In this Guide

This procedures guide incorporates the following 508-compliant accessibility features:

- Alternate text (alt text), which screen readers can read, is defined for all graphics. In the Screens chapter, there are links (cross-references) to the field/column descriptions for the indicated screen or section of screen.
- All graphics have captions.
- Information is not conveyed by means of color alone.
- Tables are not used for formatting, so all text is accessible to screen readers.
- Windows keyboard shortcuts are included in the Supporting Materials chapter.
- Reading order is optimized, so content is read correctly by screen readers.

In AEM

AEM includes the following 508-compliant accessibility features:

- The Accessibility menu option on the System menu lets you specify field color preferences and enable/disable save point notification, i.e., audible confirmation upon saving.

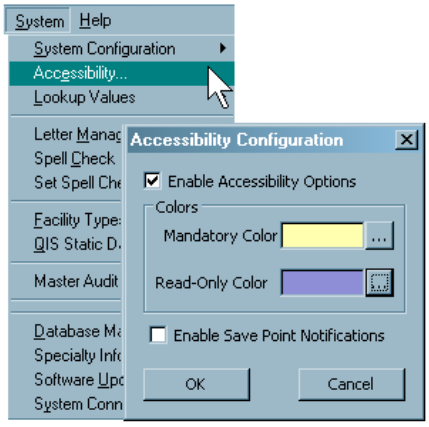


Figure 2: Accessibility Configuration menu

- The main AEM menu includes options corresponding to all toolbar buttons. The menu command IDs are exactly the same as the toolbar command IDs.
- In Tree, List, and Detail views, you can press Tab to move forward through elements, Shift+Tab to move backward. To move from one view to another, press Ctrl+Tab or Ctrl+Shift+Tab.
- All fields on AEM screens are included in a tabbing sequence, making them keyboard-accessible.
- Keyboard shortcuts exist for all options, making AEM completely keyboard-accessible.
- You can access Hover Help by pressing Alt-F5 when cursor focus is in a field that has an associated Hover Help icon.
- All error messages are accessible to screen readers.

Hover Help

Hover Help (Hover Guidance) is context-sensitive, pop-up Help that provides definitions for certain fields in AEM application windows. A gray circle next to a field in AEM indicates Hover Help is available for the field.

To view Hover Help for a field in AEM:

➥ Simply hold the mouse pointer over the Hover Help icon.

Information about the field appears.

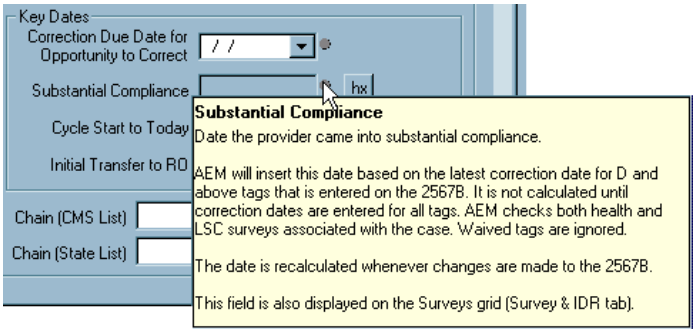


Figure 3: Hover Help example

SAs can activate Hover Help on a state-wide basis through the State Customization screen in ACO (System menu). ARO users can see Hover Help when they are connected to a state that has activated it.

Acceptable Date Range in ASPEN

ASPEN does not allow dates outside of the range January 1, 1890 to December 31, 2050. You will be notified of an invalid date that is outside this range when it is entered in a field or grid, or on upload to national. A message will indicate the acceptable date range and you cannot save or upload until a valid date is entered.

AEM Procedures

ASPEN Enforcement Manager (AEM) is configured as an additional view in ASPEN Central/Regional Office (ACO/ARO). State Agencies (SAs) and Regional Offices (ROs) can use AEM to manage all aspects of enforcement for Nursing Home (NH) and Home Health Agency (HHA) providers. RO and Central Office (CO) users can create and modify CLIA enforcement cases. States can also use AEM to create and modify enforcement cases on licensure-only NH and HHA providers and monitor CLIA enforcement cases.

AEM shares all certification, complaint, and citation information captured within ACO/ARO and the ASPEN Complaints Tracking System (ACTS). While you can view survey information in AEM, most survey and certification data continues to be entered and maintained directly in ACO/ARO.

What is an ASPEN enforcement case?

Enforcement is the process of monitoring facilities to ensure that they remedy deficient practices and establish procedures that sustain continued compliance. In severe instances of non-compliance, enforcement allows imposition of significant sanctions against the provider, including monetary penalties and program termination.

Once an enforcement case begins, additional survey visits can be added to the cycle. An enforcement cycle ends with either compliance or termination (voluntary or involuntary). In AEM, a case remains open until all appeals are exhausted and all CMPs paid.

When working in an enforcement case, you can open a read-only view of facilities and surveys that are linked to the case and make changes to dates (2567 Issued, for instance) that are relevant to enforcement. Changes made in AEM are visible elsewhere in ACO the next time the survey is opened.

Navigating in AEM

ASPEN Enforcement Manager is opened from the Enforcement tab in ACO/ARO.

➥ To open AEM, click on the **Enforcement** tab at the bottom of the tree.

The Enforcement tab's initial display contains the AEM tree in the left pane and a list of your action items on the right. This main view is called the AEM Explorer view.

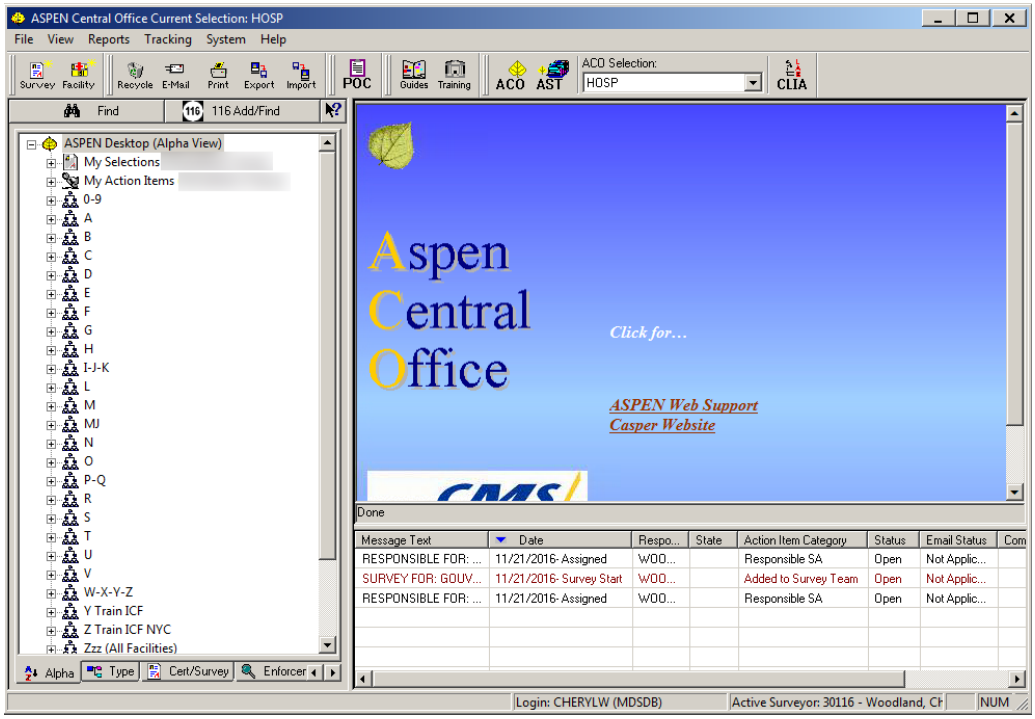


Figure 4: AEM Enforcement tab

AEM Explorer View

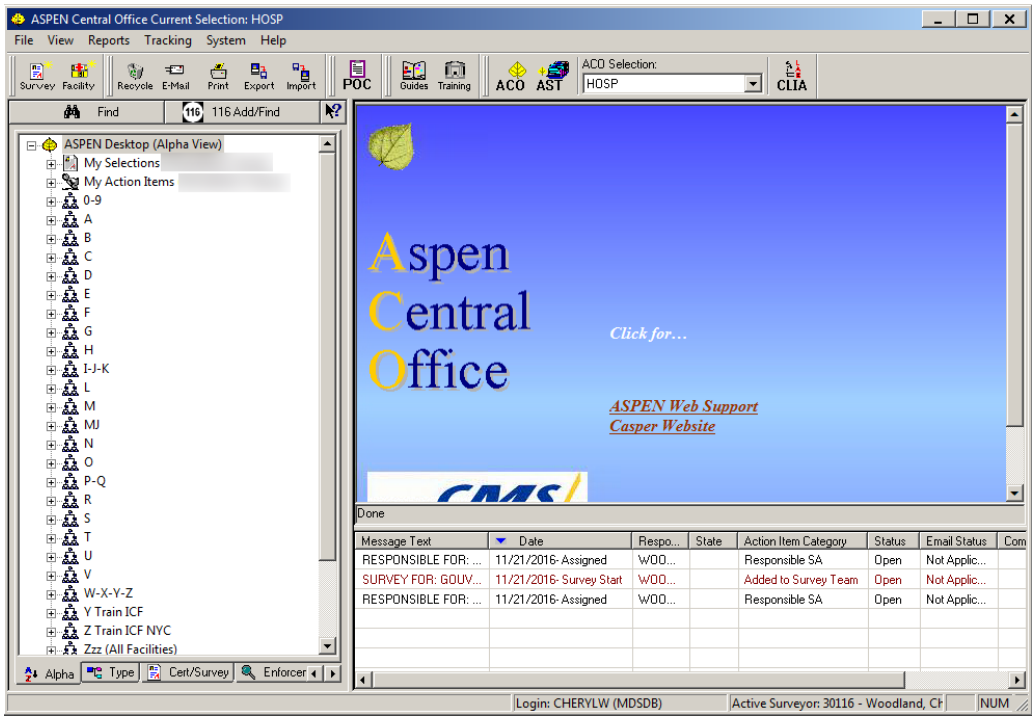


Figure 5: AEM Explorer view

The AEM tree (left pane of the display) provides a number of ways you can view and open enforcement cases. Learning to use the features of the tree can save considerable time as you work in the application.

The AEM tree

Like other ASPEN Tree views, the AEM tree lists providers under alphabetical nodes. Providers displayed in blue have at least one open enforcement case.

➥ Click the plus sign (+) to expand the facility node and see the enforcement cases listed beneath.

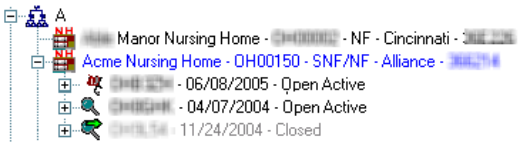


Figure 6: AEM tree

AEM icons apply identifying characteristics to each case:

Standard enforcement case icon.

A red flag indicates a case that involves an Immediate Jeopardy situation.

Standard case icon with a superimposed arrow indicates a case that has been uploaded to the national system.

CDC Reporting Enforcement case icon.

CDC Enforcement case icon with a superimposed arrow indicates a case that has been uploaded to national.

In addition to the alphabetical list, the AEM tree contains other nodes that are specific to enforcement:

- My Cases
- Special Cases
- My Action Items
- Case Workers

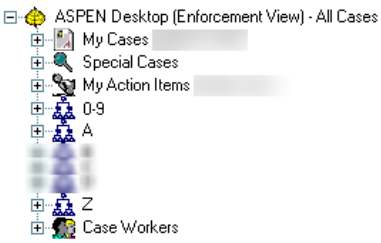


Figure 7: AEM tree - Enforcement nodes

My Cases

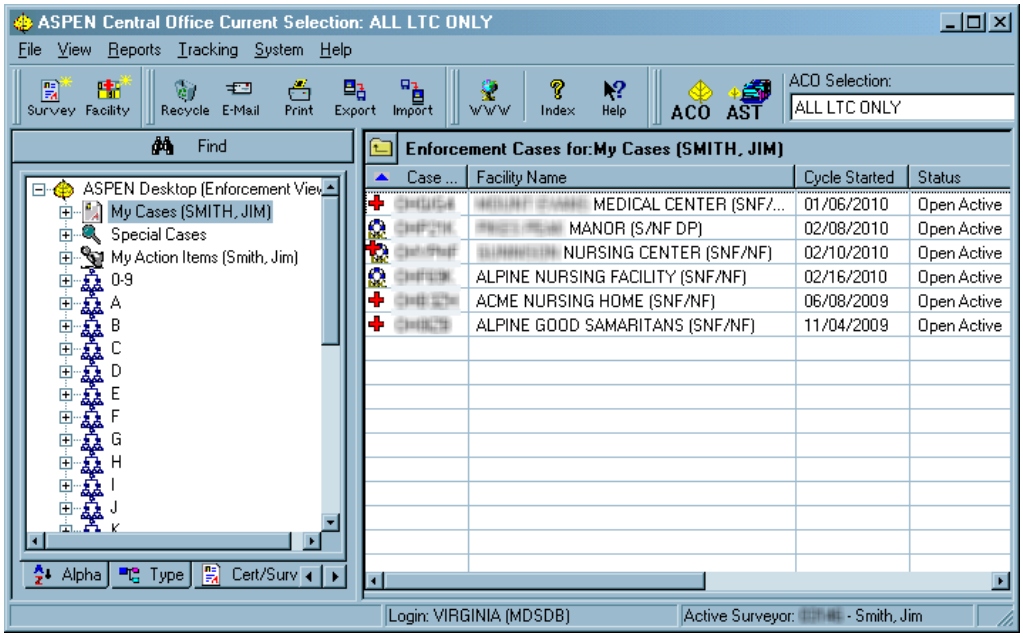


Figure 8: My Cases - List view

My Cases is a list of enforcement cases assigned to you as case worker. My Cases gives you instant access to details about cases and surveys without having to open individual records.

To see a line summary of each of your cases:

➥ Highlight **My Cases** on the left.

List view, in the right pane, shows a line summary of each case with tracking number, cycle start date, and other relevant indicators.

To list your cases in both Tree and List views:

➥ Expand **My Cases** (click the plus sign (+) to the left).

To see the surveys involved and any attachments to the case:

➥ In either view, double-click a case.

Note: In Tree view, revisits are identified by an asterisk preceding the event ID. The last digit of the event ID is greater than 1 (2 for the first revisit, 3 for the second, and so on).

To see tags cited and survey team information:

➥ Double-click a survey.

Special Cases

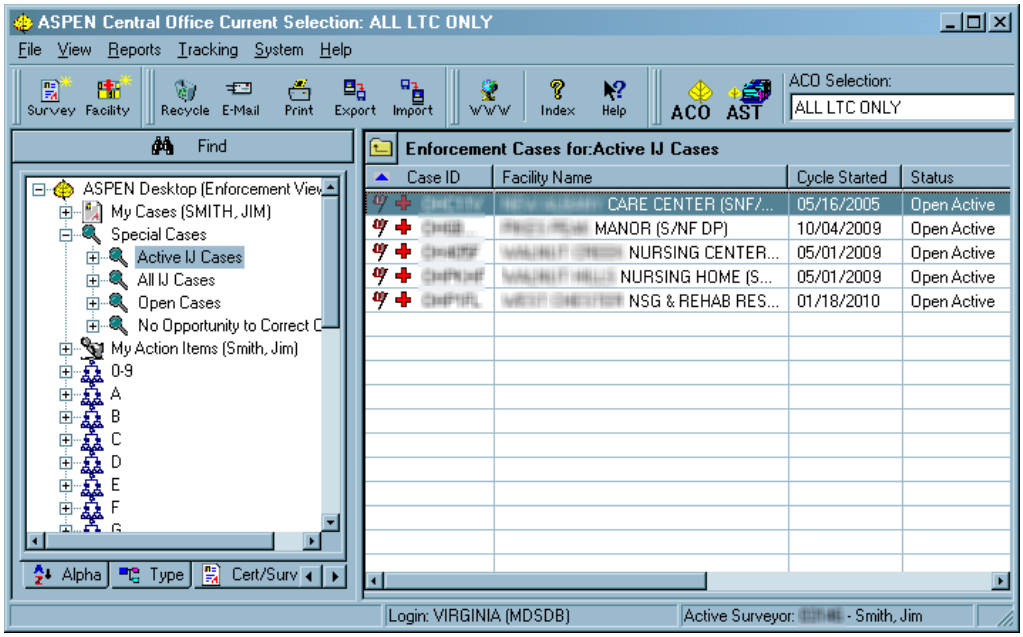


Figure 9: Special Cases view

The Special Cases node organizes enforcement records into four categories to help you isolate important cases:

- Active IJ Cases - Cases that have a current Immediate Jeopardy (IJ) situation
- All IJ Cases - Cases with IJ situations that have either Current or Removed status
- Open Cases - All open cases
- No Opportunity to Correct Cases - Cases with a Beginning Case Type (Federal) of No Opportunity to Correct; applicable only for NH cases

These classifications are not mutually exclusive. You may see cases listed under more than one node.

My Action Items

Action items can notify you of tasks that require attention and remind you of important next steps in your enforcement cycles.

The only action items you see in AEM are enforcement-related action items, plus any personal action items you may have added to your AST calendar. AEM action items are listed on the lower right whenever you go to the Enforcement tab or:

➥ Highlight **My Action Items** in the tree to see a full screen list.

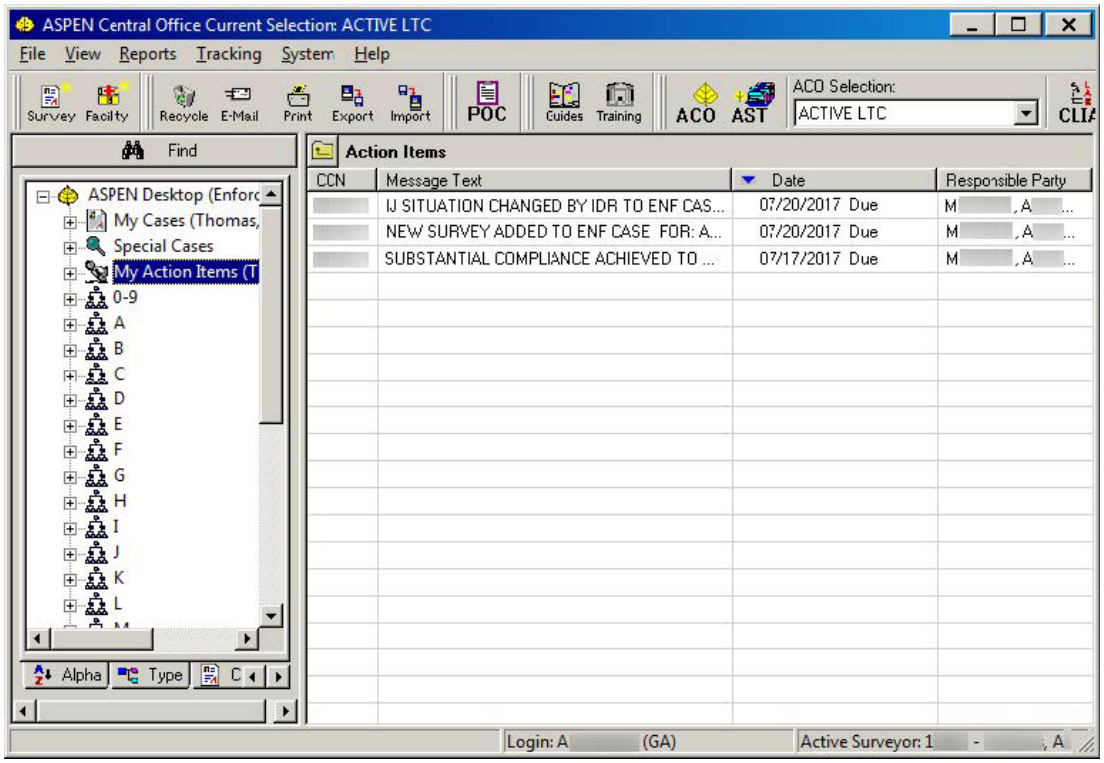


Figure 10: AEM - My Action Items view

➥ Right-click any action item for a menu of options:

- Open enforcement case – opens the case related to the action item.
- Action Item Properties – Opens the Action Item Properties window, where you can view details about the action item and change its Status (Open or Closed).
- Close Multiple Action Items – Allows you to close all selected action items.
- Print Screen – Sends the list of action items to the printer.

Note: Email delivery of action items is available when configured by your system or network administrator in ACO/ARO.

More ...

Refer to "Set Up Action Item Email Notification" in the *ACO Procedures Guide.*

For a comprehensive list of action item messages, refer to the *AST Procedures Guide*, which is posted on the QTSO website at https://qtso.cms.gov.

Action Item Types

In AEM, action items and case activities are tied together. Activities can be added to the case manually or triggered by specific entries in ASPEN.

When a user adds an activity to an enforcement case, its action item is sent to the recipients specified in the activity. When an activity is added to the case automatically, the action item goes to the primary case workers. Certain action items are triggered without a corresponding activity.

More ...

Procedure: "Add Activities" on page 41

"Shell Only Surveys - NH, HHA" on page 48

For a comprehensive list of action item messages, refer to the *AST Procedures Guide*, which is posted on the QTSO website at https://qtso.cms.gov.

Action Item Filters

If your action item list becomes lengthy, you can create filters for it - or hide it entirely. You can also create filters that show action items that have been sent to other staff members (in your work unit, for instance).

Note: It is not necessary for state users to create action item filters. If there is no filter, AEM shows all enforcement action items.
RO users, however, must create and activate a filter in order to see any action items. A single filter works for all states in the region.

To create and activate an action item filter:

1. Right-click **My Action Items** and select **New Action Filter**.
2. In the **Action Item Filter Settings** window, select the date range for the action items you want the new filter to list.

3 Indicate whether you want the filter to show personal or enforcement action items.

4 In the **Staff** section, choose whose action items you want to see:

➥ To create a filter that displays only your action items, select **Include Action Items for Current User**.

Answer **Yes** to the confirmation prompt.

-or-

➥ Click **Add** to select specific staff member names (you can include yourself on this list).

5 Choose either **Open** or **Closed** action items.

6 Select **Public** if you want other people to be able to use the filter.

7 Type the filter **Name**.

8 Click **OK** when done.

9 In the tree, click the **plus sign** (+) next to **My Action Items** to expand the node.

Your new filter is listed with a red checkmark, meaning the filter is not activated.

Public filters have a globe on the checkmark.

10 To activate the filter, right-click it and select **Activate**.

Activated filters have a green checkmark.

More ...

Screen: "Action Item Filter Settings" on page 181

Case Workers

In AEM, you can assign state and Federal case workers to each case and designate primary case workers.

Primary case workers receive action item notifications related to the case. There are also letter macros that insert the primary case worker's name into an enforcement letter.

AEM's Case Worker node lists all case workers, both state and Federal, that have been assigned to an enforcement case.

To see a list of cases assigned to a staff member:

1 Click the plus sign (+) next to the Case Workers node to expand it.

2 Click the plus sign (+) next to a name to see cases assigned to that case worker.

3 Click the plus sign (+) next to a case to expand it and see its surveys and case-level attachments.

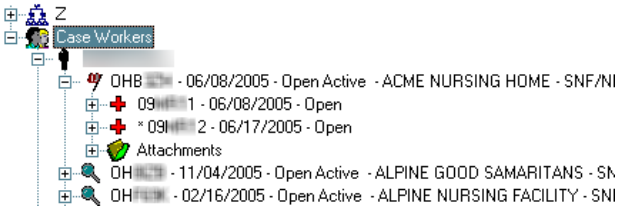


Figure 11: Expanded case shows surveys and case-level attachments

4 Highlight any item in the tree to see its details on the right side of the screen.

More ...

Procedure: "Case Basics tab" on page 38

Customizing Your Display

Two settings establish which providers and enforcement cases you see on the Enforcement tab: the active ACO selection set and the Enforcement Case Filter.

ACO Selection Sets

The active ACO selection set filters the providers that are listed in the AEM tree. The selection set must include NHs, HHAs, or CLIA labs for any providers to be visible. In addition, you can use selection sets to limit displayed providers to specific counties, management/work units, operating status, etc.

➥ To change the active selection set, use the **ACO/ARO Selection** drop-down box on the ACO/ARO menu bar.

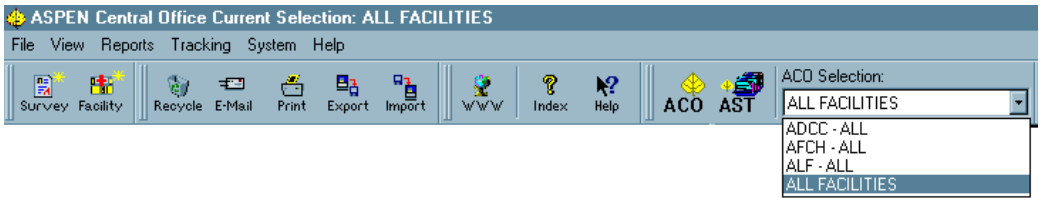


Figure 12: ACO Selection drop-down box

More ...

For instructions for creating selection sets:

Refer to the *ASPEN ACO Procedures Guide*. The latest version is posted on https://qtso.cms.gov.

Enforcement Case Filter

You can use the Enforcement Case Filter to limit the cases listed in the tree to those having a specific Federal Status. This comes in handy when you need to see only one type of case, like CMP Collection cases. The active Enforcement Case filter is indicated in the ASPEN Desktop node.

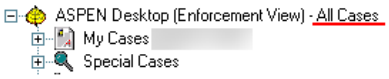


Figure 13: Active Enforcement Case filter

To change the current case filter:

1. At the top of the Tree view, right-click **ASPEN Desktop** and select **Set Filter**.

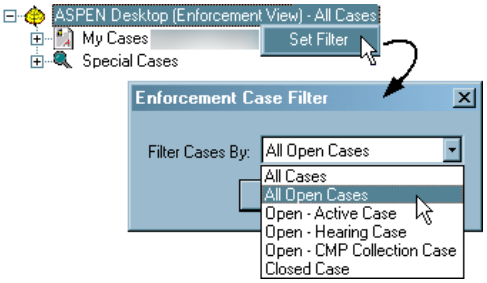


Figure 14: Set Filter option

2. In the **Enforcement Case Filter** window, choose the status of the cases that you want to see.

Finding Existing AEM Cases

As in other areas of ACO, there is a Find button at the top of the Enforcement tab tree that you can use to locate a provider or a case. The Find window has enforcement-specific search criteria to facilitate finding case records in AEM.

To find an existing case:

1. On the **Enforcement** tab, click **Find** to open the **Find** window.
2. In the **Text** field, type in a search string - the characters, alpha or numeric, that you want ASPEN to find.
3. Select a search **Type**.

   Note: You can search by certain enforcement-specific criteria: Case ID, Docket #, Case Closed Date, and CMP Collection #.

4. Click **Find Now**.

5 Highlight the record you want and click **Go To Facility**.

6 Click the plus sign (+) to the left of the provider name to expand the node and show the enforcement cases.

Note: If you search by enforcement-specific criteria - Case ID, Docket #, Case Closed Date, or CMP Collection # - you highlight the record you want in Search Results and click Go to Case to locate the case in the tree.

More ...

Screen: "Find Case" on page 181

AEM Basics

There are some basic concepts to keep in mind when working with AEM enforcement cases.

Provider Types/User Class

SA and RO users can create enforcement cases for:

- Nursing Homes - ASPEN Federal provider subtypes 021, 022, 023, 024
- HHAs - ASPEN Federal provider subtypes 051 and 052 if a COP is cited

SA users can also create enforcement cases for:

- NH licensure subtypes such as 02L
- HHA licensure subtypes such as 05S

RO Users can create enforcement cases for these facility subtypes as well. However, they cannot designate these cases as State Licensure.

RO and CO users can create enforcement cases for:

- CLIA labs - ASPEN Federal provider subtypes 221, 222, 223, 224, and 225
- Only CO users can create, edit, and delete enforcement cases for terminated CLIA labs.

  RO and State Administration users can view enforcement cases on terminated CLIA labs.

RO and CO users can modify existing enforcement cases (depending on Open/Closed status) for terminated labs (with operating status other than Pending or Active) when Published to Registry is *not* selected.

Cycle Start/Enforcement Date

NH, HHA

The survey used to create an enforcement case is referred to as the starting survey, and its exit date is the start of the enforcement cycle.

For Nursing Homes, an enforcement case is initiated when the survey of a facility results in findings of deficiencies with scope and severity of D or above. A single cycle cannot exceed six months. The Cycle Start date begins the six-month clock during which the provider must come into compliance or face termination.

For HHA, an enforcement case is initiated when the survey of an agency results in findings of condition-level deficiencies, i.e., at least one tag on the survey is cited at condition level.

CLIA

The start date of a CLIA enforcement cycle is the Enforcement Date entered in the Begin Enforcement Cycle window, which opens when a new CLIA enforcement case is created.

Separate Health/LSC Enforcement Tracks - NH

Enforcement cycles for Nursing Homes can be initiated by either a Health or a Life Safety Code (LSC) survey. You can simultaneously have an active Health and an active LSC case open for a single NH provider, but you cannot have more than one case of the same type active at the same time.

If you have an NH enforcement case that is not in Substantial Compliance and it contains a Health survey, you cannot open a new enforcement case based on a subsequent Health visit. In this instance, AEM adds the later Health survey to the existing active Health enforcement case. To start a new Health cycle, the previous Health cycle must be in Substantial Compliance.

Once an enforcement case is defined by either a Health or an LSC survey, only visits of that type can be added to the case, except in the case of Combined Health/LSC Enforcement Tracks.

Combined Health/LSC Enforcement Tracks - NH

A combined Health and LSC enforcement case on a Nursing Home occurs when it is initiated by Health and LSC visits that are performed within 7 days of each other. The 7-day window is defined as extending from the exit date of the earlier survey to the start date of the later survey. If you have a combined Health/LSC case, you can add subsequent visits of either type to the case.

When an LSC survey initiates the case, but a Health survey is performed within 7 days (before or after the LSC), the enforcement track is combined, and the Health survey exit date becomes the Cycle Start date. There is an exception when the LSC survey finds an IJ situation and the Health survey does not. In this case, the IJ situation makes the LSC exit date the Cycle Start date of the case.

AEM does allow the manual addition of LSC surveys to Health cases (and vice versa) when the survey dates are outside the 7-day window. You are asked to confirm that the addition is consistent with CMS policy.

Opening a New Case

To create a new enforcement case, you open the Begin Enforcement Cycle window. For NHs and HHAs, you must associate the new case with the survey that triggered the enforcement. CLIA enforcement cases may not have an associated survey.

NH - A new enforcement case is created when:

- An NH provider is cited for deficiencies at Scope/Severity level D and above.

  and

- There is no existing or previous enforcement case without substantial compliance as of the exit date of the survey.

HHA - A new enforcement case is opened when an agency is cited for condition-level deficiencies.

CLIA - Each CLIA lab can have a maximum of one enforcement case per calendar day, and only CO users can create enforcement cases on terminated CLIA labs.

To open a new case:

1. In ACO (or ARO), select the **Enforcement tab** and locate the facility of interest in the tree.
2. Right-click the provider name and select **New Enforcement**.

   The Begin Enforcement Cycle window appears with a list of the facility's surveys. The list includes any surveys that are not already part of an enforcement case, ordered by Exit Date.

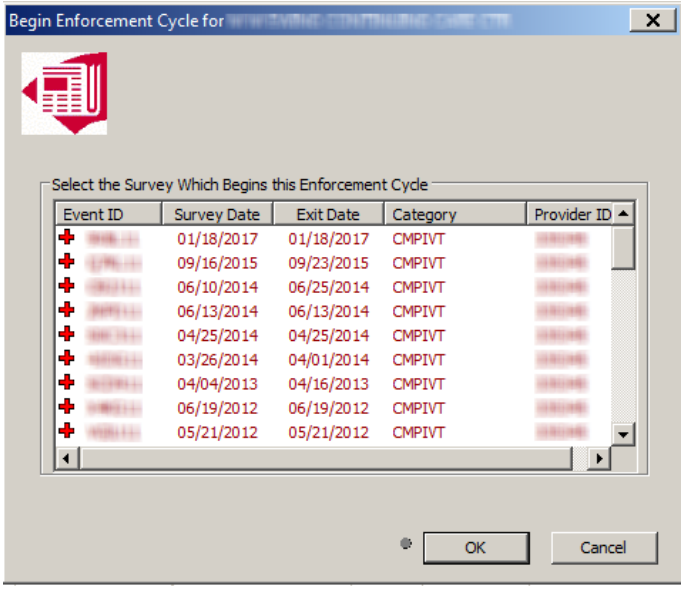


Figure 15: Begin Enforcement Cycle window - NH

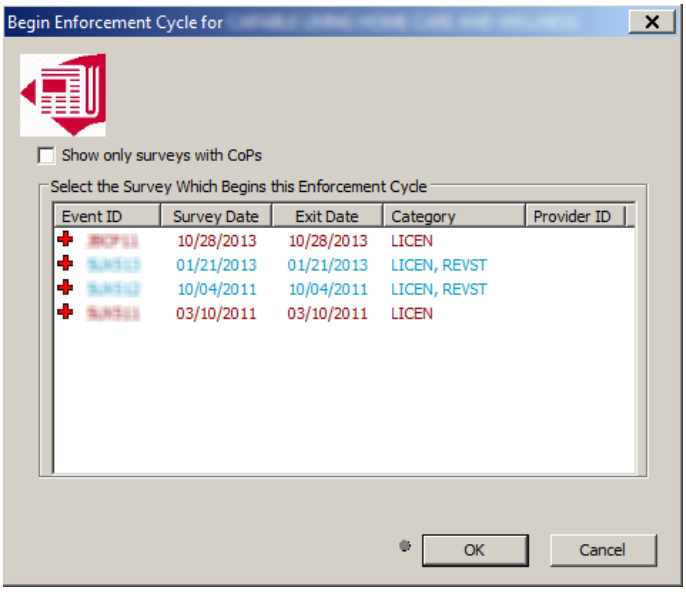


Figure 16: Begin Enforcement Cycle window - HHA

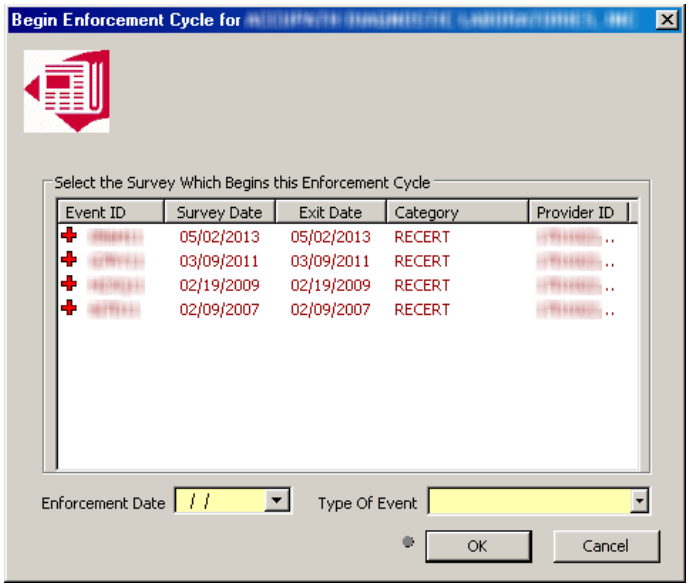


Figure 17: Begin Enforcement Cycle window - CLIA

3 **NH**, **HHA** - Select the survey that initiated the case and go to step 5.

HHA - Select the **Show only surveys with CoPs** checkbox to limit the surveys displayed to surveys that are not already on an enforcement case and contain at least one CoP tag. When the checkbox is unchecked, all surveys not already on an enforcement case will display, whether they have CoP tags or not. The checkbox defaults to checked.

If checked and no surveys with CoPs are available, a message notifies the user that ASPEN will look for surveys without CoPs. If available surveys without CoPs exist, the user can continue creating a case (with the checkbox unchecked).

CLIA - Optionally select a related survey.

4 **CLIA** - Enter the Enforcement Date and select the Type of Event, whether or not there is an associated survey.

5 Click **OK** to create a new case record.

The case opens at the **Case Basics** tab.

More ...

Procedure: "Case Basics tab" on page 38

Modifying and Viewing Cases

With appropriate permissions, you can add or update information in existing cases. When a user has a case open, other users can view the case in read-only mode. You can also directly open enforcement cases in Inquiry (read-only) mode to view case details.

To modify an enforcement case:

1. On the **Enforcement tab**, locate the enforcement case in the tree.
2. Right-click the case you want and select **Modify Enforcement** to open the case file.

   Note: If you do not have read/write access, the case opens in read-only mode.

3. Update case information as needed.

To open a case in Inquiry mode:

1. On the **Enforcement tab**, locate the enforcement case in the tree.
2. Right-click the case, and select **Inquiry**.

   The case opens in read-only mode.

More ...

Procedure: "Finding Existing AEM Cases" on page 27

Deleting Cases

CLIA

In order to delete a CLIA enforcement case there can be no registry information present, with an exception for enforcement cases with registry information only for the current calendar year. In the latter case, a warning/confirmation message appears.

- ROs can only delete enforcement cases created by ROs.
- COs can only delete enforcement cases created by COs.

To delete a CLIA enforcement case:

➥ From Tree view, right-click the enforcement case and select **Delete**.

The AEM Case File

NH and HHA enforcement records in AEM contain eight tabs.

- Case Basics
- Surveys & IDR/IIDR (NH)/Surveys & IDR (HHA)
- Remedies (NH)/Sanctions (HHA)
- CMP
- NATCEP
- Notices
- Hearing/Appeal
- Upload

Figure 18: NH enforcement case tabs

Figure 19: HHA enforcement case tabs

CLIA enforcement records have nine tabs.

- Case Basics
- Surveys & Citations
- Sanctions
- CMP
- Specialties
- Notices
- Hearing/Appeal
- Registry
- Upload

Figure 20: CLIA enforcement case tabs

Title Bar, Case Header and Footer

The title bar of the case, and the case header and footer remain visible at all times.

Title Bar

The title bar at the top of the window provides basic information about the case.

More ...

Screen: "Title Bar and Case Header" on page 110

Case Header

The case header displays key milestone dates. It also provides access to a read-only copy Facility Properties for the provider and, for CLIA labs, a read-only copy of the lab's current CMS-116.

To open a read-only view of Facility Properties:

NH, CLIA

➥ In the header, click the **Facility Detail** button.

HHA

➥ In the header, click the **Agency Detail** button.

To open the CLIA CMS-116 form in Inquiry mode:

➥ In the header, click the **CLIA 116** button.

More ...

Screen: "Title Bar and Case Header" on page 110

Case Footer

The footer provides access to a number of functions such as printing reports, creating letters, and accessing related complaints.

More ...

Screen: "Case Footer" on page 110

Access Related Complaint Investigations

You can see which investigations, intakes, and allegations in ACTS are related to an enforcement case by using the Cmplnt Inv (Complaint Investigation) button in the case footer. With appropriate permissions, you can open and update these investigations and intakes and edit allegation details and findings. You can also print the following intake-specific forms and reports:

- CMS-562 (only for pre-ASPEN 10.1.7 investigations with exit dates prior to 07/01/2014)
- Intake Information
- Investigation Report
- Intake Notes
- Summary Non-confidential
- CMS-2802
- CMS-1541A
- Investigation Survey Report

To view related complaint investigations:

1 In the AEM case footer, click **Cmplnt Inv**.

The **Investigations related to** window opens. It lists all investigations, intakes, and allegations related to the enforcement case.

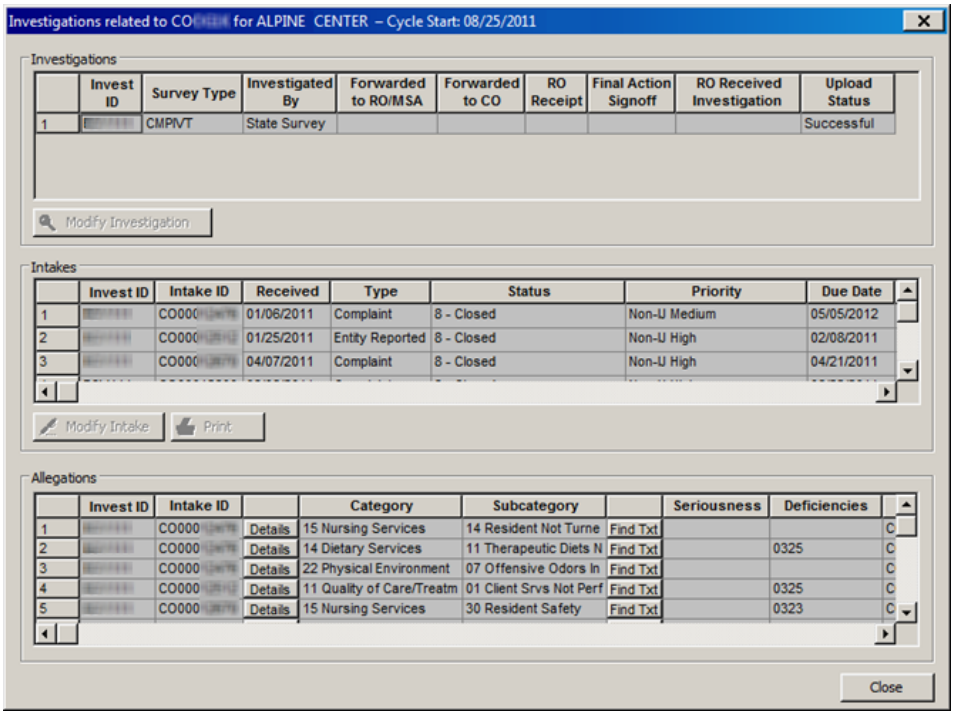


Figure 21: Investigations related to window

2. To view or update an investigation, select it in the **Investigations** section and click **Modify Investigation**.
3. To view or update an intake, select it in the **Intakes** section and click **Modify Intake**.
4. To print intake-related forms and reports, select the intake, click **Print**, and choose the items you want to print.
5. To add or modify allegation details text, click the **Details** button in the applicable row on the **Allegations** grid.
6. To add or modify allegation findings text, click the **Find Txt** button in the applicable row on the **Allegations** grid.

TIP: For Nursing Home cases with a cycle start date that is on or after January 1, 2012, the RO can use the Intakes and Allegations grids to quickly identify surveys and tags associated with entity-reported incidents that might be eligible for a 50% CMP reduction.

Add Case-Level Attachments

You can attach additional files to an enforcement case using the Attachments button in the case footer. If you have enforcement letters that are created outside AEM, or if you have other documents or digital photos related to the case, you can link them to the case record as attachments so you and others can open and view them while working in the case. This provides a convenient way to exchange relevant case information.

Note: Attaching a file creates a copy of the file, compresses it, and stores it in the ASPEN database. If you move or delete the original, it does not affect the AEM attachment.

To attach a file to a case:

1. In the AEM case footer, click **Attachments**.
2. In the **Attachment Documents for Case** window, enter a **Description** of the file you are attaching, and click **Attach/View**.
3. In the **Open** window, specify the **Files of type** that you are attaching.
4. Navigate to the file you want to attach, select it, and click **Open**. AEM asks you if you want to preview or edit the file.
5. Say **Yes** to both attach the file to the case and open the file, or **No** to attach the file without opening it.

   Date and time of attachment are automatically entered.
6. Click **Close** to close the **Attachment Documents for Case** window.

More ...

Screen: "Attachment Documents for Case" on page 180

Case Basics tab

The first tab in the enforcement record, Case Basics, is the active tab whenever you open a case. It contains important case summary information and dates, and has text editors for recording relevant details.

On the Case Basics tab, you will:

- Enter the Beginning Case Type
- Assign case workers
- Add activities
- Transfer the case to the RO
- Record case notes
- Maintain the case status

Case/Event Type

NH

When you open a new NH case, Beginning Case Type is required. If the starting survey (the survey that initiated the enforcement action) contains Federal regulations, select a Federal Type.

If the starting survey does not contain Federal regulations, select State Licensure. You do not have to enter a Federal Type.

Note: If the nature of the case changes during the enforcement cycle, do not change Beginning Case Type. It is intended to record the Case Type at the time the case is opened.

HHA

On a new HHA State Licensure enforcement case, you can select State Licensure for the Beginning Case Type.

CLIA

When you open a new CLIA case, you must specify Type of Event in the Begin Enforcement Cycle window. The selected option can be changed on the Case Basics tab.

Optionally, you can add a starting survey, but it is not required.

CDC COVID-19 Reporting Enforcement

ASPEN provides a highly automated Centers for Disease Control and Prevention (CDC) Reporting Enforcement process in ARO/AEM to facilitate CMS' tracking and management of compliance with CDC's COVID-19 reporting requirements for active Nursing Homes. NH facilities are in compliance if they submit resident and staff COVID-19 information in a timely fashion and in the correct format to CDC's National Healthcare Safety Network (NHSN) reporting system.

For non-compliant facilities identified by ASPEN, a CDC enforcement case is automatically created with a Per Day CMP, and a COVID desk survey is created with tag 884 cited and citation text automatically entered. CDC enforcement letters and CMS-2567 forms are automatically generated and delivered to non-compliant facilities.

RO analysts track and manage CDC enforcement cases in ARO/AEM. Training materials with full details are available to ROs; contact your Regional Office manager for access.

SAs can open CDC reporting enforcement cases from the ACO Enforcement tree. They are distinguished by the yellow RE (Reporting Enforcement) icon as are the associated surveys.

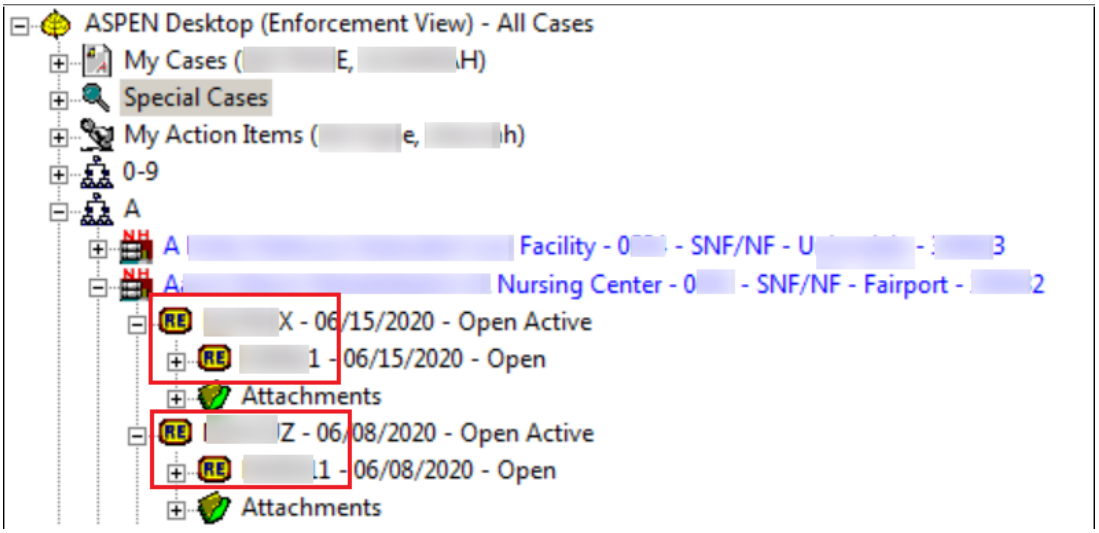


Figure 22: CDC cases and surveys in the Enforcement tree

CDC Enforcement cases and surveys are read-only in ACO unless the RO has released a case to a state on an individual basis. A message indicates a CDC Enforcement case or survey is read-only when you open it.

For CDC enforcement cases only, the new read-only Special Case Type field appears on the Case Basics tab with "CDC Reporting" automatically entered.

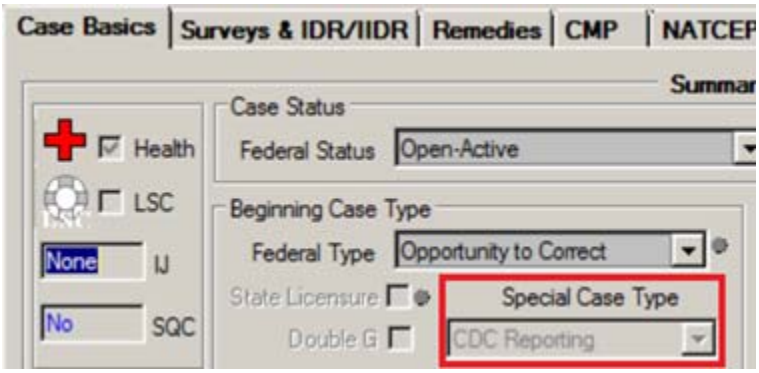


Figure 23: CDC enforcement case read-only in ACO, Special Case Type field displayed

If the RO has released a CDC enforcement case to your state, the Release Special Case To State checkbox on the Case Basics tab is selected and the case and related items (e.g., desk survey) are read/write as appropriate in ACO.

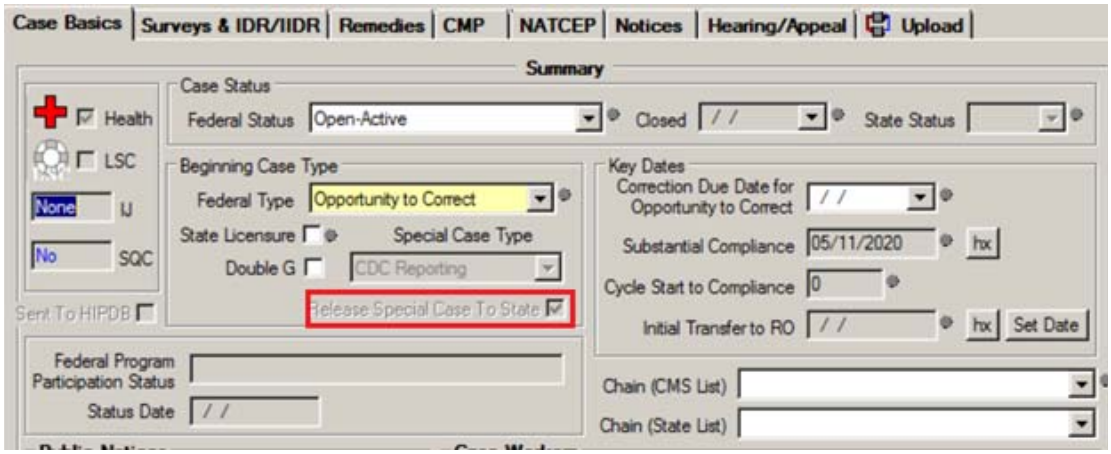


Figure 24: CDC enforcement case released to SA, read/write in ACO

Note: CDC enforcement cases are separate from any other non-CDC enforcement case/cycle.

Assign Case Workers

NH, HHA

States can assign state case workers and ROs can assign Federal case workers to each case. One state and one Federal case worker must be designated as primary. Primary case workers receive action items related to the case.

CLIA

ROs can assign state, Federal, and CO case workers to each case. One case worker of each type must be designated as primary and will receive action items related to the case.

To assign a case worker:

1. In the **Case Workers** section of the **Case Basics** tab, select **Add**.
2. **CLIA** - In the **Select Type Of Case Worker** window, choose State, RO, or CO and click **OK**.
3. In the **Select Case Worker** window, choose the case worker you want to assign and click **OK**.

   CLIA - The list will be limited to SA, RO, or CO staff members as appropriate.
4. Repeat to add additional case workers.
5. Change the **Current Primary** case worker if needed.

   The first case worker assigned of each type is designated as Current Primary by default. If, for example, state and Federal employees are assigned to the case, there will be two primary case workers.

Add Activities

The Activities section can be used both as a scheduling tool and to maintain a history of the case. Some activities are created automatically by certain entries in ASPEN, triggering corresponding action items that are sent to the primary case workers. AEM adds these activities to the Activities grid. Case workers can manually enter additional activities as needed.

Note: SAs cannot modify activities assigned by the RO and vice versa.

To add/modify an activity:

1. In the **Activities** section of the **Case Basics** tab, click **Add**, or select an activity and click **Modify**.
2. In the **Define Activity** window, select the activity **Type** from the drop-down list.

3 Enter the **Sent** date for the corresponding action item.

Today's date is entered by default.

4 Enter the **Due** date for the activity.

5 When the activity is done, enter the **Completed** date.

6 Assign staff members to the activity.

7 Add any **Comments** and select **OK**.

More ...

Screen: "Activities" on page 115
Screen: "Define Activity" on page 115
"Assign Staff to Activities" (below)

Assign Staff to Activities

States and Regional Offices can both assign SA or RO staff or teams (work units) to an activity. All assigned staff will receive an activity action item. Each activity created for the case has a designated Responsible Party (aka Primary Recipient) who is responsible for completing, or monitoring and confirming the completion of the activity.

1 In the **Staff** section, select **Add S.A.**, **Add R.O.**, or **Add Team** to open the **Add Activity Recipient** window.

2 Select an individual/team (work unit) to assign to the activity and receive an activity action item.

At least one staff member/recipient must be entered in the Staff section. Team adds all members of a work unit to the Staff grid.

3 Repeat to assign additional staff members to the activity.

4 Change the **Responsible Party** if needed.

Transfer Cases to the RO - NH, HHA

When states transfer NH and HHA cases to the RO, they enter a date in the Initial Transfer to RO field and create a related activity. ROs should enter the Initial Transfer date for any case that is opened by the RO rather than the SA. If AEM detects that a case should be transferred, the Initial Transfer label is converted to a warning displayed in red.

Figure 25: Initial Transfer warning

To transfer a case to the RO:

1. In the **Key Dates** section of the **Case Basics** tab, select the **Set Date** button next to the **Initial Transfer to RO** field.

   This opens the Define Activity window with Type set to 23 Case Sent to RO. Today's date is entered as the Sent date of the activity action item.

2. If necessary, change the **Sent** date.

3. Complete the other fields as appropriate and select **OK** when done.

   You must assign staff members to the activity. They will receive an activity action item.

   Today's date is entered as the Initial Transfer to RO date by default.

4. To change the Initial Transfer date, press **Set Date** to open the **Initial Transfer to RO** window, enter the correct date and click **OK**. The **Define Activity** window opens; click **Cancel** to close it.

   The new Initial Transfer to RO date is displayed.

   You can create a new activity rather than canceling out of Define Activity. You cannot modify the Case Sent to RO activity you previously created.

More ...

Screen: "Summary" on page 111
Procedure: "Assign Staff to Activities" on page 42

Change Case Status/Close a Case - NH, HHA

The Case Basics tab contains fields for both Federal and State status. The State Status field is enabled only when the case involves State Licensure and only in ACO, and can be changed only by states.

Federal Status can be updated by states until the Regional Office becomes involved with the case. The Federal Status field is enabled for states and regional offices according to provider participation and case type.

When you close an enforcement case, AEM checks for Federal remedies (NH)/sanctions (HHA) with a status of Pending. A case cannot be closed if there are Pending Federal remedies/sanctions. If AEM finds any, it displays a window that gives you the option of changing Pending remedies to a non-pending status.

To change Case Status:

➥ In the **Summary** section of the **Case Basics** tab, select the applicable **Federal Status** and/or **State Status**.

State Status is enabled only in ACO and only if State Licensure is selected.

More ...

Screen: "Case Status" on page 113
Screen: "Federal Pending Remedies - NH, HHA" on page 114

Add Case Notes

Case Notes provides an area for recording notes relevant to the case.

NH, HHA

States and ROs can use Case Notes to exchange information. SAs and ROs can see both sets of notes, but states can enter only state notes and regions can enter only RO notes.

CLIA

For CLIA cases, ROs and the CO can use Case Notes to enter and view information. They can view both sets of notes, but enter notes only in their own section.

To add case notes:

1. At the bottom of the **Case Basics** tab, type your notes into the:
   - **State Case Notes** or **RO Case Notes** section (NH, HHA)
   - **RO Case Notes** or **CO Case Notes** section (CLIA)
2. To insert notes from an .rtf or .txt file, select the **Open** button above the text box.

   ➥ The **Import** window opens where you can select the path to your file in the **Look in** field, change **Files of type** to .txt if necessary, and select your file to insert it into Case Notes.
3. Use the **Bold**, **Italic**, **Underline**, and **Spell Check** buttons to edit the notes.

   To edit the notes using the more full-featured ASPEN word processor, select the **Notes** button in the case footer.

More ...

Screen: "Case Notes section" on page 116
Screen: "ASPEN word processor" on page 184

Send Case Info to Case Workers

ASPEN can generate an email with information about the current enforcement case and send it to assigned case workers who have a valid email address entered in their personnel record. The body of the email provides basic case information and indicates (as applicable) a current IJ, CMPs, Substandard Quality of Care (SQC), or incomplete activities on the case.

To send enforcement case information to case workers:

1 Press the **Email** button in the case footer.

The email is displayed in the Email Dialog.

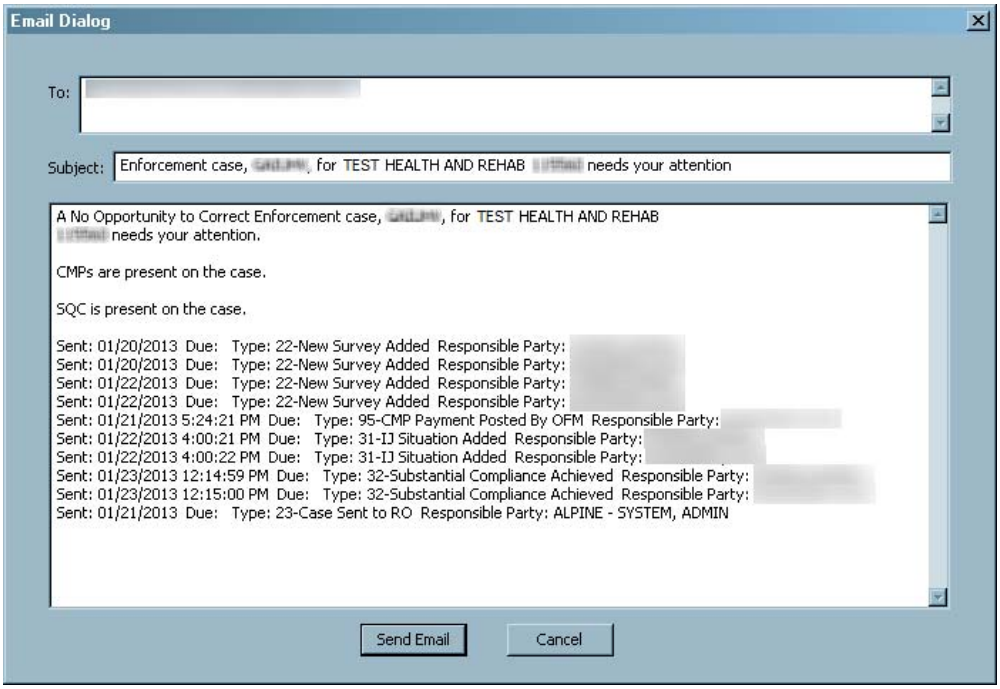


Figure 26: Email with case info

2 Edit the contents as needed.

3 Press **Send Email** to send the message to the specified recipients.

More ...

Screen: "Case Footer" on page 110

Refer to "Set Up Action Item Email Notification" in the *ACO Procedures Guide.* The latest version is posted on https://qtso.cms.gov.

Substantial Compliance - NH, HHA

AEM calculates Substantial Compliance for Nursing Homes and HHAs using criteria specific to the provider type. You can override the AEM calculation when circumstances require it.

NH

AEM calculates Substantial Compliance once all tags with a Scope/Severity of D and above cited on surveys related to the case are either corrected or have a valid waiver.

HHA

AEM calculates Substantial Compliance once correction dates are entered for all COPs cited in the enforcement case, even on surveys done subsequent to the initiating survey.

To override the AEM substantial compliance calculation:

1. On the **Case Basics** tab, to the right of the Substantial Compliance field, click the **Override** button.
2. Answer **Yes** to the confirmation message.

   If you select Yes, AEM will never again calculate the substantial compliance date for this case.
3. Enter the new substantial compliance date.
4. Click **OK**.

Note: When Substantial Compliance is removed from a closed enforcement case, the case is reopened (Federal Status is set to Open-Active) and AEM sends an action item to the primary case workers.

Surveys & IDR/IIDR tab - NH, HHA

The Surveys & IDR/IIDR (NH)/Surveys & IDR (HHA) tab lists all surveys attached to the case, and all cited deficiencies. If there is an IDR (NH, HHA) or Independent IDR (NH) requested for any survey, that information is automatically entered from the Informal Dispute Resolution … window. The information is read-only here.

Use this tab to:

- Monitor CMS-2567 and Plan of Correction (POC) dates related to the case
- Add IJ situations to the case
- Track IDRs/Independent IDRs related to the case

The Cycle Surveys and Citations Management section, at the top of the Surveys & IDR/IIDR tab, has three subtabs:

- Surveys - grid with one-line summaries of surveys associated with the case/cycle. The Informal Dispute Resolution … section below the Surveys grid provides IDR/IIDR information for the selected survey, if applicable.
- IJ Situation - tracks dates of instances of IJ and the associated survey information.
- Citations: All Surveys - provides a master list of all of the deficiencies cited on all of the surveys related to the case, with current plan of correction, correction dates, and IDR/IIDR status.

Surveys subtab - NH, HHA

The Surveys subtab on the Surveys & IDR/IIDR tab provides line summaries of survey information, with buttons that open windows showing more survey detail. Most survey data is read-only in AEM; however, you can enter CMS-2567 and POC information.

While AEM adds related surveys to an enforcement case automatically, in special circumstances you can add an existing survey (certification or complaint) to a case:

➥ On the **Surveys** tab, select, **Add Survey to Cycle**.

A window opens where you can select the survey to add to the case.

The first four columns in the survey grid are frozen and do not move when you scroll to the right.

Use the function buttons beneath the survey grid to:

- Add surveys to the case
- Change cycle starting survey
- View read-only survey and citation detail
- Print forms
- Remove a survey from the case

More ...

Screen: "Surveys subtab" on page 118
Screen: "POC Tracking" on page 120

Informal Dispute Resolution ... section

For NH cases with associated CMP(s) and/or an enforcement cycle start date on or after 01/01/2012, this section is called Informal Dispute Resolution - IDR/IIDR for Survey. For all HHA cases and NH cases with no associated CMP and/or an enforcement cycle start date prior to 01/01/2012, the title is Informal Dispute Resolution - IDR for Survey.

When you select a survey in the Surveys grid above, this section lists all tags on the survey and their current IDR/IIDR status. The heading shows the survey Event ID and exit date.

More ...

Procedure: "IDRs and IIDRs - NH, HHA" on page 88
Screen: "Informal Dispute Resolution - IDR/IIDR for Survey section" on page 121

Shell Only Surveys - NH, HHA

Figure 27: Shell Only checkbox

The Shell Only checkbox is available in Survey Properties (aka Create Health/LSC Survey) for NH and HHA providers. When selected, the survey is not automatically added to an AEM case. Shell Only is selected by default for new NH and HHA surveys and revisits.

You can manually clear this checkbox. ACO automatically clears it in the following cases:

- 2567/B Complete checkbox selected
- 670 hours entered
- Tags entered (other than 0000 and 9999)
- Correction Dates entered

Note: When a revisit is created, uncorrected tags from the previous visit are carried forward. In this case, if tags are added after the initial creation, the Shell Only checkbox is cleared.

When the Shell Only checkbox is cleared, either manually or automatically, AEM checks as follows to see if the survey should be added to an enforcement case:

- Is the survey already on an enforcement case (added manually by a user)? If so, leave it alone.
- If the survey is not on an enforcement case, evaluate the following:
  - Is there an enforcement case of the same type (Health or LSC) or an enforcement case fitting the 7-day rule that this survey should be added to automatically?
  - If the survey is between the first and last visit, add it to the case whether in substantial compliance or not.
  - Did the new survey start before the existing case's substantial compliance date?

If the existing case had substantial compliance, and adding the survey changes the compliance, the action item, 99 - New Visit - Compliance Removed, is sent to the Primary workers assigned to the case.

IJ Situation subtab - NH, HHA

NH

Any survey that contains deficiencies cited at a J, K or L Scope/Severity level is flagged with the IJ flag on the Surveys subtab. Fields displayed in the grid are read-only. In an IJ situation in which there is more than one IJ tag cited, with different start and end dates, AEM uses the earliest of the Start Dates for the First Day of IJ and the latest of the Last Dates for the Last Day of IJ.

HHA

If a surveyor determines an IJ situation exists, the relevant tags are cited at condition level. The survey is not identified with the IJ flag on the Surveys subtab.

Add IJ Situations - NH, HHA

There can be more than one IJ situation per cycle. You can add IJ situations as needed.

To record details about specific IJ situations:

1. On the **IJ Situation** subtab, select **Add IJ**.
2. In the **Define IJ Situation** window, select the **Survey Date of IJ Discovery**.
3. In the **Select Citations Related to IJ Situation** section, select the checkbox next to the tag(s) involved in the IJ.

4. For each selected tag, enter the **Start Date** of the IJ. Start Date is required.
5. For each selected tag, enter the **Last Date** the IJ situation was present.
6. Click **OK** when done.

IJ Changes due to IDR or Hearing - NH

If, due to a subsequent IDR or hearing, the severity/scope of an IJ tag is reduced to a non-IJ level, AEM removes the tag from the IJ situation (putting a strikethrough on the tag in the Define IJ Situation window) and sends an action item notification (IJ CHANGED/REMOVED BY IDR) to the primary case worker.

If all tags related to the IJ are changed in this way, AEM removes the IJ situation from the case. AEM retains the IJ line item, on the IJ Situation subtab, with a strikethrough to indicate it is no longer an active IJ. You will see IJ Removed in the Day 23 field in the Case Header.

More ...

Screen: "Define IJ Situation window" on page 124

Citations: All Surveys subtab - NH, HHA

The Citations: All Surveys subtab provides one-line summaries of each deficiency cited in all the surveys associated with this enforcement cycle/case. If the same tag is cited on both a survey and its revisit(s), it will be listed only once. If the same tag is cited on two (or more) different survey events (not a survey and its revisit), it will be on the list twice (or more).

Federal tags are red; state tags are blue. All fields are read-only. Depending on your display resolution, you may need to scroll to the right to see all the information about a deficiency.

More ...

Screen: "Citations: All Surveys subtab" on page 125

Surveys & Citations tab - CLIA

The Surveys & Citations tab lists all surveys attached to the case and all cited deficiencies. Use this tab to:

- Monitor CMS-2567 dates related to the case
- Track Allegation of Compliance (AOC)/POC dates related to the case
- Identify IJ situations on the case

The Cycle Surveys and Citations Management section has two subtabs:

- Surveys - grid with one-line summaries of surveys associated with the case/cycle.
- Citations: All Surveys - provides a master list of all of the deficiencies cited on all of the surveys related to the case with AOC/POC dates and status.

Surveys subtab - CLIA

The Surveys subtab provides line summaries of survey information, with buttons that open windows showing more survey detail. Most survey data is read-only in AEM; however, you can enter CMS-2567 and AOC/POC information.

With AEM, users can opt to add a starting survey to a CLIA enforcement case. As before, users can manually add or remove a survey from an existing CLIA enforcement case:

➥ On the **Surveys** tab, select, **Add Survey to Cycle**.

A window opens where you can select the survey to add to the case.

The first four columns in the survey grid are frozen, and do not move when you scroll to the right.

Use the function buttons beneath the survey grid to:

- Add surveys to the case
- View read-only survey and citation detail
- Print forms
- Remove a survey from the case

More ...

Screen: "Surveys subtab" on page 118
Screen: "POC Tracking" on page 120

Citations: All Surveys subtab - CLIA

The Citations: All Surveys subtab provides one-line summaries of each deficiency cited in all the surveys associated with this enforcement cycle/case. Deficiencies are in tag number order by default. If the same tag is cited in two different survey events (not a survey and its revisit), it will be on the list twice.

All fields are read-only. Depending on your display resolution, you may need to scroll to the right to see all the information about a deficiency.

More ...

Screen: "Citations: All Surveys subtab" on page 125

Remedies tab - NH

The Remedies tab is where you enter Federal and/or state remedies as they are recommended and track the progress of existing remedies. An NH case must have at least one Federal remedy and all Federal remedies must have either a State Recommended Effective Date or Effective Date before being uploaded.

Add Federal Remedies

States can enter and modify Federal remedies for the case until the case is sent to the Regional Office. Once the case is transferred to the RO, states can add new Federal remedies, but cannot modify or delete Federal category 2 or 3 remedies already attached to the case. States can still modify or delete Federal category 1 remedies.

To add a Federal remedy:

1. On the **Remedies** tab, select **New**.
2. In the **Remedy Input** window, select the Federal **Remedy** name from the drop-down list.
3. Select **Next Licensure Letter** to include this remedy in the Next Licensure Letter Remedies macro, which appears in letters related to State Licensure.
4. Select **Next T18 and/or T19 Letter** to include this remedy in the Next T18 and/or T19 Letter Remedies macro, which appears in letters related to Medicare/Medicaid/Licensure issues.
5. If necessary, change the **Recommended by** option.

   The current user’s mode is the default.
6. Enter the **State Recommended Effective Date** for the remedy.
7. If the state's recommended effective date changes, enter the **Revised State Recommended Effective Date**.
8. Select the applicable **Remedy in Effect?** option.
9. Enter the **Effective Date** and **Last Day in Effect** dates for the remedy.
10. If No is selected for Remedy in Effect?, select the applicable **Reason not in Effect**.
11. Select **OK** when done.

Note: You cannot close a Nursing Home case that has Pending remedies.

More ...

Screen: "Remedies tab - NH" on page 127
Screen: "Remedy Input window - NH" on page 127

Immediate Imposition of Remedies

ROs must immediately put in effect a remedy in a number of circumstances such as the following:

- Double G: The Double G field is selected on the Case Basics tab. G level (actual harm) or above deficiencies exist on the current survey as well on any type of survey between the current survey and the last standard survey.
- A facility is classified as a Special Focus Facility (SFF) AND has a deficiency with Scope and Severity Code F or above on its current Health survey, or G and above on the current LSC survey.

Add State Remedies

State licensure remedies can only be assigned to a state licensure enforcement case.

To add a state remedy:

1. On the **Remedies** tab, select **New**.
2. In the **Remedy Input** window, select the state **Remedy** name from the drop-down list.
3. Select **Next Licensure Letter** to include this remedy in the Next Licensure Letter Remedies macro, which appears in letters related to State Licensure.
4. Select **Next T18 and/or T19 Letter** to include this remedy in the Next T18 and/or T19 Letter Remedies macro, which appears in letters related to Medicare/Medicaid/Licensure issues.
5. If necessary, change the **Recommended by** option.

   The current user's mode is the default.
6. Enter the **State Recommended Effective Date** for the remedy.
7. If the state's recommended effective date changes, enter the **Revised State Recommended Effective Date**.
8. Select the applicable **Remedy in Effect?** option.
9. Enter the **Effective Date** and **Last Day in Effect** dates for the remedy.
10. If No is selected for Remedy in Effect?, select the applicable **Reason not in Effect**.
11. Select **OK** when done.

More ...

Screen: "Remedies tab - NH" on page 127
Procedure: "Custom State Enforcement Remedies - NH" on page 93

Automatic Remedies

For Federal cases for which the Beginning Case Type is either Opportunity to Correct or No Opportunity to Correct, AEM automatically adds remedies 04B - Mand Deny Pay for New Admits-3 Mo. and 11B - Mandatory Termination to the Remedies tab. AEM assigns them a Pending status and inserts Effective Dates and State Recommended Effective Dates of 3 and 6 months from Cycle Start, as appropriate.

If the Beginning Case Type is Past Noncompliance (for Federal) or if it is a State Licensure case, no remedies are added automatically.

CMP Remedies

When a case involves one or more Civil Money Penalties (CMPs), the particulars of the individual CMPs are entered on the CMP tab, with the associated CMP remedy on the Remedies tab.

You add the Federal 07 – Civil Money Penalty only once on the Remedies tab, even when the case involves more than one Federal CMP.

If you enter a Federal CMP on the CMP tab, and there is no existing 07 - Civil Money Penalty remedy on the Remedies tab, AEM adds the remedy to the Remedies tab for you.

State CMPs also require that a corresponding state CMP remedy be entered on the Remedies tab.

Note: In order for a remedy to be applied to a state CMP, it must have CMP Remedy Type selected in the Remedy Lookups window.

More ...

Procedure: “Custom State Enforcement Remedies - NH” on page 93

Sanctions tab - HHA, CLIA

On the Sanctions tab, you can:

- Enter sanctions as they are recommended/proposed.
- Track the progress of existing sanctions.
- Enter and track Training and Technical Assistance (TTA) information (CLIA only).

Add Sanctions - HHA

Prior to July 1, 2013, the only enforcement action CMS could impose on noncompliant HHAs was termination. To provide incentives to HHAs to come back into compliance quickly and maintain compliance for the long term, alternative sanctions were implemented.

To add a sanction:

1. On the **Sanctions** tab, select the **New** button under the **Sanction Master List**.
2. In the **Sanction Input** window, select the recommended **Sanction**.

   All possible sanctions are listed. Temporary Management, Directed Plan of Care, and Directed In-Service became effective 7/1/2013 and IDR, CMP, and Suspension of Payment are effective 7/1/2014.

   When a new HHA enforcement case is created, the Termination at 90 Days sanction is automatically added to the case with a Pending status.
3. Select **Next Licensure Letter** to include this sanction in the Next Licensure Letter Remedies macro, which appears in letters related to State Licensure.
4. Select **Next T18 and/or T19 Letter** to include this sanction in the Next T18 and/or T19 Letter Remedies macro, which appears in letters related to Medicare/Medicaid/Licensure issues.
5. If necessary, change the **Recommended by** option.

   The current user’s mode is the default.
6. Enter the **State Recommended Effective Date** for the sanction.
7. If the state's recommended effective date changes, enter the **Revised State Recommended Effective Date**.
8. Select the applicable **Remedy in Effect?** option.
9. Enter the **Effective Date** and **Last Day in Effect** dates for the sanction.

   When a sanction is made effective, the Termination at 90 Days sanction should be changed to Termination at 6 Months.
10. If No is selected for Remedy in Effect?, select the applicable **Reason not in Effect**.
11. Select **OK** when done.

Note: You cannot close an HHA case that has Pending sanctions.

More ...

Screen: "Sanctions tab - HHA" on page 128
Screen: "Sanction Input window - HHA" on page 128

Add Sanctions - CLIA

To add a sanction:

1. On the **Sanctions** tab, select the **New** button under the **Sanction Master List**.
2. Select the proposed **Sanction**.

   All possible principal and alternative sanctions are listed.
3. Enter sanction-related dates, as applicable: **Proposed Notice Date**, **Proposed Effective Date**, **Imposed Effective Date**, **Imposed Notice Date**, **Last Day in Effect**, and **Compliance Date**.
4. If the sanction has been revoked, select the **Revoked?** checkbox.
5. Select the appropriate **Sanction Status**.
6. Enter the **Determination Date**.
7. If the sanction has been finalized, select the **Sanction Final?** checkbox.
8. Select **OK** when done.

More ...

Screen: "Sanctions tab - CLIA" on page 129
Screen: "Sanction window - CLIA" on page 129

Enter TTA Information - CLIA

The SA sends a Training and Technical Assistance (TTA) letter to a lab upon the initial occurrence of unsuccessful Proficiency Testing (PT). You can enter TTA information on the Sanctions tab. TTA is treated as a Proposed sanction when AEM calculates case Status (Case Basics tab).

To enter TTA details:

1. In the **Training and Technical Assistance** section on the **Sanctions** tab, enter (as applicable) **Proposed Date**, **Begin Date**, and **End Date**.
2. Enter the **Analyte(s)** associated with the unsuccessful PT that prompted the TTA.
3. As appropriate, select the **Completed** checkbox and enter the **Completion** date, i.e., the date the SA accepted the AOC.

More ...

Screen: "Sanctions tab - CLIA" on page 129

CMP tab

The CMP tab stores detailed information about both Federal and state CMPs. Use the CMP tab to:

- Record all CMPs related to the case
- View details about each CMP
- Apply 50% reductions to CMPs (NH only)

  Note: This feature is available for Nursing Home cases with a cycle start date that is on or after January 1, 2012.

- Enter Due Dates for payments of Federal CMPs
- Generate CMP correspondence
- Maintain payment history for state CMPs (NH, HHA)

The Civil Money Penalties (CMP) section lists the individual CMPs attached to the case on two subtabs, Per Instance and Per Day. When you highlight a CMP on one of these subtabs, the lower section of the screen, Detail for highlighted CMP, shows details about that CMP.

AEM calculates many of the fields on this tab. Details of the calculations are provided in field descriptions for the CMP tab.

Note: For Nursing Home enforcement cases, RO staff use the CMP Calculator to determine whether a CMP should be imposed, and the type and amount.

NH/HHA

When you add the first CMP to the case, AEM adds the Federal 07 - Civil Money Penalty remedy/sanction to the Remedies/Sanctions tab for you, if it has not been added already. If you are adding a state CMP, AEM asks you to select a state CMP remedy to add to the Remedies/Sanctions tab.

CLIA

When you add the first CMP to the case, AEM adds the 17 - Civil Money Penalty sanction to the Sanctions tab, if it is not there already.

More ...

Screen: "CMP tab" on page 130
Procedure: “CMP Calculator - NH” on page 62

Add Per Instance CMPs

Multiple Per Instance CMPs are allowed. The minimum and maximum amounts permitted for Per Instance CMPs depend on provider type and may be adjusted annually for inflation by CMS. AEM provides totals at the top of the Per Instance tab to help case workers stay within Federal remedy/sanction limits.

NH, HHA

The first five fields in the grid, in yellow, can be updated directly.

CLIA

All fields in the grid can be updated directly.

NH, HHA - To add a Per Instance CMP to the case:

1. On the **Per Instance** subtab, click **New**.
2. In the **Per Instance CMP** window, select the visit during which the instance was cited from the **Survey Date** drop-down list.
3. Click **Choose** to see a list of tags cited at the survey you selected. Select the citation (only one is allowed) related to the Per Instance CMP and click **OK**.

   It is entered in the Related Citation field.

   NH - AEM enters the Scope/Severity of the selected tag. It is also entered as High S/S for the CMP on the Per Instance tab.

   HHA - For applicable state tags only, AEM enters the Scope/Severity of the selected tag as S/S for the CMP on the Per Instance tab.
4. Enter the **Instance Date**, the date on which the instance occurred.
5. Enter **Recommended Amount** and **Amount Per Instance**.

   These values are not required when you first add the CMP to the case. You must enter Amount Per Instance once you select Yes for CMP in Effect.
6. **RO, NH -** Click the **Calculator** button to open the **Per Instance CMP Calculator** to determine CMP type and amount.

   Note: SA staff can open a read-only version of the CMP Calculator.
7. Select the appropriate **CMP in Effect** option.

   The default is R Recommended.

8 Indicate whether this is a **Fed** (Federal) or **State** CMP.

9 Click **OK** when done.

10 In the **Detail for highlighted CMP** section, enter notice, appeal, settlement, bankruptcy, etc. information for the CMP as it is available. Be sure to select the applicable CMP.

Only RO/CO users can enter or modify data in the Sent to Offset or Treasury section.

AEM calculates the CMP Total and Net Amount for you in the Calculated CMP Amount section.

Note: If the Appeal Waiver Received date is entered and is on or before the Appeal/Appeal Waiver Due date, a 35% reduction is applied to the amount due for the CMP. If the Appeal Waiver Received Date is after the Appeal Waiver Due Date, you are prompted with the option of applying the 35% reduction.

CLIA - To add a Per Instance CMP to the case:

1 On the **Per Instance** subtab, click **New**.

2 In the **Per Instance CMP** window, optionally select the **Survey** during which the instance was cited.

CLIA enforcement cases may not have an associated survey.

3 Enter the **Per Instance Date**, the date on which the instance occurred.

4 Enter **Proposed Amount Per Instance**.

This is required when CMP in Effect is set to Proposed.

5 Enter **Imposed Amount Per Instance**.

This is required when CMP in Effect is set to Awaiting Appeal Outcome or Imposed.

6 Enter **Prop. # Instances** and **Imp. # Instances**, i.e., the proposed and imposed number of instances covered by the CMP.

AEM calculates Prop. Total and Imp. Total.

7 Select the appropriate **CMP in Effect** option.

8 Click **OK** when done.

9 In the **Detail for highlighted CMP** section, enter notice, appeal, settlement, bankruptcy, etc. information for the CMP as it is available. Be sure to select the applicable CMP.

Only RO/CO users can enter or modify data in the Sent to Offset or Treasury section.

AEM calculates the CMP Total and Net Amount for you in the Calculated CMP Amount section.

Note: If the Appeal Received date is entered and is on or before the Appeal Due date, a 35% reduction is applied to the amount due for the CMP.

More ...

Screen: "Per Instance tab" on page 131
Screen: "Per Instance CMP window" on page 132
Procedure: "CMP Calculator - NH" on page 62
Screen: "Detail for highlighted CMP section" on page 147

Add Per Day CMPs

Multiple Per Day CMPs are allowed. The minimum and maximum amounts permitted for Per Day CMPs depend on provider type and may be adjusted annually for inflation by CMS.

NH, HHA

The fields highlighted in yellow in the data grid and the Last Day field can be updated directly on the grid. Amount per Day can be updated directly whether it is highlighted in yellow or not.

CLIA

All fields in the grid except Days can be updated directly.

NH, HHA - To add a Per Day CMP to the case:

1 On the **Per Day** subtab, click **New**.

2 In the **Per Day CMP** window, select the survey at which the CMP-related tag was cited from the **Survey Date** drop-down.

3 Click **Choose** to see a list of tags cited at the survey you selected. Select the citation(s) related to the Per Day CMP and click **OK**.

The selected tag(s) are entered in the Related Citation(s) field.

NH - AEM enters the highest S/S level of the selected tags in the Scope/Severity field. It is also entered as High S/S for the CMP on the Per Day tab.

HHA - You can select only one related Federal tag, but multiple state tags. For applicable state tags only, AEM enters the highest S/S level of the selected tags as S/S for the CMP on the Per Day tab.

4 Enter the **First Day** the CMP is in effect.

The default is the Exit Date of the selected survey.

5 Enter the **Last Day** the CMP is in effect, if known.

Once both dates are entered, AEM calculates the total number of days and enters it in the Days field.

6 Enter **Recommended Amount** and **Amount per Day**.

These values are not required when you first add the CMP to the case. Amount per Day is required once CMP in Effect is set to Yes.

7 **RO, NH -** Click the **Calculator** button to open the **Per Day CMP Calculator** to determine CMP type and amount.

Note: SA staff can open a read-only version of the CMP Calculator.

8 Select the **CMP in Effect** status from the drop-down list.

9 Click **OK** when done.

10 In the **Detail for highlighted CMP** section, enter notice, appeal, settlement, bankruptcy, etc. information for the CMP as it is available. Be sure to select the applicable CMP.

Only RO/CO users can enter or modify data in the Sent to Offset or Treasury section.

AEM calculates the CMP Total and Net Amount for you in the Calculated CMP Amount section.

Note: If the Appeal Waiver Received date is entered and is on or before the Appeal/Appeal Waiver Due date, a 35% reduction is applied to the amount due for the CMP. If the Appeal Waiver Received date is after the Appeal Waiver Due date, you are prompted with the option of applying the 35% reduction.

CLIA - To add a Per Day CMP to the case:

1 On the **Per Day** subtab, click **New**.

2 In the **Per Day CMP** window, select the **Survey** at which the CMP-related tag was cited.

CLIA enforcement cases may not have an associated survey.

3 Enter the **First Day** the CMP is in effect.

The default is the Exit Date of the selected survey.

4 Enter the **Last Day** the CMP is in effect, if known.

Once both dates are entered, AEM calculates the total number of days and enters it in the Days field.

5 Enter **Proposed Amount Per Day**.

This is required when CMP in Effect is set to Proposed.

6 Enter **Imposed Amount Per Day**.

This is required when CMP in Effect is set to Awaiting Appeal Outcome or Imposed.

7 Select the **CMP in Effect** status from the drop-down list.

The default is R Recommended.

8 Click **OK** when done.

9 In the **Detail for highlighted CMP** section, enter notice, appeal, settlement, bankruptcy, etc. information for the CMP as it is available. Be sure to select the applicable CMP.

Only RO/CO users can enter or modify data in the Sent to Offset or Treasury section.

AEM calculates the CMP Total and Net Amount for you in the Calculated CMP Amount section.

Note: If the Appeal Received date is entered and is on or before the Appeal Due date, a 35% reduction is applied to the amount due for the CMP.

More ...

Screen: "Per Day tab" on page 140
Screen: "Per Day CMP window" on page 141
"CMP Calculator - NH" (just below)
Screen: "Detail for highlighted CMP section" on page 147

CMP Calculator - NH

The AEM calculator feature has been temporarily disabled, and will be enabled in a future release.

ROs are required to use the CMP Calculator, also referred to as the CMP Analytic Tool, to more quickly and easily:

- Determine when a CMP is an appropriate remedy to impose.
- Choose the appropriate type of CMP to impose.
- Calculate the CMP amount when it has been determined that a CMP is an appropriate remedy to impose.

The CMP Calculator is accessed from the Per Day CMP and Per Instance CMP windows.

Note: SA staff can open a read-only version of the CMP Calculator.

ROs must evaluate each case and consider whether or not to impose a CMP in addition to or instead of other remedies for deficiencies with a Scope/Severity of G or above, and for deficiencies with an S/S of F when Substandard Quality of Care is cited. For deficiencies cited at other S/S levels, the RO should consider imposing appropriate remedies other than a CMP.

When the SA fails to recommend a CMP, the RO must evaluate whether or not a CMP remedy is warranted. In such cases, the RO must review the survey findings and impose the appropriate remedy(ies) regardless of a state's recommendation.

ROs must use this tool to calculate each new or changed CMP imposed on a facility within a noncompliance cycle. Each time a survey is conducted within an already running noncompliance cycle and a CMP is imposed, the facility is given appeal rights and may exercise its waiver of right to a hearing.

A noncompliance cycle begins with a recertification, complaint, or temporary waiver revisit survey that finds noncompliance. It ends when substantial compliance is achieved, or the facility is terminated (or voluntarily terminates) from the Medicare and Medicaid programs. The noncompliance cycle cannot exceed six months. Once a remedy is imposed, it continues until the facility is in substantial compliance (and in some cases, until it can demonstrate that it can remain in substantial compliance), or is terminated.

A CMP may be changed when the circumstances causing the original imposition of the CMP have changed and an increase or decrease to the CMP amount is warranted. For example, a facility has corrected some of the original deficiencies and is still within its noncompliance cycle; the remaining uncorrected deficiencies warrant an increase or decrease in the original amount of the imposed CMP.

Choosing the Type of CMP to Impose

After determining that a CMP should be imposed, ROs must use the CMP Calculator and the following guidance to decide whether to impose a Per Instance (PI) or Per Day (PD) CMP, regardless of the SA's recommendation.

PI CMP

Impose a PI CMP *only* when one or more of the following factors are present:

- Findings of noncompliance for a single event of actual harm at an S/S of G or J.
- Findings of current/ongoing noncompliance at an S/S of G or above, or SQC findings at F but where a facility has a good compliance history.
- Findings of past noncompliance at an S/S of G or above when dates of noncompliance *cannot* be determined or, SQC findings at an S/S of F.

Always choose a PD CMP if none of the PI factors is present. Select a PI CMP only when one or more of the associated factors are present.

Check all applicable factors. Also, if a Life Safety Code (LSC) deficiency is the basis for the CMP, the whole CMP calculation applies to the LSC deficiencies, not the health deficiencies.

While multiple PI CMPs can be imposed for deficiencies identified during a survey, the total amount of the CMP imposed for a survey cannot exceed the maximum amount allowed.

Note: CMS does not specify a particular PI CMP amount range for cases of immediate jeopardy as it does for PD CMPs. An instance is a single deficiency identified by the tag number entered on the CMS-2567.

PD CMP

Always impose a PD CMP if none of the PI factors is present. A PD CMP is generally used when the noncompliance lasts for two or more days.

Note: The RO must complete all sections of the CMP Calculator that apply to the CMP selected.

PD and PI CMPs cannot be imposed simultaneously for a specific survey (standard, revisit, or complaint), but both types of CMPs can be imposed during a noncompliance cycle if more than one survey takes place and the PD CMP was not the CMP initially imposed. However, when a PD CMP is the CMP initially imposed, a PI CMP cannot be imposed on a subsequent survey within the same noncompliance cycle.

Factors to consider when determining if a facility has “a good compliance history” might include, but are not limited to:

- The facility is not a Special Focus Facility.
- The facility has not had findings at an S/S of G or above within the past three calendar years, unless they were cited as past noncompliance;
- The facility has a history/pattern of achieving compliance prior to or at the time of the first revisit; and/or
- The facility has a history/pattern of sustaining compliance with previously cited deficiencies (i.e., no repeat deficiencies).

Determining PD CMP Date

First Day

A PD CMP should begin on the first day noncompliance at the cited S/S level is documented, even if that date precedes the first day of the current survey unless the facility can demonstrate that it corrected the noncompliance prior to the current survey (past noncompliance). If the team cannot document the first day of noncompliance, then the CMP should start on the date the noncompliance was observed and documented during the current survey.

For example, a survey begins on May 1 and on that date the survey team finds evidence of Immediate Jeopardy. If the survey team is able to document that the Immediate Jeopardy began on April 1, the CMP first day is April 1. However, if the survey team is unable to document the first day of noncompliance at the Immediate Jeopardy level, the CMP would start on May 1.

Note: A CMP cannot include days prior to the date of the last standard survey.

Whenever possible, the RO analyst calculates the start date for the proposed CMP to be the first supportable date of noncompliance, as determined by the evidence documented by surveyors in the Statement of Deficiencies (CMS-2567). Therefore, while performing the survey and when making a recommendation for a PD CMP to CMS, the SA must determine the earliest date for which supportable evidence shows that the noncompliant practice began.

If this start date is not clearly identified and supportable, then the RO should contact the SA to see if such a date can be determined and should document this discussion and conclusion. If the start date cannot be determined, the PD CMP should begin on the first day during the survey on which the survey team identified the noncompliant practice.

Last Day

When calculating the PD CMP Last Day, do not include the day on which:

- IJ is removed, except in cases when IJ is removed on the same date that it was identified.
- S/S is lowered, thereby lowering the CMP amount to another level.
- Substantial compliance is achieved.

Penalties accrue until the date of correction. The RO analyst should input the resulting number of days into the CMP Calculator.

CMPs for Past Noncompliance

Past noncompliance identified during the current survey means a deficiency citation of a specific tag (F-tag or K-tag) with an S/S of G or above, or SQC findings at an S/S of F that meets *all* of the following criteria:

- The facility was not in compliance with the specific regulatory requirement(s), as indicated by the specific F-tag or K-tag, at the time the situation occurred.
- The noncompliance occurred after the exit date of the last standard (recertification) survey and before the current survey (standard, complaint, or revisit).
- There is sufficient evidence to determine that the facility corrected the noncompliance and is in substantial compliance at the time of the current survey for the specific regulatory requirement(s), as indicated by the specific F-tag or K-tag.

Adjustments to Calculated CMP Amounts

If the RO believes that the circumstances involved in the specific case require an adjustment to the CMP amount which was calculated using the CMP Calculator, the RO can increase or reduce the CMP by ***no more than*** 35 percent.

The RO must provide a rationale for each adjustment when completing calculations using the CMP Calculator. An adjustment to the CMP is not the same thing as imposing a different CMP based on different or new deficiencies. When an adjustment is made, the analyst will annotate the CMP to explain why the adjustment was made. For a newly imposed or revised CMP within the same noncompliance cycle, a separate CMP calculation using the CMP calculator must be completed.

If the RO believes that a calculated CMP should be adjusted by more than 35 percent, it *must* consult with and obtain prior approval from CMS Central Office before making the adjustment.

A 35 percent adjustment made by the RO is not the same as, and does not affect, the 35 or 50 percent reductions made to the total CMP amount for an appeal waiver or self-reported incident respectively. The facility will receive the 35 percent reduction if it waives its right to an Administrative Hearing in a timely fashion. The facility should be notified that it will receive a 50 percent reduction if all of the following conditions are met:

- The facility self-reported the noncompliance to CMS or the state before it was identified by CMS or the state and before it was reported to CMS or the state by means of a complaint lodged by a person other than an official representative of the nursing home.
- Correction of the noncompliance must have occurred on the earlier of 15 calendar days from the date of the self-reported circumstance or incident that later resulted in a finding of noncompliance, or 10 calendar days from the date (of CMS' notice to the facility) that a CMP was imposed.

- The facility waives its right to a hearing.
- The self-reported and corrected noncompliance did not constitute a pattern of harm, widespread harm, Immediate Jeopardy, or result in the death of a resident.
- The CMP was not imposed for a repeated deficiency that was the basis of a CMP that previously received a reduction.
- The facility has met mandatory reporting requirements for the incident or circumstance upon which the CMP is based as required by Federal and state law.

More ...

Procedure: "Add Per Instance CMPs" on page 58
Procedure: "Add Per Day CMPs" on page 60

Change CMP in Effect - NH, HHA

If you change CMP in Effect status for either a Per Day or Per Instance CMP from Yes to another option after a payment is applied to the CMP (Payments Rec'd > 0.00), a warning message notifies you that if you continue, the payment information will be cleared. To prevent this, select No in the message. If you answer Yes to the warning message:

- CMP In Effect is set to the option you chose.
- Payments Rec'd is set to 0.00.
- Balance Due is set to the CMP's TOTAL AMOUNT DUE value.
- This CMP Fully Paid is blanked out.
- T19 Portion Rec'd by State is blanked out.
- T19 Portion Amount Rec'd is set to 0.00.
- Any CMPTS Payment amount that remains on the CMPTS case is distributed to remaining Federal CMPs that have In Effect = Yes.

50% CMP Reduction - NH

For Nursing Home enforcement cases with cycle start dates on or after 01/01/2012, RO or CMS Office of Financial Management (OFM) enforcement case workers can apply a 50% reduction to individual per day and per instance CMPs for qualifying entity-reported incidents. The following requirements must be met:

- The CMP is the result of an entity-reported incident.
- The provider promptly corrects the deficiency.
- The provider waives the right to a hearing.

A self-reported incident does *not* qualify for a 50% reduction if the CMP was imposed because noncompliance constituted or resulted in:

- Immediate Jeopardy
- a pattern of harm
- widespread harm
- a resident's death

NH providers with a record of repeated noncompliance are not eligible for the 50% penalty reduction.

TIP: The RO can use the Intakes and Allegations grids in the Investigations related to window to quickly identify surveys and tags associated with entity-reported incidents that might be eligible for a 50% CMP reduction.

35% CMP Reduction - NH, HHA

A provider can receive a 35% reduction for waiving its right to a hearing under current regulations.

Note: A Nursing Home that receives a 50% reduction cannot also receive a 35% reduction.

To enter a 35% reduction:

➥ On the CMP tab, in the **Detail for highlighted CMP** section, enter a date for **Appeal Waiver Received** that is on or before the Appeal Waiver Due date and tab out of the field.

In the Calculated CMP Amount section, the 35% reduction is automatically calculated and applied to the CMP Total.

For a Nursing Home or HHA provider, if the Appeal Waiver Received Date is after the Appeal Waiver Due Date, you are prompted with the option of applying the 35% reduction.

More ...

Fields: "Entity Reported Reduction - NH", on page 255
Fields: "Calculated CMP Amount", on page 254
Procedure: "Access Related Complaint Investigations" on page 36
Screen: "Detail for highlighted CMP section" on page 147

Calculate Interest Due

AEM provides an Interest Calculator in the CMP Payment Status section of the Detail for highlighted CMP section. For NH and HHA cases, it is next to the Medicare Interest Due and Medicaid Interest Due fields. For CLIA cases, it is next to Interest Due.

To calculate the interest amount due:

1. Click the **Int. Calc.** button.
2. Change the **CMP Amount Before Interest** (entered by AEM) if necessary, enter applicable **Interest Rate**(s), and specify **Days CMP Overdue**.
3. Click **OK**.

   The calculator inserts the result in the applicable Interest Due field(s) on the CMP tab, and AEM includes it in the Total Amount Due.

More ...

Screen: "Detail for highlighted CMP section" on page 147

Send CMP Notices

You can generate letters and notices directly from the Detail for Highlighted CMP section on the CMP tab. If you enter a Sent Date when you create the letter, AEM inserts that date into the date field.

To generate CMP letters and notices:

➥ Select the **Envelope** button next to the applicable date field in the Detail for Highlighted CMP section on the CMP tab.

This button is available for the following fields:

- Imposition Notice Date
- Collection Notice Date in the CMP Payment Status section
- Date Sent To MAC/Medicaid/Treasury in the Sent to Offset or Treasury section

Payment History

The Payment History (Optional) section is displayed at the bottom of the Detail for highlighted CMP section in certain circumstances for NHs and HHAs.

NH

The Payment History section appears for Federal CMPs that were assigned a CMPTS number prior to the 8.7 release and for CMPs imposed against Medicaid-only NFs (which are not uploaded, unless the facility is state-owned, i.e., F12 on the 671 = 07 - State). The Payment History section is also present for state CMPs.

For Federal CMPs imposed against Medicare-certified Nursing Homes, all payment due dates must be entered by ROs in the CMPTS Detail window. For these CMPs, the Payment History section is hidden when a related CMPTS case has been created in AEM or a CMPTS case can be created for the case from AEM (no CMPTS # is present and the facility type allows CMPTS creation).

HHA

Each State Licensure CMP (Per Instance or Per Day) has a Payment History (Optional) section where the SA can record payments against the CMP. This is essentially a CMPTS Tracking section for State Licensure. One or more payments can be applied against a state CMP.

More ...

Screen: "Payment History (Optional)" on page 150

CMPTS Data

ASPEN incorporates full support for the CMPTS data capture functions for NHs, HHAs, and CLIA labs. RO (and CO), OFM, and SA users have different levels of access to CMPTS information. ROs and the OFM can enter and modify specified CMPTS data while SAs are limited to read-only access.

Note: OFM users are designated via the Federal Type field on the Employee Details tab of the Enter/Update Surveyor Information window in ARO.

One Civil Monetary Penalty Tracking System (CMPTS) number is assigned per case. ROs can monitor CMP payments in AEM by checking individual cases or by printing any of AEM's applicable CMP reports.

Create a CMPTS Case

When all of the CMPs associated with a Nursing Home, HHA, or CLIA enforcement case are due and payable, the RO generates a CMPTS # to create a CMPTS case.

To create a CMPTS case:

1. In the AEM case, click the **CMP** tab.
2. In the **Case CMP Detail** section, click the **CMPTS Detail** button.

   The CMPTS Detail window opens. AEM generates the CMPTS ID.

   Note: You will receive a message if no Federal CMPs are in effect for the case.

3. To enter the CMPTS #, click **Generate CMPTS #**.

   Once you generate the CMPTS #, the button is disabled. AEM enters information on the CMPTS Detail tab from the provider and case record.

4. If not present, enter **Director** and **RO Contact** information.

CMPTS Data Entry: CMPTS Detail screen

ROs can open the CMPTS Detail screen from the CMPTS Detail button on the CMP tab for individual enforcement cases to access and enter CMPTS information. OFM users open the CMPTS Detail screen from the CMPTS List; they do not have access to any other ASPEN functionality. RO users can use the CMPTS List as well.

The CMPTS Detail fields are the same for RO and OFM users, but the CMPTS information they can enter differs. Generally speaking, RO users enter information about proposed payments, while OFM users enter information about payments received. States have read-only access to CMPTS information.

- RO

  The RO generates a CMPTS # for the case and enters basic CMPTS information on the CMPTS Detail tab of the CMPTS Detail screen. The amount, number of installments, and due date for each installment are entered on the Installments & Payments tab.

- OFM

  OFM users access the CMPTS Detail screen via the standalone CMPTS List. The OFM enters payment received information on the Installments & Payments tab.

More ...

Screen: "CMPTS Detail" on page 152
Procedure: “CMPTS Data Entry: CMPTS List - ARO” on page 72

Existing CMPs

If you have CMPs that qualify for entry into CMPTS but have not yet been entered, you must complete the CMPTS Detail screens for those CMPs and upload them from AEM.

AEM CMPTS Detail is unavailable for Federal CMPs that were assigned a CMPTS number prior to the 8.7 release.

Making Changes in CMPTS Detail

You cannot change a due date after a payment is recorded for that installment. Otherwise, you can change due dates and number of installments as needed.

For example:

- If you delete a due date, and a payment is applied to that date before your deletion is uploaded, AEM restores the deleted due date with its payment the next day.
- If you change a due date, and a payment is applied to the old date before your change is uploaded, you will see both due dates in AEM the next day. In this case, it is up to you to clean up the dates in AEM.

Payment Distribution

For enforcement cases involving more than one CMP, the payments received are entered in CMPTS. AEM applies payments to the earliest CMP. Once that CMP is paid in full, AEM then applies payments to the next CMP, and so on until the entire payment amount is exhausted.

Note: When CMP Federal Amt. (Amount) Due changes in the Case CMP Detail area, ASPEN automatically sends OFM an email.

CMPTS Data Entry: CMPTS List - ARO

The CMPTS List, a standalone module with no other ARO functionality, lists all CMPTS cases. When an OFM user starts ARO, the CMPTS List is automatically displayed. RO users can access the CMPTS List from the Tracking menu.

For OFM users, the list defaults to all unpaid cases. For RO users, the list shows the current region's CMPTS cases–both paid and unpaid. Four filter options are provided: Fiscal Year, Region, Payment Status, Provider Type. The CMPTS List also includes a Find function that lets you display only the CMPTS cases meeting your specified criteria.

To update CMPTS information from the CMPTS List:

1. To filter the list, specify the desired **Filter Options** and/or open **Find CMPTS** and specify criteria.
2. Select a CMPTS case and click **Modify**.
3. In the **CMPTS Detail** window, add or update details.

More ...

Screen: "CMPTS List" on page 161
Screen: "CMPTS List: Provider Type filter" on page 163
Screen: "Find CMPTS" on page 163
Screen: "CMPTS Detail" on page 152

CMP Escrow Accounts - NH

For Nursing Home enforcement cases with cycle start dates on or after 01/01/2012, AEM includes functionality that lets RO and OFM enforcement case workers enter and access CMP escrow account information. ROs enter escrow and proposed payment details on the CMP tab and in the CMPTS Detail window, while the OFM enters escrow-related payment information for CMPTS cases. Where possible, AEM calculates and automatically populates escrow-related fields.

To set up and maintain a CMP escrow account, the RO and OFM complete the following sequence of actions:

1. **RO** - On the **CMP** tab, set the **Collection Status** to **In Escrow**.
2. **RO** - Press the **CMPTS Detail** button to create a CMPTS case.
3. **RO** - On the **Installments & Payments** tab of the **CMPTS Detail** screen, enter proposed installment details.
4. **OFM** - When a check is received from the provider, place it in escrow.
5. **OFM** - Open the CMPTS case and enter the **W9 Received** date on the **Installments & Payments** tab.
6. **OFM** - Click the **New** or **Modify** button (as appropriate) in the **Installments** section to open the **Installment Detail** window, and add the check amount to **Escrow Amount Collected**.
7. **RO** - When the appeal process is complete, change **Collection Status** on the **CMP** tab to the appropriate value: To Be Retained, Returned to Facility, or Split.

   ASPEN generates an email to inform OFM that money is to be moved out of escrow. You can edit the contents as needed, then click **Send Email** to send the message to the specified recipients.

8 **OFM** - Open the CMPTS case, click the **New** or **Modify** button (as appropriate) in the **Escrow Tracking** section on the **Installments & Payments** tab to open the **Escrow Detail** window, and enter or update field values as needed.

   AEM updates Escrow Account Totals and current CMP allocation numbers accordingly.

9 **RO** - At the top of the CMP tab, enter the **Escrow Outcome Notice** date, which is the date the provider was notified how the money placed in escrow was distributed.

   AEM propagates this date to the Escrow Tracking section of the CMPTS case as the Final Decision Date.

More ...

Screen: "CMP tab" on page 130
Screen: "CMPTS Detail" on page 152
Screen: "Installment Detail" on page 157

CMPTS Upload

When CMP and other required information (see below) are complete, the RO can initiate an upload directly from CMPTS Detail. The data is transferred to national overnight - you can view the uploaded AEM information in CMPTS the next morning (or Monday if the upload occurred on a weekend).

Note: CMPs imposed against Medicaid-only NFs are not uploaded unless the facility is state-owned, i.e., F12 on the 671 = 07 - State.

Minimum Data Requirements for CMPTS Upload

The CMPTS upload is a separate transaction from the AEM Detail upload, with its own set of minimum data requirements:

- valid Provider Number (CMS Certification Number)
- Cycle Start Date
- In Effect Federal CMP (at least one) must be entered
- Medicaid and/or Medicare Participants must be present
- Proposed Number of Installments must be greater than 0
- Proposed Installment Amount must be greater than 0

- Installment Due Date (at least one) must be entered
- First and Last Name of the facility Director must be present
- First and Last Name and Phone number of the RO Contact must be present

In addition to checking that the minimum data elements are present for CMPTS upload, AEM runs a series of edit checks to ensure that entries like dates and case numbers are valid.

After the initial upload, overnight update transactions are sent any time changes are made to CMPTS-related information.

Delete CMPTS Cases

ROs cannot delete CMPTS records. They can initiate the process by sending an email to OFM explaining the need for the deletion. CMPTS Super Users can delete CMPTS cases that have no collection information entered for the case.

For CMPTS Super Users to delete a CMPTS case:

1. From the AEM **Tracking** menu, select **CMPTS List**.
2.
3. Press **Delete** at the bottom of the screen.

   ASPEN checks to see if any collection information has been entered for the case. If collection information has been entered, a warning message displays and the case cannot be deleted.

   If collection information has not been entered, a confirmation message displays asking if you want to delete the CMPTS case.
4. Select **Yes** to delete the case.

   AEM checks to see if the CMPTS case has been uploaded successfully. CMPTS cases that have not been uploaded successfully are deleted from ASPEN.

   If the CMPTS Case was uploaded successfully, the case is removed from national overnight. If the removal from national is successful, the case is deleted from ASPEN the next morning (or Monday if the upload occurred on a weekend). From the time the case is marked for deletion until the case is deleted from ASPEN, the case remains in a read only state.

NATCEP tab - NH, HHA

The NATCEP tab displays NATCEP triggers and, for Nursing Homes, waiver information. You can enter applicable dates. The Most Recent Actual NATCEP Loss section is also viewable on the Other tab in Facility Properties.

To enter NATCEP information - NH:

1. On the **NATCEP** tab, select **Yes** or **Potential** for NATCEP Loss.
2. In the **Check All Applicable** column, select as many triggers as apply to the case.
3. In the **Is Primary** column, select the single circumstance that is the primary reason for NATCEP loss.
4. In **NATCEP Loss Effective Date from Primary Trigger**, enter the Date the 2-year NATCEP loss period begins, based on the Primary Trigger.
5. Select the **State NATCEP Loss Waiver** checkbox if the state is granting a waiver of NATCEP loss.

   This activates the waiver date fields for entry.
6. If NATCEP loss is canceled because of a change of ownership, enter the **Restored Based on CHOW Date**.

More ...

Screen: "NATCEP tab - NH" on page 164

To enter NATCEP information - HHA:

1. On the **NATCEP** tab, select **Yes** or **Potential** for NATCEP Loss.

   If NATCEP Loss is Yes or Potential, the only trigger option for HHAs, Condition Out Of Compliance, is automatically selected and Triggered is automatically checked.
2. Enter the **NATCEP Loss Effective Date.**

More ...

Screen: "NATCEP tab - HHA" on page 164

Specialties tab - CLIA

When a CLIA enforcement case is created, all active and closed specialties and associated analytes are loaded onto the Specialties tab from the 1557 Specialties tab in the certification kit. Specialty Code, Specialty name, Status, Effective Date, Expiration Date, and AO (Accrediting Organization) are read-only in the enforcement case. As applicable, the grid will include multiple instances of a specialty to reflect varying Status and Effective and Expiration dates.

The RO can add, modify, and delete analyte information. Each row in the grid can include one analyte with its own Action, Start Date, and Reinstate Date. If there are multiple analytes for a specialty, the grid will include multiple instances of the specialty.

You can specify analyte-specific actions only when the Limitation of CLIA Certificate sanction is on the enforcement case (Sanctions tab). If the case includes the Limitation of CLIA Certificate sanction, you must enter an action for at least one specialty/analyte.

To add an analyte to a specialty:

1. On the **Specialties** tab, click **New**.

   -or-

   Select a specially in the grid with no listed analyte and click **Modify**.

2. In the **Specialty Detail** window, select a **Specialty** from the drop-down list.

   If you clicked New, the listed specialties are those brought forward from the certification kit. Otherwise, the specialty you selected is automatically entered and read-only.

   Status, Effective Date, Expiration Date, and AO for the specialty are automatically entered and are read-only.

3. Select an associated **Analyte**.

   You will receive a warning if the specialty has an Expiration Date.

   Note: If there are both Open and Closed instances of a specialty, you will not receive a warning and the analyte will be added to the Open instance, even if you selected the Closed instance.

4 If a Limitation of CLIA Certificate sanction is on the enforcement case, optionally select the applicable **Action**.

   You cannot select an Action if the case does not include a Limitation of CLIA Certificate sanction. A warning is issued if you select an Action when the specialty has an Expiration Date.

   If there is a Limitation of CLIA Certificate sanction, you must specify an action for at least one specialty/analyte.

5 Enter **Start Date** and **Reinstate Date**, as appropriate.

   You will receive error message(s) if these dates are not valid.

6 Select **OK** when done.

   If you clicked New to add an analyte, a new row for the specialty is added; it includes the analyte. If you clicked Modify, the analyte is entered in the specialty (row) you selected.

To change analyte details:

1 On the **Specialties** tab, select the specialty/analyte in the grid and click **Modify**.

2 In the **Specialty Detail** window, select another **Analyte** if necessary.

   You will receive a warning if the specialty has an Expiration Date.

3 If a Limitation of CLIA Certificate sanction is on the enforcement case, select or change the **Action** as appropriate.

   You cannot select an Action if the case does not include a Limitation of CLIA Certificate sanction. A warning is issued if you select an Action when the specialty has an Expiration Date.

   If there is a Limitation of CLIA Certificate sanction, you must specify an action for at least one specialty/analyte.

4 Enter or change **Start Date** and **Reinstate Date**, as appropriate.

   You will receive error message(s) if these dates are not valid.

5 Select **OK** when done.

   Analyte details are updated for the selected specialty (row).

To delete specialty details/analyte:

1. On the **Specialties** tab, select a specialty/analyte in the grid and click **Delete**.
2. Say **Yes** to the confirmation prompt.

   The selected specialty/analyte (row) is deleted from the grid.

Note: You can delete all instances of a specialty, i.e. all detail information for a specialty, from the grid. If you do this, the specialty no longer appears in the grid, but it has *not* been removed from the case. If you select the New button to open the Survey Detail window, the "deleted" specialty is available for selection in the Specialty drop-down list so you can add an analyte.

More ...

Screen: "Specialties tab - CLIA" on page 165
Screen: "Specialty Detail" on page 166
Procedure: "Add Sanctions - CLIA" on page 56

Notices tab

The Notices tab maintains a history of all correspondence related to the enforcement case, recorded as you generate the letters, notices and other communications. The Notices section at the top of the tab lists the letters and notices that have been created, including drafts and finals that have not yet been sent.

When an enforcement case is closed, notices and letters become read-only. You can still view and print, but you cannot make changes.

AEM letters that are associated with a specific survey may also be viewed outside of AEM from the Letter History for that survey.

View and Generate Letters

When you highlight any letter in the Notices section, the Letter/Notice Details section below provides a quick view of the contents of the letter and the date sent and/or delivered.

Selection of certain letter contents triggers an automatic upload of case information to the national system.

Contents must be specified for each letter sent.

To specify letter contents:

➥ Select **Choose Contents** and mark the appropriate entries in the **Letter Contents** window.

Contents you select show in the **Letter/Notice Details** section when this letter is highlighted.

To see letter details in the Letter/Notice Details section:

➥ Click a letter to select it.

Letter/Notice Details shows you tracking and appeal information, and the type of notifications sent.

To generate a letter from the Notices tab:

1. On the **Notices** tab, select **Create Notice/Letter**.

   Use the function buttons in this window to modify, print, delete and lock letters.

2. Select **New** to generate a new letter.
3. In the **Select Letters and Distribution Lists** window, in the **Form Letter** section, select the letter you want to print.

   Note: The default list of letters shows all letters that have a Type specified as Enforcement. If the letter you need is not on this list, select Show All to list all letters in the database.

   In the Distributions section, the facility is selected by default to receive the letter (you will see Letter in the Action column for the facility).

4. To send copies to another recipient:

   ➥ Highlight the name, and click **Set Action** until **cc** is in the Action column.

   This adds the cc notation and the recipient's name to the bottom of the letter.

5. Click **Preview** to open the letter in the letter word processor.

   If the letter contains Custom Text macros, you are prompted to enter the custom text.

6. Make whatever changes you need, then click the **Print** button to print the letter.
7. Click **Save & Exit** to leave the word processor.

   This returns you to the **Notices History** window, where your letter has been added to the list of letters sent related to this case.

8 Click **Close** to return to the **Notices** tab.

9 Click **Choose Contents** and indicate which contents apply to this letter, then click **OK**.

More ...

Screen: "Notices tab" on page 166
Screen: "Notices History" on page 167
Screen: "Letter/Notice Details" on page 167
Screen: "Letter Contents" on page 168
Screen: "Letter word processor" on page 179

Locking Notices

Once a letter has been sent, you can lock it to make sure that no further changes are made.

To lock a letter:

➥ On the **Notices** tab, select the **Lock** button in the **Letter/Notice Details** section.

This prevents editing of letter text, and disables the Remove Notice button.

Hearing/Appeal tab

The Hearing/Appeal tab summarizes hearing/appeal information. You can enter appeal-related details such as request dates, docket numbers, and decision information in the Hearing/Appeal window.

To enter hearing/appeal details:

1 On the **Hearing/Appeal** tab, click the **New** button under the **Hearings/Appeals** grid to open the **Hearing/Appeal** window.

-or-

Select an existing hearing/appeal in the grid and click the **Modify** button.

2 Enter type of appeal: Medicare/Medicaid/Licensure.

3 RO enters entity that is appealing in the Appealed By field (CLIA only).

4 Select the entity who received the initial request for the hearing.

5 Enter dates when: Acknowledgement of request is sent to facility, initial request for a hearing is received, and the hearing request is forwarded to the DAB.

For CLIA, all three dates are required if Initial Hearing Request Received By is set to RO.

6 Select the letter that initially advised of the remedies/sanctions to be imposed and the right to appeal them. Appeal Rights Based on this notice must be checked in order for the notice to be listed.

7 Click **Add Survey** to enter appealed surveys.

8 For NH, **Select Applicable Remedies**. When Basis for Appeal is Noncompliance, at least one remedy must be selected.

For HHA, **Select Applicable Sanctions**. At least one sanction must be selected.

For CLIA, **Choose Appealed Actions**. At least one sanction must be selected.

9 In the Appeals sections, select the entity that will be hearing the appeal, the entity that is appealing, and the date the hearing appeal request if first received.

10 Complete applicable fields for Federal injunction.

More ...

Screen: "Hearing/Appeal tab" on page 169
Screen: "Hearing/Appeal window" on page 170
Procedure: “Add/Modify Appeals” below
Procedure: “View/Enter Settlement Details for Tags - NH, HHA” on page 83

Add/Modify Appeals

1 In the **Hearing/Appeal** window, click the **Add Appeal** button under the **Appeals** grid.

-or-

Select an existing appeal in the grid and click the **Modify** button.

2 In the **Appeal To** window, enter/modify appeal details.

- Select **Appealed To** and **Appealed By** from the drop-down lists.
- Enter the **Appeal Date**.

3 Click **OK** to save.

More ...

Screen: "Hearing/Appeal window" on page 170
Screen: "Appeal To" on page 173

View/Enter Settlement Details for Tags - NH, HHA

The Hearing/Settlement for Survey window, which you open from the Hearing/Appeal window, provides summary information about all tags cited on a selected survey. Most of the fields are read-only, but some fields can be updated for some NH and HHA providers depending on user class and permissions.

To view/update settlement information for tags:

1. In the **Hearing/Appeal** window, select the **Hearing/Settlement Info** button for a survey in the **Appealed Surveys** grid.
2. As appropriate and allowed:
   - ➥ Enter or change the **Revised 2567 Date**.
   - ➥ Enter or change **Hearing/Settlement Status** for one or more tags.
   - ➥ Select **Undo IDR** to remove the current Hearing/Settlement Status and change it to 01 None for one or more tags.

More ...

Screen: "Hearing/Appeal window" on page 170
Screen: "Hearing/Settlement for Survey window - NH, HHA" on page 173

Registry tab - CLIA

CMS releases the CLIA Laboratory Registry annually to physicians and the general public. It provides information about adverse actions against CLIA labs, including imposition of principal and alternative sanctions, and the results of hearings and appeals.

You can enter registry category, reason, and status keys for imposed sanctions on the Registry tab. Registry keys cannot be added until an Imposed Effective Date is entered on the Sanctions tab.

To enter registry key details:

1. On the **Registry** tab, click **New** to add a **Lab Registry Category Key**; select the applicable **Sanction** and **Sanction Year**.

   Sanction Year cannot be earlier than the earliest Imposed Effective Date on the Sanctions tab.
2. Select a **Sanction** in the **Lab Registry Category Key** grid and select the applicable **Registry Reason Key** option(s), i.e., the reason(s) the sanction was imposed.

   You must select at least one reason key for each category key.

3 For a selected **Sanction**, choose the applicable **Registry Status Key** option(s).

4 **CO** - If appropriate, select **Impose/Close AO Actions**.

This field is enabled only for enforcement cases that have a Notification of Sanctions / AO Actions - Proposed By AO date entered on the Case Basics tab. If selected, Case Status is changed to Imposed-Closed.

5 **CO** - Select **Published to Registry** if the specified registry keys have been published in the CLIA Laboratory Registry.

When selected, all tabs and fields in the case record (except this checkbox) are disabled.

Upload tab

The Upload tab is where you can manually upload enforcement case data to the national server and view records of the uploads that AEM sends automatically. The Upload tab records all upload transactions for the case/cycle and provides descriptive error messages for failed transactions.

Note: Although automatic and manual uploads from AEM can be initiated at any time, upload processing to national does not occur on Saturday and Sunday.

More ...

Screen: "Upload tab" on page 175

Minimum Data Requirements for AEM Detail Upload

For a successful upload, the case must contain the following:

- Provider Number (CMS Certification Number)
- Name and Address (Address required when entering facility)
- Date of Survey and Type of Survey (cycle starting survey)
- Date CMS-2567 Sent to Facility for cycle starting survey
- At least 1 Federal remedy
- All Federal remedies have a recommended and/or actual Proposed Effective Date

State licensure-only cases are not uploaded.

Note: AEM uploads do not send survey information to the national server. Surveys related to an enforcement case do not need to exist in national prior to uploading the case from AEM.

Manual Uploads

You can upload a case as soon as the minimum data requirements (listed above) are complete, and should upload it no later than when the first enforcement letter is sent.

WARNING! You cannot upload a case from AEM if it has a Cycle Start date earlier than October 1, 2004.

Automatic Uploads

Automatic uploads of case data to national occur behind the scenes. AEM sends an action item to the primary case workers when an automatic initial upload takes place. Automatic transactions are listed on the Upload tab after the nightly batch processing.

Automatic uploads are triggered when minimum data requirements are met, and:

- a letter is generated for the case, then locked, and it has any of the following options selected in Letter Contents: Remedies-Impose Non-CMP, CMP-Intend to Impose, CMP-Impose, Remedies-Recom. Non-CMP.
- a case is in Substantial Compliance but still not closed (Awaiting Hearing or CMP Collection), and a new case is created for the facility. AEM checks the previous case to see if it has ever been uploaded. If it has not, AEM initiates an upload.
- a case has been uploaded successfully, and additional changes are made.

AEM Detail Upload

ASPEN sends the AEM Detail Upload to AEM-specific tables in the national system, where the data is available for national reporting. New enforcement reports are in development. State-specific data, such as licensure-only cases, state remedies applied in Federal/state cases, or case worker names, are not included in the AEM Detail upload.

Automatic Removes

Automatic removes from national occur when an enforcement case that has been uploaded successfully no longer meets the minimum requirements for upload. This is most likely to happen when there are changes to the cycle starting survey or Proposed Effective Dates.

Such cases are removed from the national system during the nightly batch processing. AEM sends an action item to the primary case workers when an automatic remove takes place.

Monitoring AEM Upload Transactions

You can monitor all of your enforcement upload transactions from the ACO Main menu.

To view or print AEM upload transactions:

1. From the **ACO Main** menu, select **Tracking**, then **Transactions**.
2. In the **Please Specify Transactions to List** window, choose **All Transactions for Specified Period (Enforcements)**.
3. Click **OK**.

   This opens the **Transactions for <STATE>** window, listing the AEM upload transactions for the date range you specified.

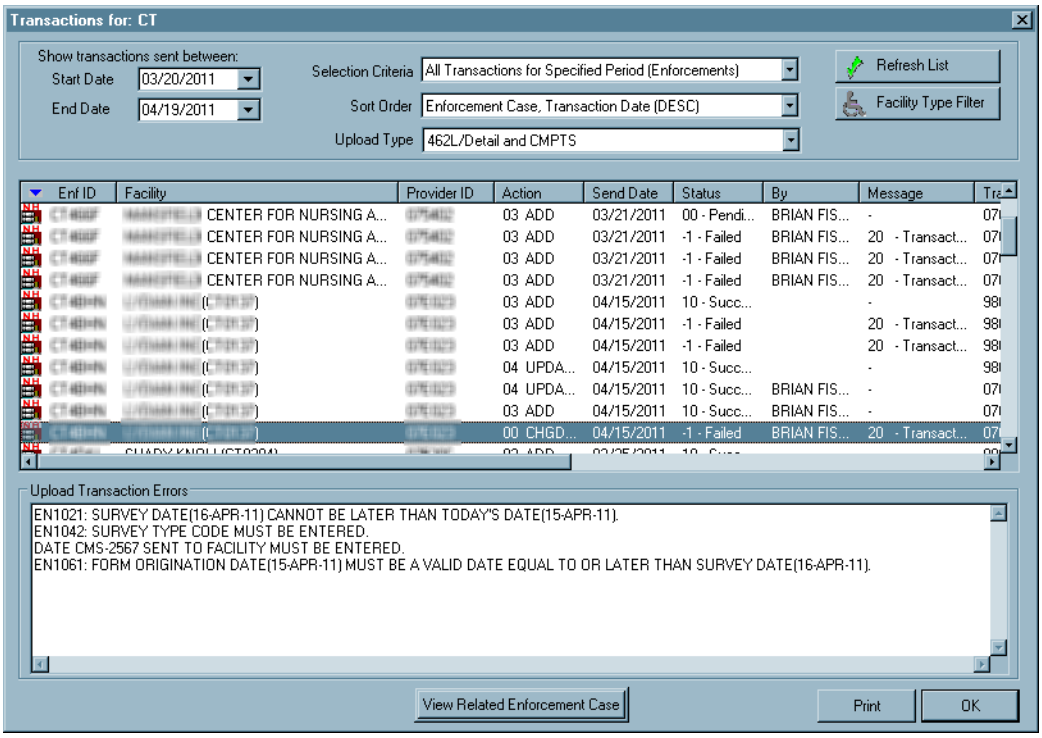


Figure 28: All Transactions for Specified Period (Enforcements) sample

To view or print AEM upload transactions that were not successful the last time the case was uploaded:

1. From the **ACO Main** menu, select **Tracking**, then **Transactions**.
2. In the **Please Specify Transactions to List** window, choose **All Failed AEM Transactions With No Following Success**.

3 Click **OK**.

This opens the **Transactions for <STATE>** window, listing the AEM upload transactions with no following success for the date range you specified.

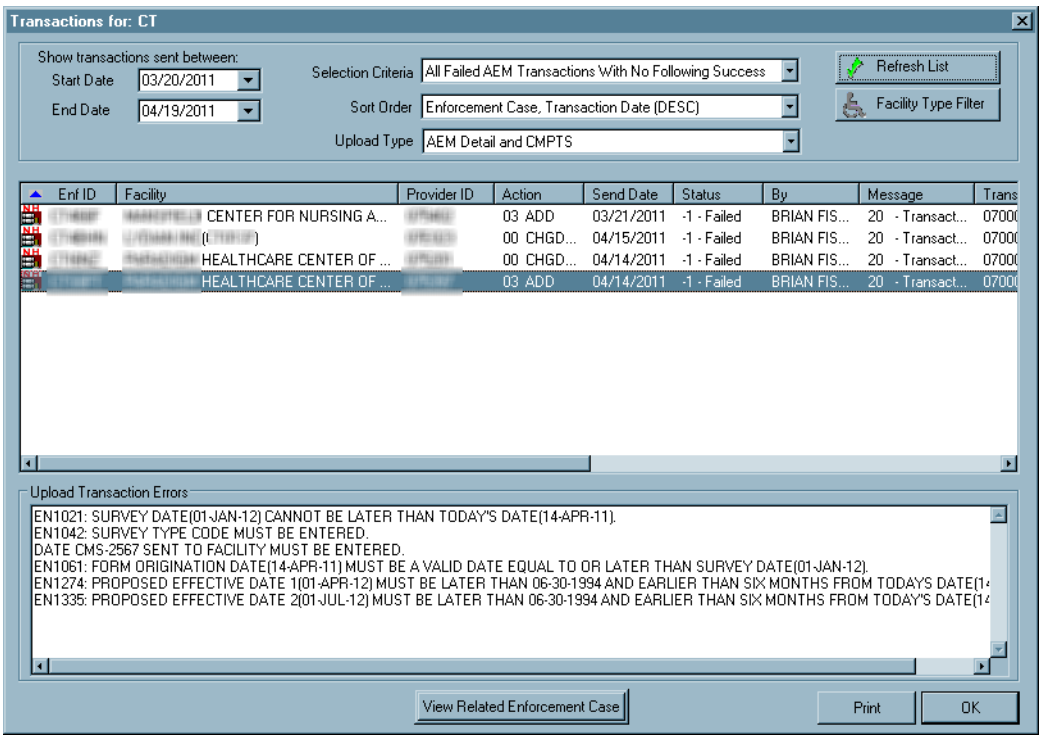


Figure 29: All Failed AEM Transactions With No Following Success sample

From the Transactions window, you can:

- Select a different **Sort Order** or **Upload Type**, then click **Refresh List** to change the list to reflect the parameters you selected.
- Highlight a transaction to see the transaction's errors in the lower pane.
- Highlight a transaction and select **View Related Enforcement Case** to go directly to the case file.
- Click **Print** to print the **Enforcement Transactions Report**.
- Click **OK** to close the window.

More ...

Screen: "Please Specify Transactions To List" on page 180

IDRs and IIDRs - NH, HHA

ASPEN supports tracking of Informal Dispute Resolution (IDR) and Independent IDR (IIDR) processes in AEM, ACO/ARO, and ACTS. You can use the IDR/IIDR features in ASPEN to record details and dates related to IDR/IIDR processes. IDR/IIDR functions operate on the citations of each visit or survey.

NH

If a Nursing Home wishes to dispute cited deficiencies, it can request an IDR or, after imposition of a Civil Money Penalty, an Independent IDR. IDR/IIDR features are available in ASPEN for NH providers, including NH licensure types if IDR/IIDR functionality has been activated. If a Nursing Home requests an IDR or Independent IDR of survey findings, you can record the details and dates.

To enter IIDR information for a survey, there must be an associated CMP *and* the enforcement cycle start date must be on or after 01/01/2012. ASPEN does not track the collection of IIDR fees from Nursing Homes; this is the states' responsibility.

HHA

The IDR feature is available in ASPEN for Federal HHA providers if a Condition of Participation (COP) is cited. It is available for HHA licensure types if IDR/IIDR functionality has been activated. Like NHs, if an HHA provider requests an IDR, you can track the details and dates. The IIDR feature is not available for HHAs.

Open the Informal Dispute Resolution … window

To enter IDR (NH, HHA) and Independent IDR (NH) information, you can use a right-click option in Tree view or a button in the Survey Properties window to open the Informal Dispute Resolution … window.

NH

For surveys associated with a CMP and an enforcement cycle start date of 01/01/2012 or later, the full title of the window is Informal Dispute Resolution - IDR/IIDR for Survey and it has two tabs: IDR and IIDR. Both have the same data fields. For surveys with no associated CMP or a cycle start date prior to 01/01/2012, the title of the window is Informal Dispute Resolution - IDR for Survey. You can enter only IDR information and the window does not have tabs.

HHA

The IIDR feature is not available for HHAs, so you can enter only IDR information. The title of the window is Informal Dispute Resolution - IDR for Survey and it does not have tabs.

To open the Informal Dispute Resolution … window:

➥ On the **Enforcement** tab in **Tree** view, locate the survey, right-click it, and

- Select **IDR/IIDR**.

  -or-

- Select **Survey Properties** and click the **IDR/IIDR** button at the top of the window.

Enter IDR/Independent IDR Information

You can enter IDR and IIDR dates and details as applicable for NHs. The IIDR feature is not available for HHAs.

To enter IDR/Independent IDR information:

1. In the **Informal Dispute Resolution** … window, select the **IDR** or **IIDR** (NH only) tab.
2. Complete the top section of the tab.
   - Enter applicable IDR/Independent IDR dates, e.g., Request Received, Scheduled, Conducted, Completion.
   - Indicate who conducted the IDR/Independent IDR (Conducted by).
   - Select the IDR/IIDR Type from the drop-down list.
   - Click Show Attendees... to update the attendees list as needed.

     The selected attendees are specific to IDR or IIDR, depending on the current tab.
3. In the **IDR Notes** or **IIDR Notes** section of the IDR or IIDR tab, enter resident and ombudsman input, dates, and other relevant information.
4. If you need to add a tag as a result of IDR, click the **IDR Add Tag** button.
   - In the Select Team Member window, select the staff member who is citing the tag.
   - In the Select New Tag window, select the tag to add.
   - Specify citation properties and enter citation text.

   The IDR Status assigned is 09 New Tag at IDR, and is read-only. You can change the new tag's IIDR Status as applicable.

Note: You can add a tag as a result of IDR on either the IDR or IIDR tab. You cannot add a new tag as a result of Independent IDR.

---

5 In the **Survey Citation IDR/IIDR Status** section, view and update information about IDR/Independent IDR status for each citation.

When changes are made to citations as a result of IDR/Independent IDR, trees and lists that display citations in AEM–including the list in Citation Manager–will continue to display all the original citations. However, citations removed by IDR/Independent IDR are displayed with a strikethrough.

Figure 30: Removed citations indicated by strikethrough

If a tag is changed or removed as a result of IDR/Independent IDR, the original tag will not be printed on survey forms.

If Scope/Severity changes as a result of IDR/Independent IDR, the latest S/S value is displayed by default.

6 Click **Print** at the bottom of the window to print the IDR/IIDR details as a report.

You can choose whether to include tags with IDR/IIDR Status = None.

Printed: 07/01/2013 6:00PM

Survey IDR/IIDR Detail

Facility Name: [illegible] CENTER

Medicare #: [illegible] **Event ID:** [illegible] **Exit Date:** 08/14/2012

IDR Details:

Request Received: 08/21/2012

Scheduled: 09/10/2012 **Conduct.:** 09/10/2012 **Conducted By:** Bureau of Licensure Chief

Withdrawn: **Completion:** 09/11/2012 **IDR Type:** Desk Review

Additional Doc. Rec'd from Provider: 08/28/2012 **Revised 2567 Date:** 09/12/2012

POC Required: No **POC Received:**

IDR Attendees:
Facility Lawyer
Administrator
IDR Notes:

IIDR Details:

Request Received: 09/14/2012

Scheduled: 09/28/2012 **Conduct.:** 09/28/2012 **Conducted By:** ALJ

Withdrawn: **Completion:** 10/01/2012 **IIDR Type:** Phone Review

Additional Doc. Rec'd from Provider: 09/20/2012 **Revised 2567 Date:** 10/23/2012

POC Required: Yes **POC Received:** 10/23/2012

IIDR Attendees:
Corporate/Owner Representative (s)
Facility Lawyer
Administrator
IIDR Notes:

Survey Citation IDR/IIDR Status:

~~**Fed-F-0224-PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATI**~~ IDR Status: New Tag at IDR IIDR Status: Tag Change - Changed To: 0309	~~Cert: No~~	~~Cmplnt: Yes~~	~~Final S/S:D~~	~~Original S/S:D~~
Fed-F-0240-CARE AND ENVIRONMENT PROMOTES QUALITY OF LIF IDR Status: New Tag at IDR IIDR Status: S/S Change - Old S/S:E Current S/S:D	Cert: No	Cmplnt: Yes	Final S/S:D	Original S/S:E
Fed-F-0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARI IDR Status: No Change IIDR Status: None	Cert: No	Cmplnt: Yes	Final S/S:D	Original S/S:D
Fed-F-0309-PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING IDR Status: None IIDR Status: Result of Tag Change	Cert: No	Cmplnt: Yes	Final S/S:D	Original S/S:D

AEM: IDRDetailOneSurveyI.rpt 05/2013 Page 1 of 1

Figure 31: Survey IDR/IIDR Detail report

More ...

Screen: "Informal Dispute Resolution ... window" on page 182

Insert Backup Text

When an ASPEN word processor/text editor is open for entering or editing text, AEM takes a "snapshot" of its contents every two minutes if at least 500 characters have been entered. The snapshot is saved as a .txt file. These backup files are stored in the WPBackupDir folder in the ACO Data directory.

Note: If you paste text passages containing more than 500 characters, but do not leave the word processor open for at least two minutes, the text is not backed up.

If you lose a quantity of work due to:

- hardware failure

  -or-

- inadvertent deletion of text,

you can restore the text from within the word processor.

To insert backup text:

1. If necessary, open the applicable word processor.
2. Place the cursor where you want to insert the backup text.
3. Select **Insert Backup File** from the **File** menu.

   ACO displays the contents of the WPBackupDir folder in the Select Backup File window.
4. Locate the applicable backup file.
5. Double-click the file to insert the text into the word processor.

   Note: ASPEN overwrites existing backup files every two minutes only if more than 500 new characters have been entered in the word processor. This prevents the backup from being overwritten by the contents of an empty word processor while you are locating and inserting the file.

AEM Setup in ACO/ARO

Some components of AEM are maintained through the main ACO/ARO menu:

- Adding state remedies to ASPEN Lookups - NH

  Federal remedies are supplied with the system.You can add state remedies to ASPEN Remedy Lookup Values.

- Entering distribution recipients

  A comprehensive Distribution List can facilitate sending letters and notices. Individuals who commonly receive enforcement correspondence should be added to the Distribution List.

- Customizing enforcement letters

  Numerous letter templates are supplied with AEM. You can use them as written, or customize them to fit your needs.

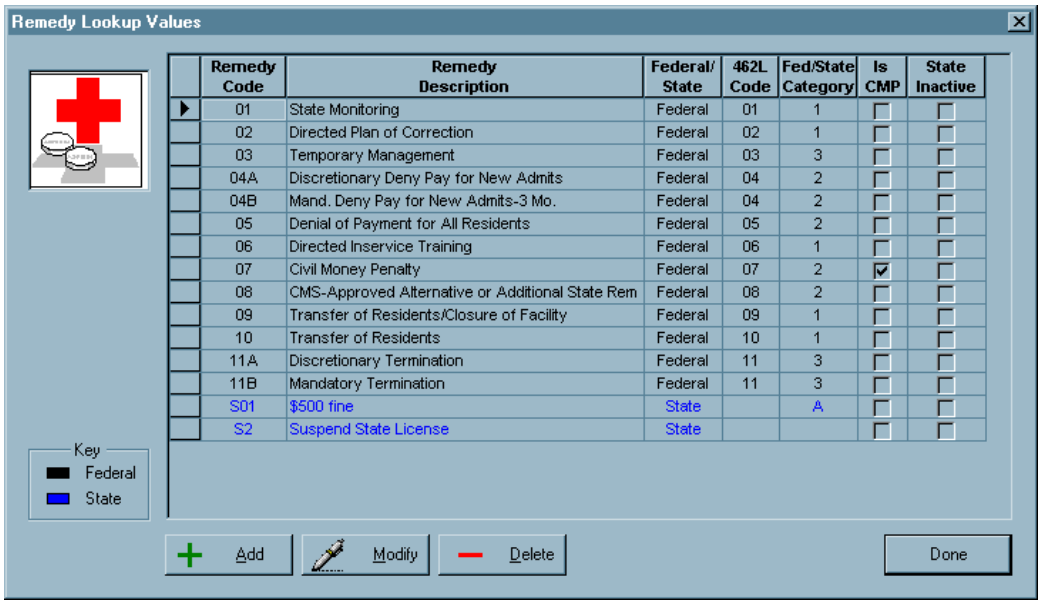
- Defining AEM security

  The AEM system is fully integrated into existing ASPEN security and access control systems. This allows each agency to closely control who can view or change AEM information.

  System administrators should work with enforcement managers to define security groups for AEM access. These groups must be given access to AEM entry points prior to users accessing the AEM system.

Custom State Enforcement Remedies - NH

Remedy Lookup Values contain both Federal and state remedies. On the remedy list, Federal remedies are black; state remedies are blue.



Remedy Code	Remedy Description	Federal/ State	462L Code	Fed/State Category	Is CMP	State Inactive
01	State Monitoring	Federal	01	1	☐	☐
02	Directed Plan of Correction	Federal	02	1	☐	☐
03	Temporary Management	Federal	03	3	☐	☐
04A	Discretionary Deny Pay for New Admits	Federal	04	2	☐	☐
04B	Mand. Deny Pay for New Admits-3 Mo.	Federal	04	2	☐	☐
05	Denial of Payment for All Residents	Federal	05	2	☐	☐
06	Directed Inservice Training	Federal	06	1	☐	☐
07	Civil Money Penalty	Federal	07	2	☑	☐
08	CMS-Approved Alternative or Additional State Rem	Federal	08	2	☐	☐
09	Transfer of Residents/Closure of Facility	Federal	09	1	☐	☐
10	Transfer of Residents	Federal	10	1	☐	☐
11A	Discretionary Termination	Federal	11	3	☐	☐
11B	Mandatory Termination	Federal	11	3	☐	☐
S01	$500 fine	State		A	☐	☐
S2	Suspend State License	State			☐	☐

Figure 32: Remedy Lookup Values window

State alternate remedies are first approved by CMS and added to the list as a Federal remedy under code 08.

Some states have their own remedies. These should be added to ASPEN lookup values.

To add a custom state remedy:

1. Open **ACO**.
2. From the **System** menu, select **Lookup Values**, then **Remedy Lookup Values**.

3 Click **Add** to open the **Remedy Lookups** window.

4 Enter a **Remedy Code**.

5 Enter the **Remedy Description**.

6 If your state has a category breakdown for its remedies, select the applicable **State Category**.

7 If the state remedy you are adding is a CMP remedy, select **CMP Remedy Type**.

8 Click **OK** when done.

To replace or eliminate a state remedy:

➥ In the **Remedy Lookups** window, select **Inactive**.

Inactive remedies cannot be added to new enforcement cases, but are still listed in the Remedy Lookup Values window and are available for historical reporting.

More ...

Screen: "Remedy Lookups" on page 183

Distribution Recipients

Before you generate form letters, you should add the individuals and entities who commonly receive correspondence to the ASPEN Distribution List. Their names and address can then be easily inserted into letters and on mailing labels.

The Distribution List is maintained from the System menu.

To add a recipient to the Distribution List:

1 From the **System** menu, select **Lookup Values**, then **Distribution Lists**.

2 In the **Distribution List** window, click **New**.

3 Complete the contact information in the **Distribution** window.

When you create letter templates, the elements in the Distribution record (recipient, address, city, for instance) are inserted automatically into form letters.

4 Click **OK** when done.

More ...

Screen: "Distribution List window" on page 178

CMS Enforcement Letters

There are a number of CMS enforcement letter templates included with ASPEN Enforcement Manager. States and regions can customize these templates as needed, or create letters of their own. Since creating letters is addressed in other ACO documentation, we will concentrate here on tasks specific to creating a letter from a CMS template.

Note: Regional Offices - Each region can use one state server to create a complete set of enforcement letters, and those letters may be replicated to their other state databases. Call the QTSO Help Desk, 888-477-7876, for more information.

Viewing CMS Letter Templates

CMS letter templates cannot be edited or printed. You can read them to see which ones have language that works for you, then create your own templates using the CMS templates as a starting point.

To view the text of a CMS letter template:

1. From the **System** menu, select **Letter Management**.
2. In the **Letters** window, choose **05 CMS Enforcement for Letter Type**.

   This displays a list of the CMS templates.
3. To see the text in a letter, select the letter and click **Text**.
4. When you're finished, select **File**, then **Exit** to return to the Letters window.

More ...

Screen: "Letters window" on page 176

Creating a State Letter Template from a CMS Template

To customize a CMS letter template for your state, create a new template that contains the contents of the CMS template. Then, modify the text in the new template to suit the requirements of your office.

To create a new state letter template from a CMS template:

1. From the **System** menu, select **Letter Management**, then click **New**.

   This opens the **Letter Desc** (Description) screen. The disabled fields in the middle of the window are page setup fields that are no longer in use.
2. Enter a **Description** for the letter.

   We suggest including a reference to the template in your description, to maintain a record of the letter's source.

3 Before you can select the source template, go to the bottom of the form and select **04 Enforcement** for **Letter Type**.

   This makes the CMS templates available for selection in the Letter Templates list.

4 In the **Letter Templates** box, select the CMS template you want to use as the basis for your new state template.

5 If the letter contains references to a specific survey, mark the **Requires Specific Visit Info** box.

6 If the letter contains references to a specific complaint/incident intake, mark the **Requires Specific Intake Info** box.

7 Select the **ENF Letter Class**.

   Options are: Federal, State Licensure, or both.

8 Choose the applicable **ENF Letter Type Default**.

   This enables AEM to put the letter on short lists in appropriate areas. You still have access to all letters.

9 Click **OK** to open the word processor.

10 Make changes as needed to create a form letter template that suits your needs.

11 Click **Save and Exit** to save the letter.

12 Your template is now displayed in the list for **Letter Type 04 Enforcement**.

More ...

Screen: "Letter Desc window" on page 177
Screen: "Letter word processor" on page 179

Inserting Text and Graphics into the Header

Most offices want to add a graphic and address information to the header of each letter. The process involves inserting a table into the header and placing text and logo in different cells of the table.

Note: For all ASPEN letters, the image file must be in JPG format.

To add text and graphic to the header:

1 From the **Letters** window, select the letter and click **Text**.

2 In the letter word processor, select **View**, then **Headers and Footers**.

   The header area opens with the cursor inside.

3 Select **Table | Insert | Table**.

4. In the **Insert Table** window, enter **2** for Columns, **1** for Rows, and click **OK**.
5. Position your cursor in the cell (right or left) where you want your logo image, and select **Insert | Image**.
6. In the **Insert Image** window, browse to your graphic file (remember, use .jpg format), select it and click **Open**.
7. Position your cursor in the cell where you want address information, and type the address.

   ➥ To make the text right-flush, select all the text in the cell and click the **Right Flush** button on the formatting toolbar.

8. Click **Save and Exit**.

More ...

Screen: "Letters window" on page 176
Screen: "Letter word processor" on page 179

Inserting ASPEN Letter Macros

By far the most powerful feature of ASPEN letter management is the ability to insert current data from the ASPEN database into letters at the time they are generated.

ASPEN letter macros (also called merge codes) are similar to the mail merge functions in many word processors. Each macro references a specific piece of information that is stored in ASPEN databases. For example, the Facility Name macro inserts the name of the facility associated with the letter.

There are over 200 letter macros, so there is considerable flexibility available to you when constructing letter templates. All macros are described in detail in the *ASPEN Letter Macros g*uide, available for download from https://qtso.cms.gov.

Formatting Macros

Generally, macros you insert assume the formatting of the surrounding text. You can safely apply formatting attributes (bold, italic) directly to the macro in the template, and that transfers to the data inserted into the letter.

Macro Brackets

When you insert a macro into a letter template, the macro text appears in brackets:

[Facility Name ()]

Brackets [ ] are used by ASPEN to identify the macros in your template letters.

These brackets, as well as the parentheses () at the end of each macro, should never be deleted. Doing so affects ASPEN's ability to process the macro.

Variable Macros

All macros have parentheses before the closing bracket. For some macros, you can enter a parameter between the parentheses that defines the macro behavior:

[Date # Days in Future (Words)()] - variable macro

[Date # Days in Future (Words)(10)] - variable macro with parameter

Macro Types

The list of macros available to you when creating a letter template differ depending on the type of letter you are creating.

If the Letter Type for your template is:

- **03 Facility or 01 Survey**

  You can choose from the basic macros that are available for all ASPEN form letters. They include macros like the facility name and phone number, and survey exit date.

- **02 Complaint**

  You can choose from basic macros plus complaint macros, which print allegation information, the intake ID, and other complaint-specific information.

- **04 Enforcement**

  You can choose from basic and complaint macros as well as enforcement macros, which print enforcement-specific information like remedies, CMP amounts, and due dates.

Once you generate a letter that contains macros, the macro information is normal text that can be edited as needed.

To insert macros into a form letter:

1. From the **System** menu, select **Letter Management**.
2. In the **Letters** window, select a letter (template) and click **Text...**.
3. Click in the letter text at the point where you want to insert the macro (merge code).
4. Select the macro you want from the **Macros** drop-down list.

5 Click **Insert**.

AEM inserts the macro into the letter.

Example:

[Facility Name()]

When a letter is generated from the template, the provider's current name will be inserted in place of the macro.

6 For a variable macro, enter a parameter between the closing parentheses.

Example:

[Date # Days in Future (Words)(10)]

You entered 10 between the closing parentheses to specify that the date ASPEN substitutes for the macro should be ten days in the future. "(Words)" indicates that the date will be printed with the month spelled out. If a user generates a letter from the template on July 14, 2014, the date printed in the letter will be July 24, 2014.

More ...

Screen: "ASPEN word processor" on page 184
Screen: "Letters window" on page 176
Screen: "Letter word processor" on page 179

Inserting the Custom Text Prompt macro

Custom Text Prompt is a variable macro that permits the user to enter specific text each time a letter is generated. For instance, if a contact name is likely to be different for each letter, you can use Custom Text macro to have ASPEN provide a window for entering the contact name when a user generates the letter. ASPEN inserts the name at the macro location in the letter.

Use the parentheses at the end of the macro to indicate what piece of information the user should enter.

To insert the Custom Text Prompt macro into a form letter:

1 From the **System** menu, select **Letter Management**.

2 In the **Letters** window, select a letter (template) and click **Text...**.

3 Position the cursor at the point in the letter where you want to insert the Custom Text Prompt.

4 Select the **Custom Text Prompt** macro from the **Macros** drop-down list.

5 Click **Insert**.

AEM inserts the macro into the letter.

[Custom Text Prompt()]

6 Place the cursor between the parentheses and specify what the user should enter.

The prompt text you entered will appear in the title bar of the window that users will see.

Example:

[Custom Text Prompt(Name of Department Contact)]

results in a window like this one each time a user generates the letter.

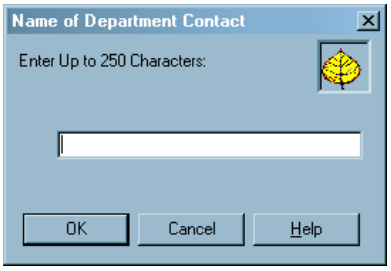


Figure 33: Example of a Custom Text Prompt window

More ...

Screen: "ASPEN word processor" on page 184
Screen: "Letters window" on page 176
Screen: "Letter word processor" on page 179

AEM Reports

A variety of AEM reports are available in ASPEN, finalized and draft. Draft reports (the title will say *Draft*) were drawn from the Chicago System, but have not been reviewed and given final approval.

Note: These reports were developed for NH enforcement and then adapted for reporting on HHA and CLIA enforcement. Reports that are not applicable to HHAs or CLIA laboratories will return no data.

The draft reports are listed below. Samples of finalized reports are included in "Supporting Materials ".

To generate enforcement reports:

1 From the **Reports** menu, select **Enforcement Reports**.

2 Highlight the applicable report group category.

3 Select the desired report.

For most reports, a report customization window opens.

4 Specify the desired report parameters and click **OK**.

The report is generated.

Draft Reports

- RO Early Processing Times - Detail Report
- RO Multi Processing Times - Detail
- RO-State Early Processing Times - Detail Report
- State Visit Processing Times
- Compliance Issues - Details
- Checks Received Report
- Pending Remedy Counts - Detail
- Pending Remedy Counts - Summary
- SA Perf Eval: IJ Term. Process
- SA Perf Eval: 6 Mo. Compliance Report
- Facility Quick List (FL) aka NATCEP Current (menu option)
- Pending Remedy Counts - Detail Report
- Pending Terminations Report
- CMP's Paid Report
- Closed Cases Report
- Terminated Facilities Report

More ...

"AEM Reports" on page 328
Procedure: "Setting AEM Report Options" on page 102
Procedure: "Storing Report Settings" on page 104

Regional Reports

Regional reports produce data identical to the same state report, but are run across all states in the region. Configuration options work identically for regional reports as for state reports.

To generate regional reports:

1 Select **Regional Reports** from the **Reports** menu.

2 In the **Generate Report** section, select the **Region** for the report.

Application defaults to Enforcement, which is currently the only option.

3 Choose the state(s) in the selected region to include in the report.

4 Select your report from the **Select Report to Print** list.

A description of the report displays to the right.

5 Click the **Generate Report** button.

If the report you selected already exists in the Pending and Viewable Reports grid, you will receive a confirmation message asking if you want to submit the report again.

Otherwise, a report-specific filter options window opens.

6 Select the appropriate filters and click **OK**.

The report is generated, added to the queue, and listed in the Pending and Viewable Reports grid.

7 Press **Refresh** to see the current status of listed reports.

8 Click the **View** button to view the report on screen.

9 Check the **Save** box to prevent reports from automatic deletion.

Note: If not saved, viewed reports are automatically deleted the night after viewing.

More ...

Screen: "Regional Reports" on page 186

Setting AEM Report Options

For most reports, you use the AEM report customization screen to tailor the content and printed output of the report to your requirements. The filters offered depend on the report you are printing. You can select the parameters for your report, then name and save the format to use again.

If more than one facility type is used in the filter (or no facility type filter is used), the earliest date (NH-10/01/2004) is used for the default First Date for the reports. If only one of these facility types (NH, HHA, or CLIA) is included in the filter, the respective date is used (CLIA - 07/01/2014, HHA - 07/01/2014, NH - 10/01/2004).

The figure below shows the report customization window for the AEM Cases For Which No Letter Has Been Sent report. Note that the lower right section of the options window contains a brief summary of the report and its uses.

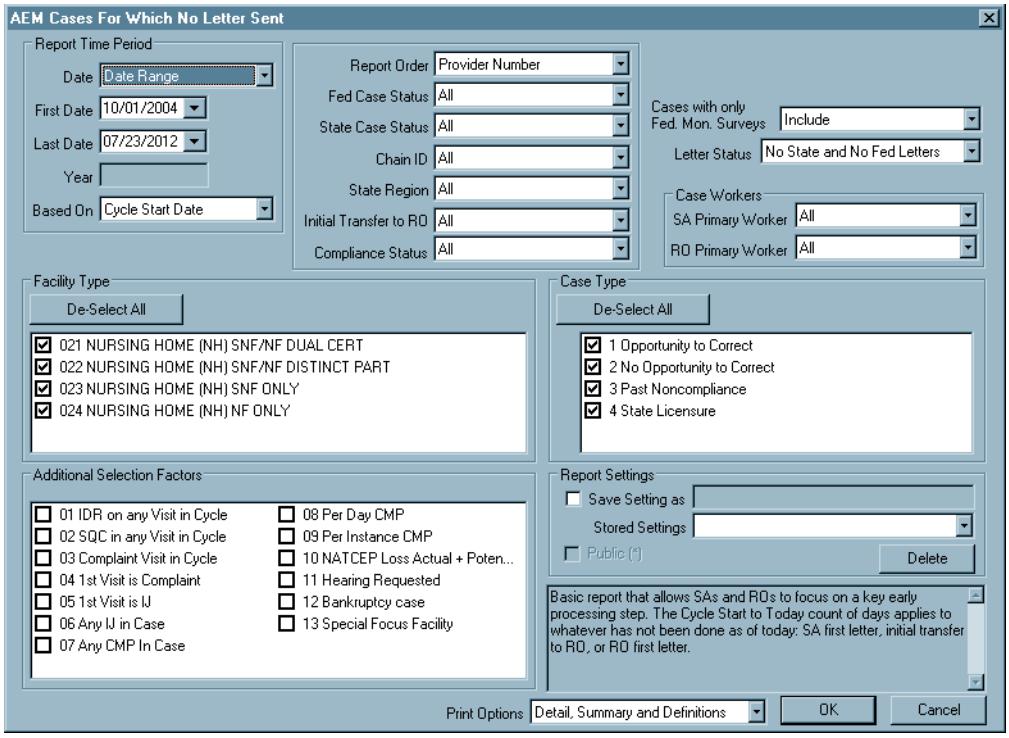


Figure 34: Report Customization window

Note: Options for reports that are still in draft also vary and the layout of the report customization screen may differ from the above.

Storing Report Settings

To store a format for a report:

1. In the report customization window, select the time period, filters and other settings for your report.
2. Click **Save Settings as**, and enter a name for your format.
3. Click **Public** if you want the format to be available to other users.

   The format is saved when you click **OK** to print the report.

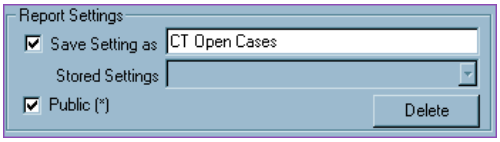


Figure 35: Report Settings window

To print a report using a stored format:

1. From the **Reports** menu, select **Enforcement**, then select the report whose format you saved.
2. In the **Report Settings** window, go to **Stored Settings** and select the saved format from the drop-down list.

   All stored report formats are listed. Formats with an asterisk were created for the report currently being printed.

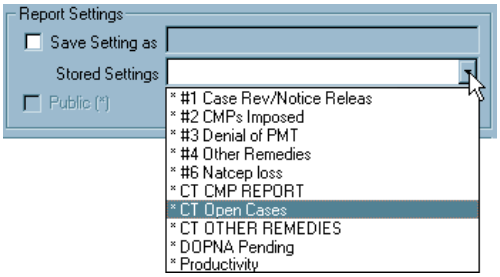


Figure 36: Select Stored Settings

3. Change the date range as needed (date ranges are not saved with the report format).
4. Click **OK** to print the report.

Enforcement Features in AST

There are three main views in AST: Scheduling, Tracking and My ASPEN. Each view includes enforcement components that are applicable to the function of the view.

AST Scheduling View

The Scheduling view lists Certifications, Complaints and Revisits that are due to be scheduled.

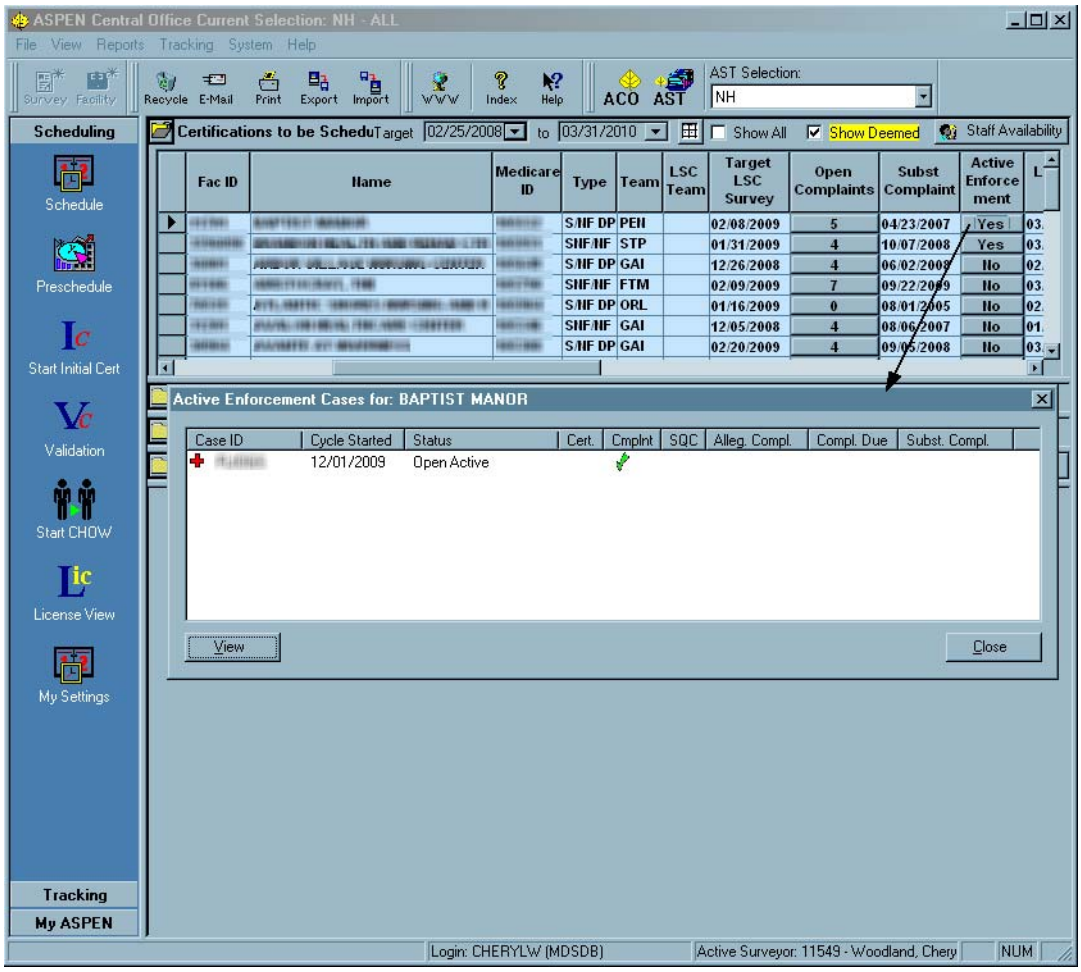


Figure 37: AST Scheduling view

In the Certifications to be Scheduled folder, the Active Enforcement column advises schedulers of existing enforcement actions for a provider. A Yes in this column indicates the provider has at least one open active case that has no Substantial Compliance date entered.

To see a listing of active enforcement cases on a provider:

➥ Click the **Yes** button in the **Active Enforcement** column. In this window, select a case and click the **View** button to open a read-only view of the case.

Schedulers who try to schedule a recertification for a provider that has an active enforcement case will see:

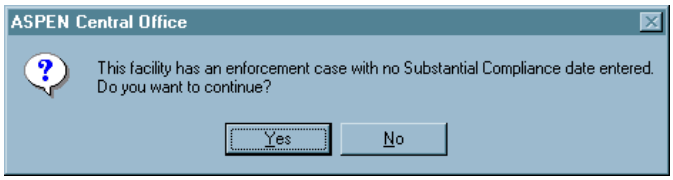


Figure 38: No Substantial Compliance Date Entered warning

AST Tracking View

The Tracking view is for the monitoring of certifications that have been scheduled and/or are in process.

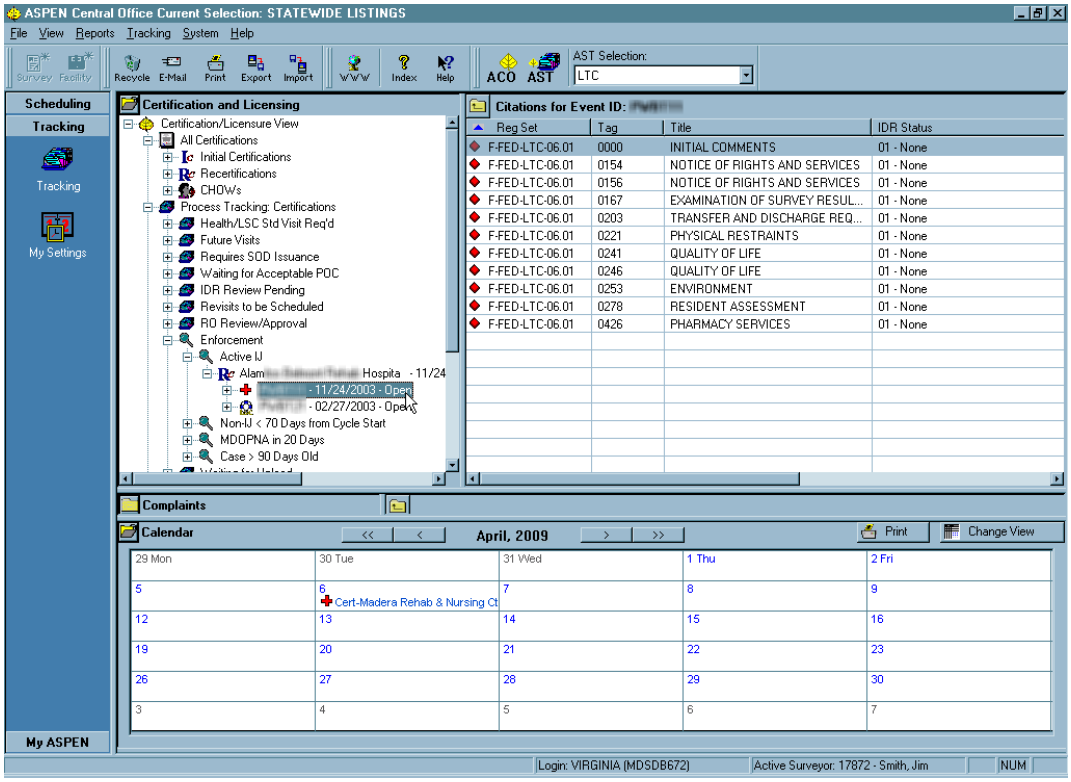


Figure 39: AST Tracking view

The Process Tracking: Certifications section of the Tracking tree contains an Enforcement node that lists any certification that contains a visit related to an active enforcement case. The certifications are further broken down according to the following:

- Active IJ - certifications containing a visit associated with an enforcement case that has an active IJ situation.
- Non-IJ < 70 Days - certifications containing a visit associated with an active enforcement case that has no current IJ situation and has a Cycle Start date less than 70 days earlier than today.
- MDOPNA in 20 Days - certifications containing at least one visit associated with an active enforcement case that has no Substantial Compliance date and is within 20 days of the Effective Date of a Mandatory Denial of Payment for New Admissions remedy.
- Case > 90 Days old - certifications containing at least one visit associated with an active enforcement case that has a Cycle Start date more than 90 days earlier than today.

➥ Highlight a provider name or a survey in the tree to see details in the right pane.

AST My ASPEN View

My ASPEN lists events and action items that are associated with the current user.

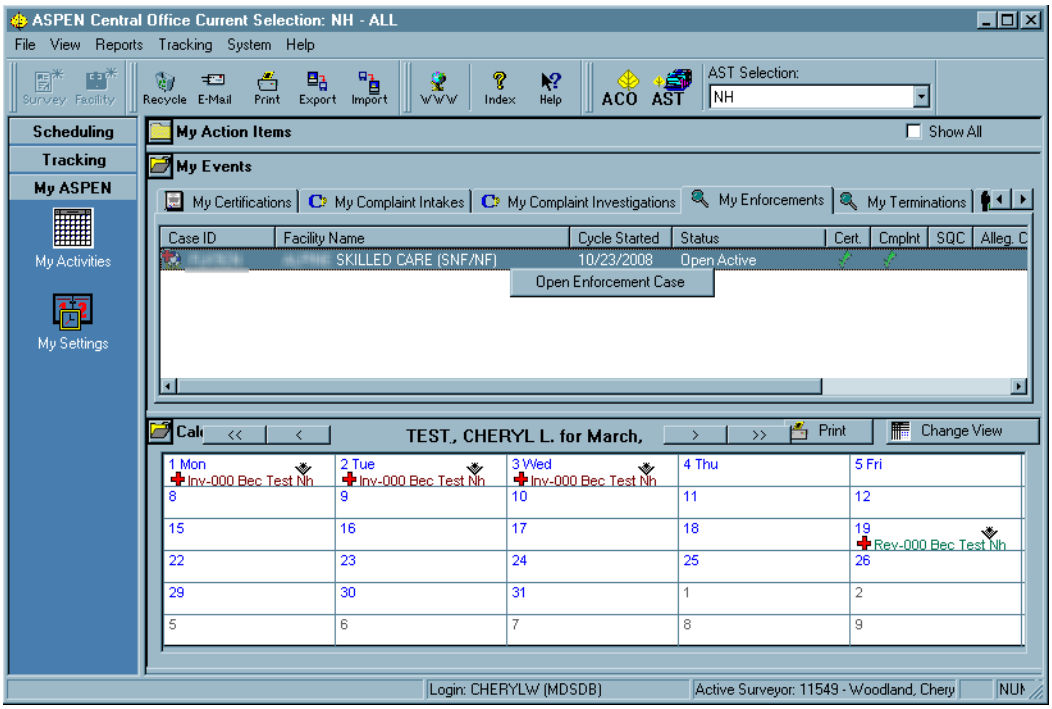


Figure 40: AST My Aspen view

In the My Events folder, the My Enforcements tab lists those enforcement cases to which the logged-on user is assigned as case worker.

To open and work in an enforcement case from this view:

➥ Right-click an enforcement case.

AEM Screens

This chapter contains pictures and brief descriptions of screens and windows encountered when working in the ASPEN AEM application Case screens.

If you are viewing this document online, take advantage of the hyperlinks. You can click the cross-reference at the top of each graphic to jump to detailed descriptions of the fields on that section of screen, as shown in the example below (page number may not be current).

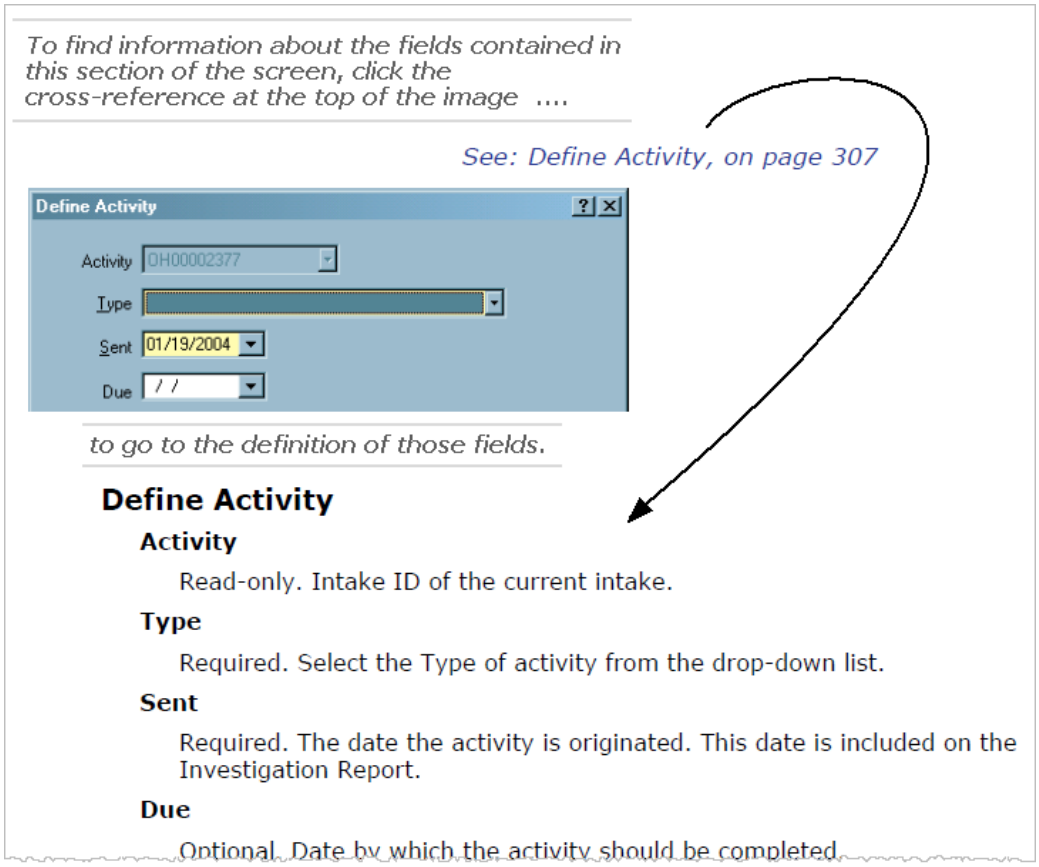


Figure 41: Cross-reference from screenshot to field descriptions

Case Screens

NH and HHA enforcement cases have eight tabs; CLIA cases have nine tabs. Many of the tabs are shared, though fields may vary depending on provider type. The screenshots that follow are type-specific when there are variations. All AEM enforcement cases have a title bar and case header/footer, which are always visible.

Title Bar, Case Header and Footer

All AEM enforcement cases have a title bar and case header/footer, which are always visible.

Title Bar and Case Header

The title bar (the horizontal bar at the top of the window) shows basic summary information about the case. The fields displayed in the case header vary somewhat depending on provider type.

Fields: "Title Bar", on page 187
Fields: "Case Header", on page 188

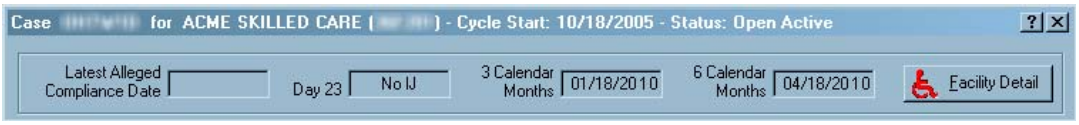


Figure 42: Title Bar and Case Header - NH

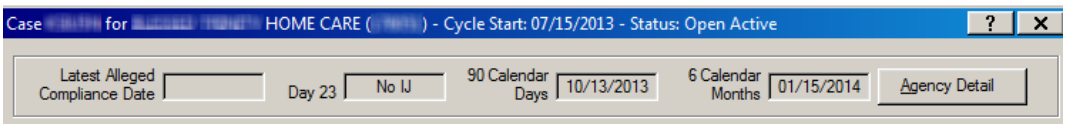


Figure 43: Title Bar and Case Header - HHA

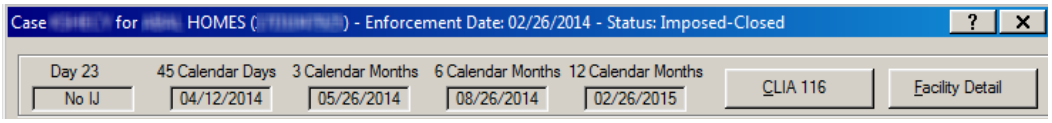


Figure 44: Title Bar and Case Header - CLIA

Case Footer

The footer provides a number of options while you work on any screen in the case file. You can print reports, compose and edit letters and notes, attach photos and other digital files, and access related complaints in ACTS.

Fields: "Case Footer", on page 190

Figure 45: Case Footer

Case Basics tab

The Case Basics tab is divided into three screen sections: Summary, Activities and Case Notes. The fields displayed vary depending on provider type.

Summary

The first tab in the Enforcement record, Case Basics, is the active tab whenever you open a case. It contains important case summary information and dates, and has text editors where users can record relevant details.

Summary - NH

Fields: "Summary", on page 191

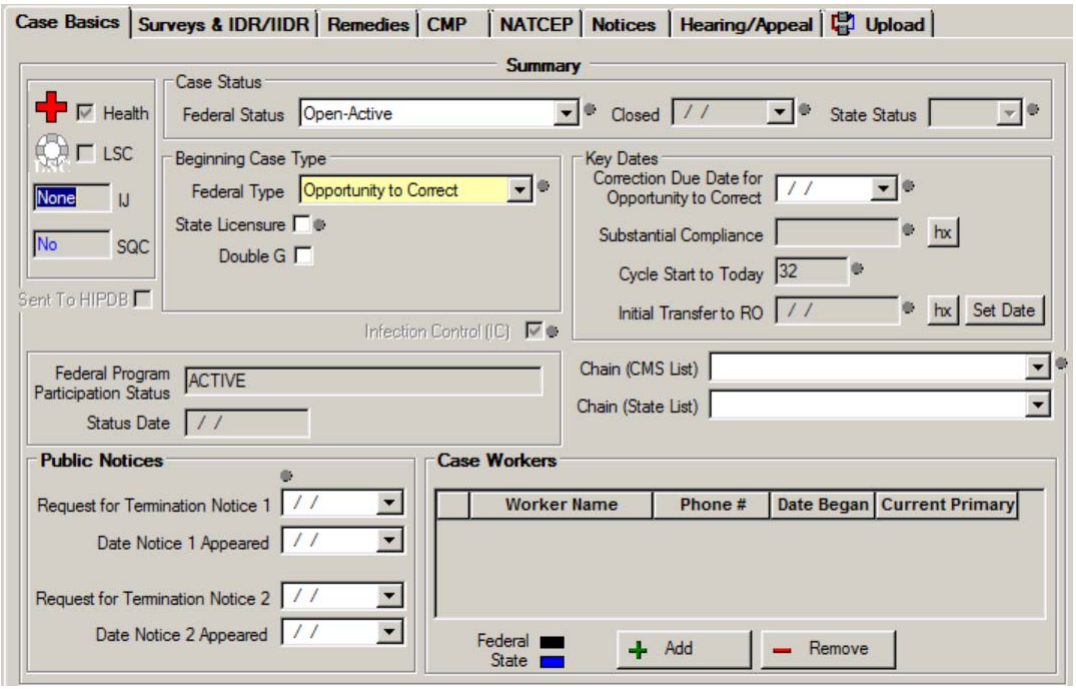


Figure 46: Summary section of Case Basics tab - NH

For CDC enforcement cases only, there are two additional fields in the Beginning Case type section.

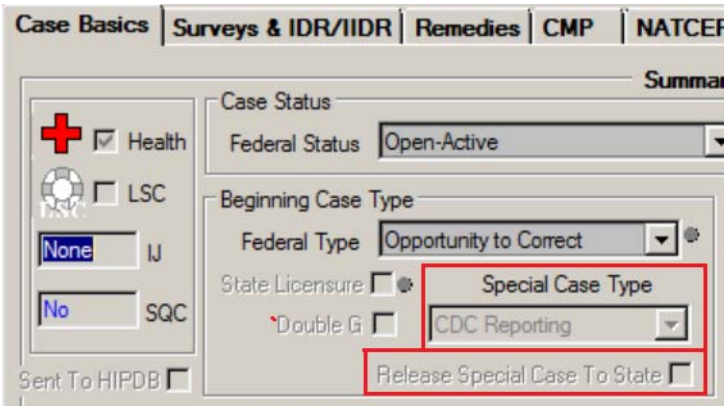


Figure 47: CDC enforcement Special Case fields: Type, Release To State

Summary - HHA

Fields: "Summary", on page 191

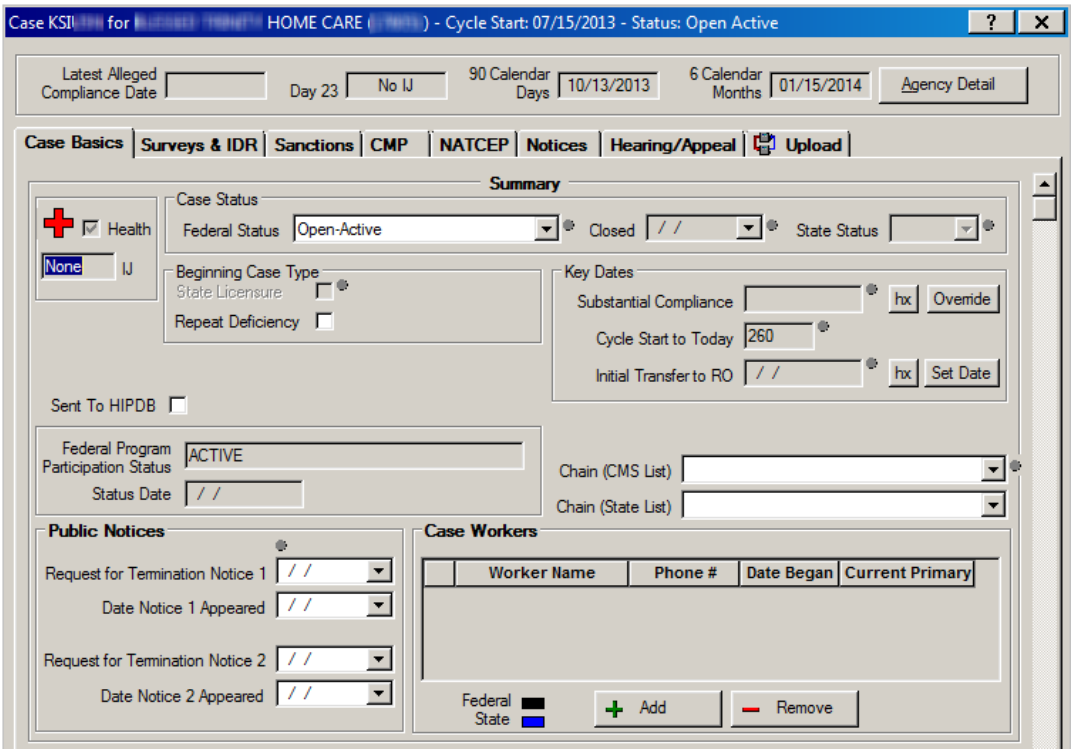


Figure 48: Summary section of Case basics tab - HHA

Summary - CLIA

Fields: "Summary", on page 191

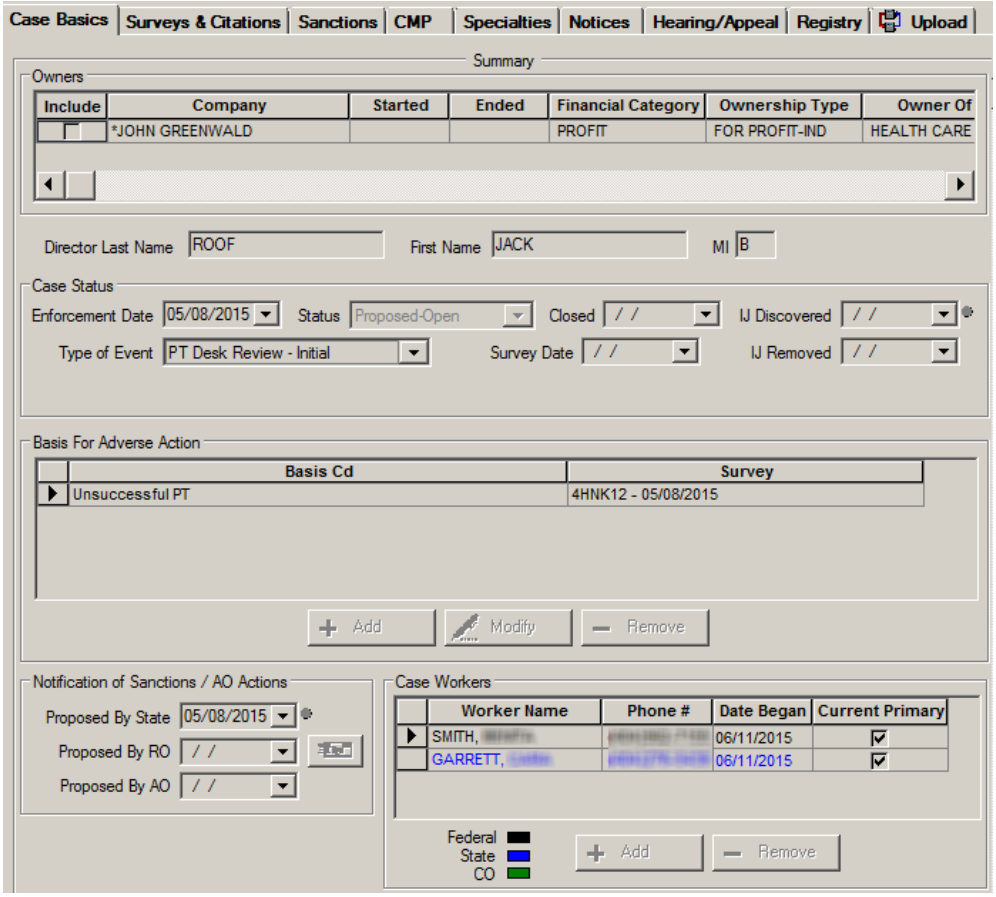


Figure 49: Summary section of Case basics tab - CLIA

Case Status

For NH and HHAs, the State Status field is enabled only when the case involves State Licensure and can be changed only by states.

Fields: "Case Status", on page 192

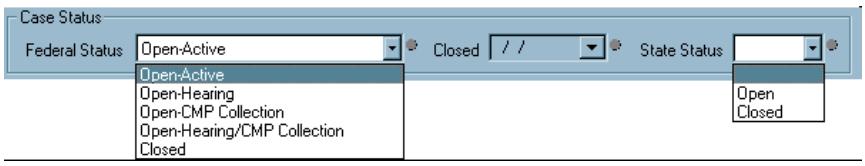


Figure 50: Case Status subsection of Summary - NH, HHA

In CLIA cases, Status is a read-only field that is set by ASPEN.

Fields: "Case Status", on page 192

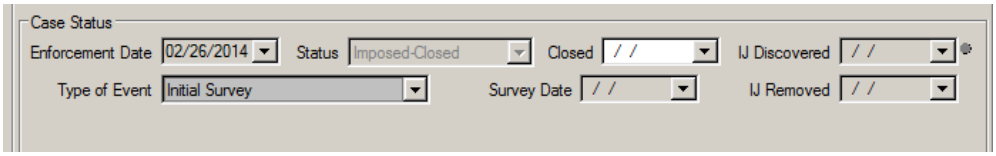


Figure 51: Case Status Subsection of Summary - CLIA

Basis for Adverse Action

This appears on CLIA enforcement cases only. At least one adverse action must be entered.

Fields: "Basis For Adverse Action - CLIA", on page 199

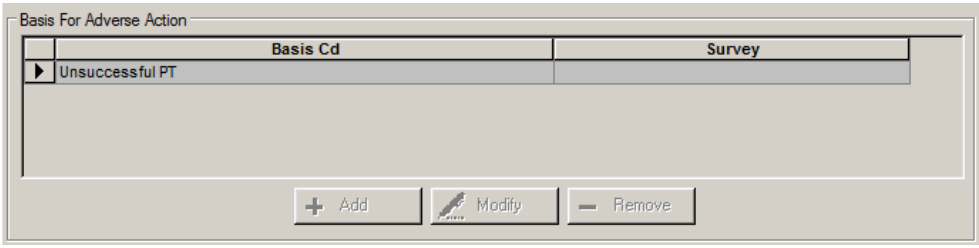


Figure 52: Basis For Adverse Action

Federal Pending Remedies - NH, HHA

A case cannot be closed if there are pending Federal remedies (NH)/sanctions (HHA). If AEM finds any, it displays a window that gives you the option of changing pending remedies/sanctions to a non-pending status.

Fields: "Federal Pending Remedies - NH, HHA", on page 201

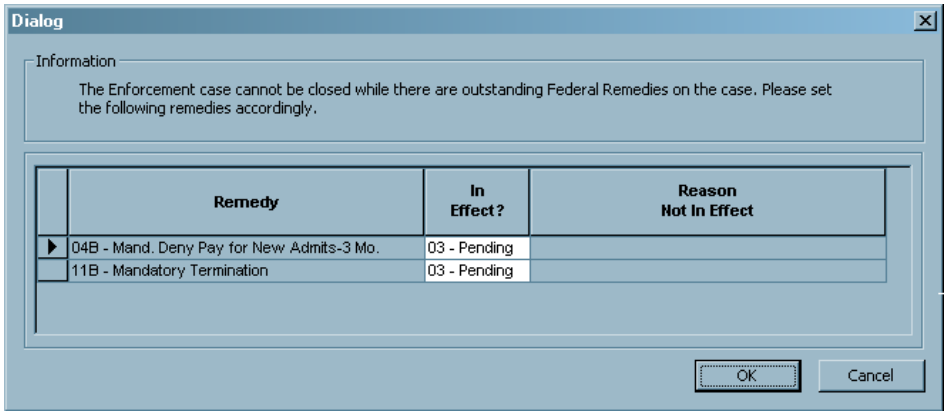


Figure 53: Pending Federal Remedies window

Activities

Fields: "Activities", on page 201

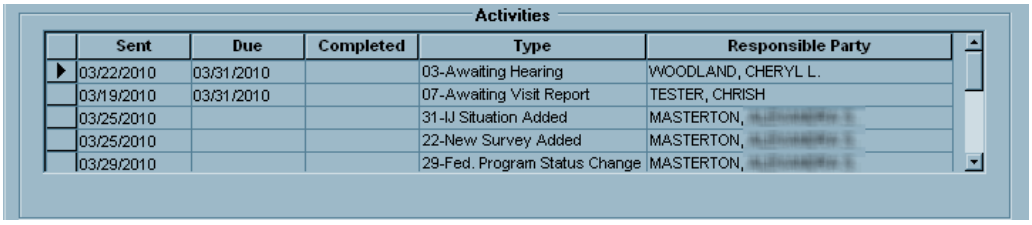


Figure 54: Activities section of Case Basics tab

Define Activity

Fields: "Define Activity", on page 202

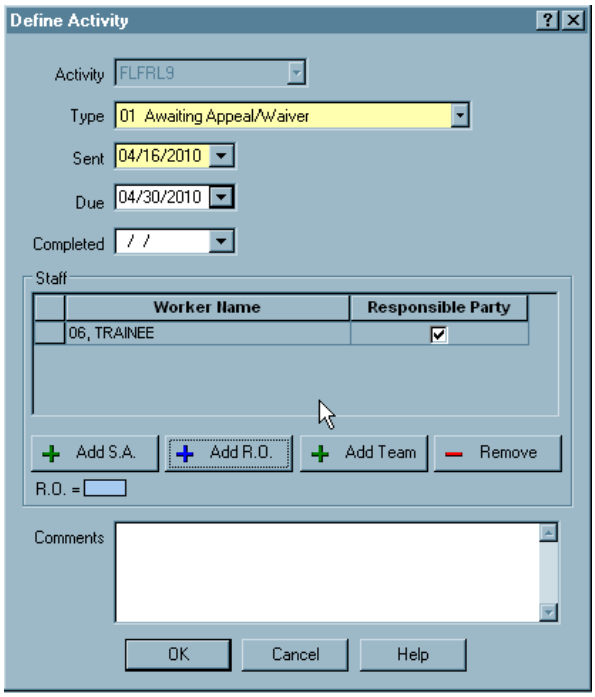


Figure 55: Define Activity

Case Notes section

Fields: "Case Notes", on page 203

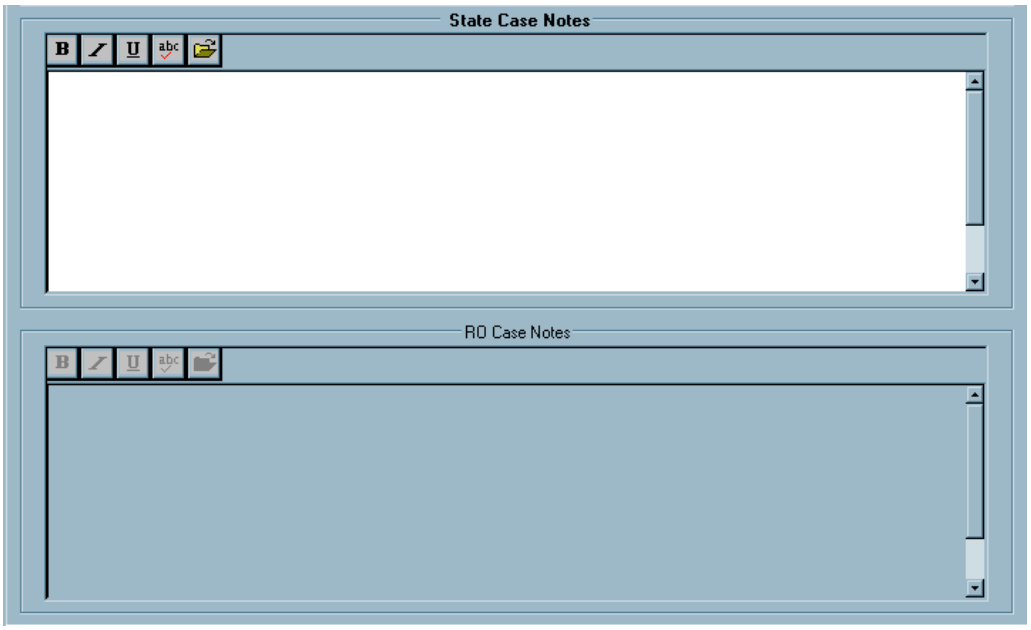


Figure 56: Case Notes section of Case Basics tab - NH, HHA

Fields: "Case Notes", on page 203

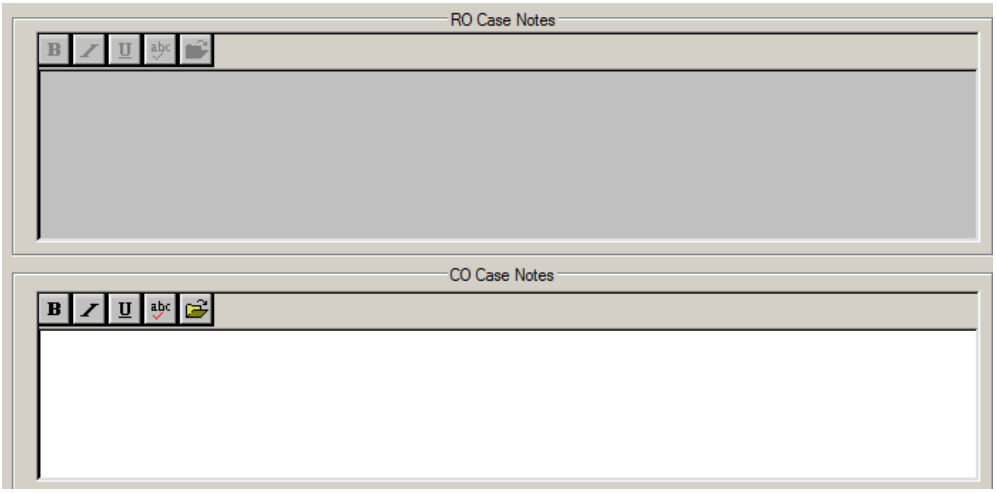


Figure 57: Case Notes section of Case Basics tab - CLIA

Surveys & IDR/IIDR, Surveys & Citations tab

This tab lists all surveys attached to the case and all cited deficiencies. The tab title and number of subtabs differ somewhat depending on provider type.

For NH providers, the title is Surveys & IDR/IIDR. For HHAs, it is Surveys & IDR.

There are three subtabs:

- Surveys
- IJ Situation
- Citations: All Surveys

Fields: "Surveys & IDR/IIDR, Surveys & Citations", on page 204

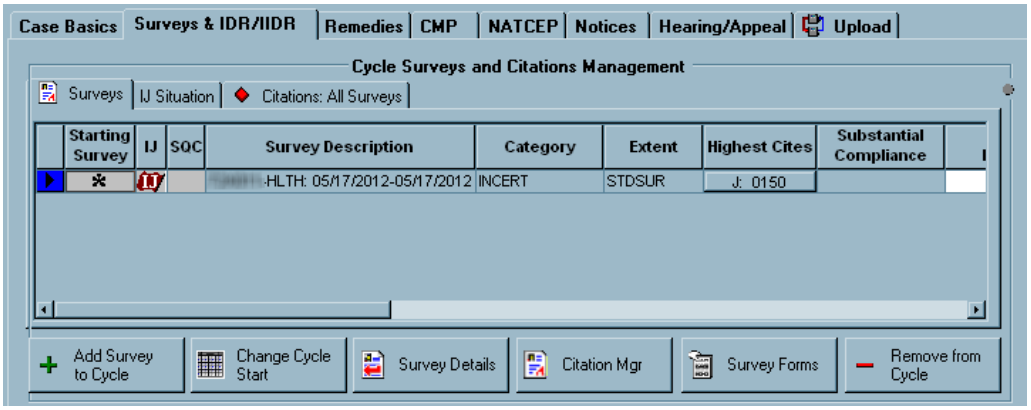


Figure 58: Surveys & IDR/IIDR tab - Cycle Surveys subtab - NH

Fields: "Surveys & IDR/IIDR, Surveys & Citations", on page 204

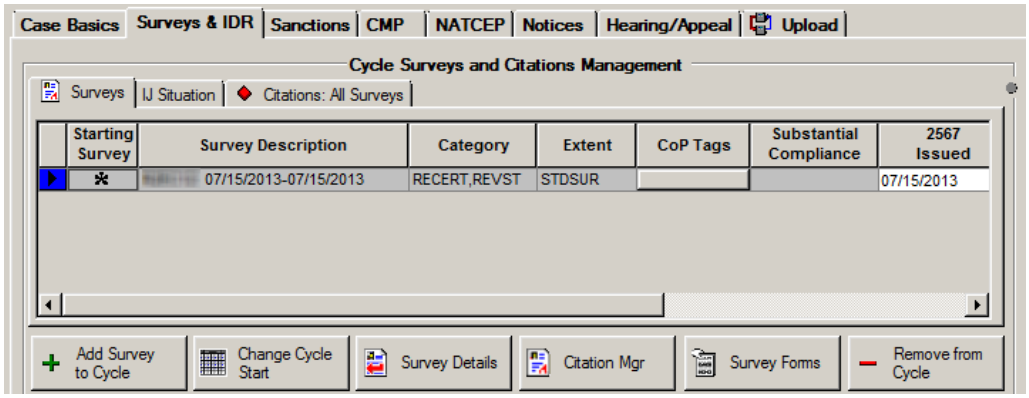


Figure 59: Surveys & IDR tab - Cycle Surveys subtab - HHA

For CLIA providers, the tab title is Surveys & Citations. There are two subtabs:

- Surveys
- Citations: All Surveys

Fields: "Surveys & IDR/IIDR, Surveys & Citations", on page 204

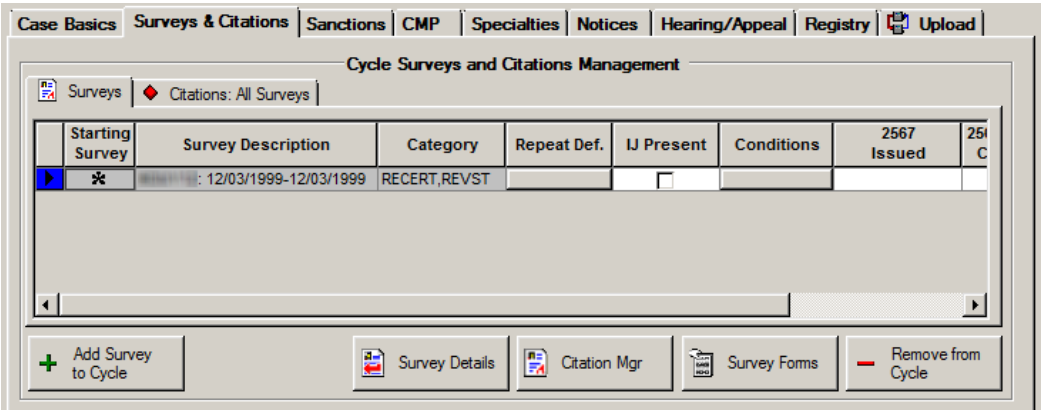


Figure 60: Surveys & Citations - Cycle Surveys subtab - CLIA

Surveys subtab

The top section of the Surveys subtab provides line summaries of survey information, with buttons that open windows showing more survey detail.

Fields: "Surveys", on page 204

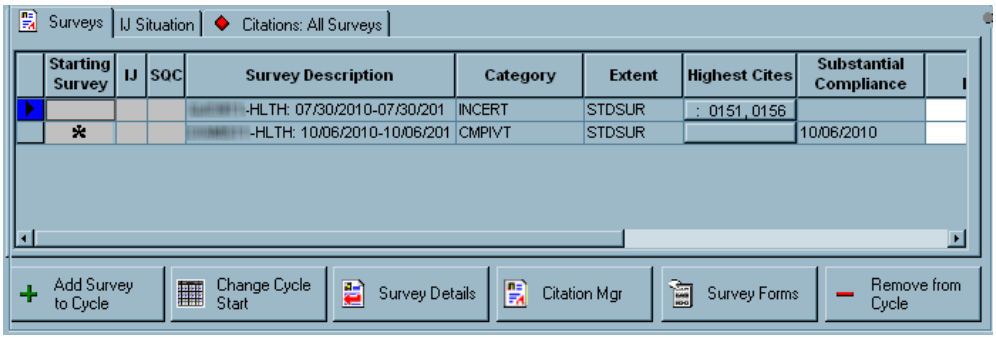


Figure 61: Surveys subtab - NH

Fields: "Surveys", on page 204

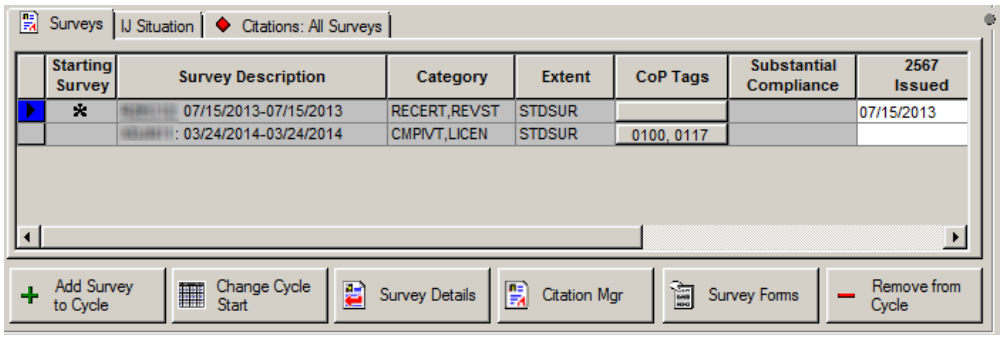


Figure 62: Surveys subtab - HHA

Fields: "Surveys", on page 204

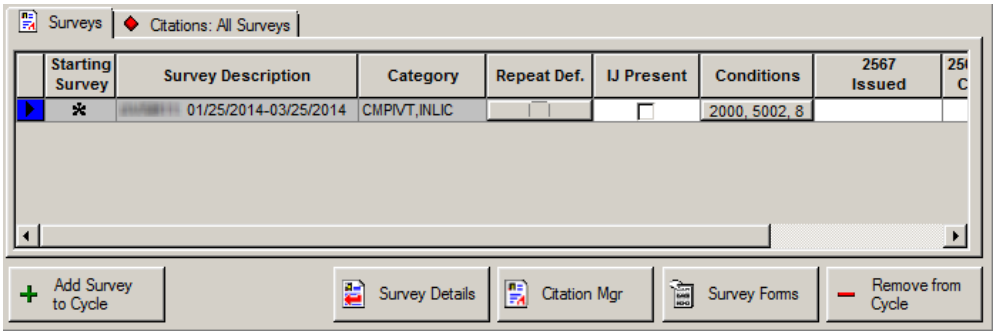


Figure 63: Surveys subtab - CLIA

POC Tracking

Use this window to record the progress of POCs that go through multiple revisions. You open it by clicking the POC button in the Track column for the applicable survey on the Surveys subtab of NH and HHA enforcement cases.

In CLIA enforcement cases, the button is labeled AOC/POC. It opens the same POC Tracking window.

Note: This window appears for surveys that are not ePOC-posted.

Fields: "POC Tracking", on page 210

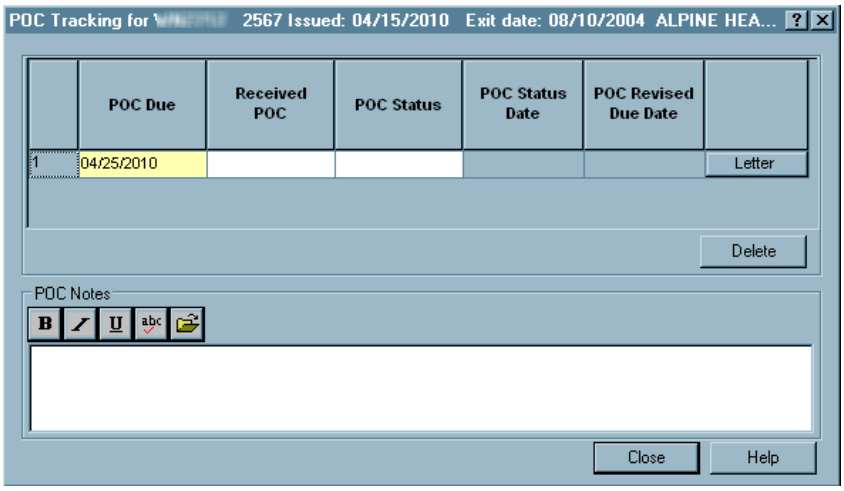


Figure 64: POC Tracking window

Repeat Deficiencies

Clicking the button in the Repeat Deficiencies column of the CLIA Surveys subtab opens a read-only list of repeat deficiencies.

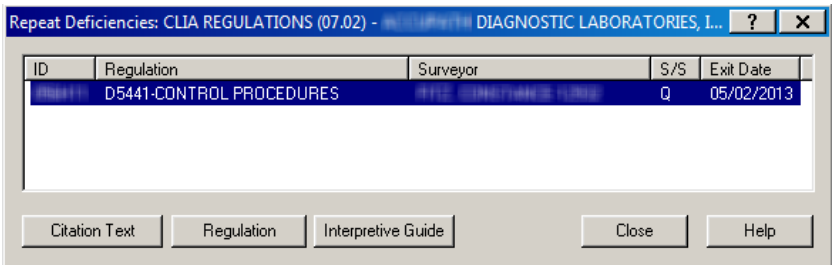


Figure 65: Repeat Deficiencies window

Informal Dispute Resolution - IDR/IIDR for Survey section

For NH cases with associated CMP(s) and/or an enforcement cycle start date on or after 01/01/2012, this section on the Surveys subtab of the Surveys & IDR/IIDR tab provides a read-only copy of IDR/Independent IDR information (if any) for the survey selected in the grid.

Fields: "Informal Dispute Resolution - IDR/IIDR for Survey", on page 211

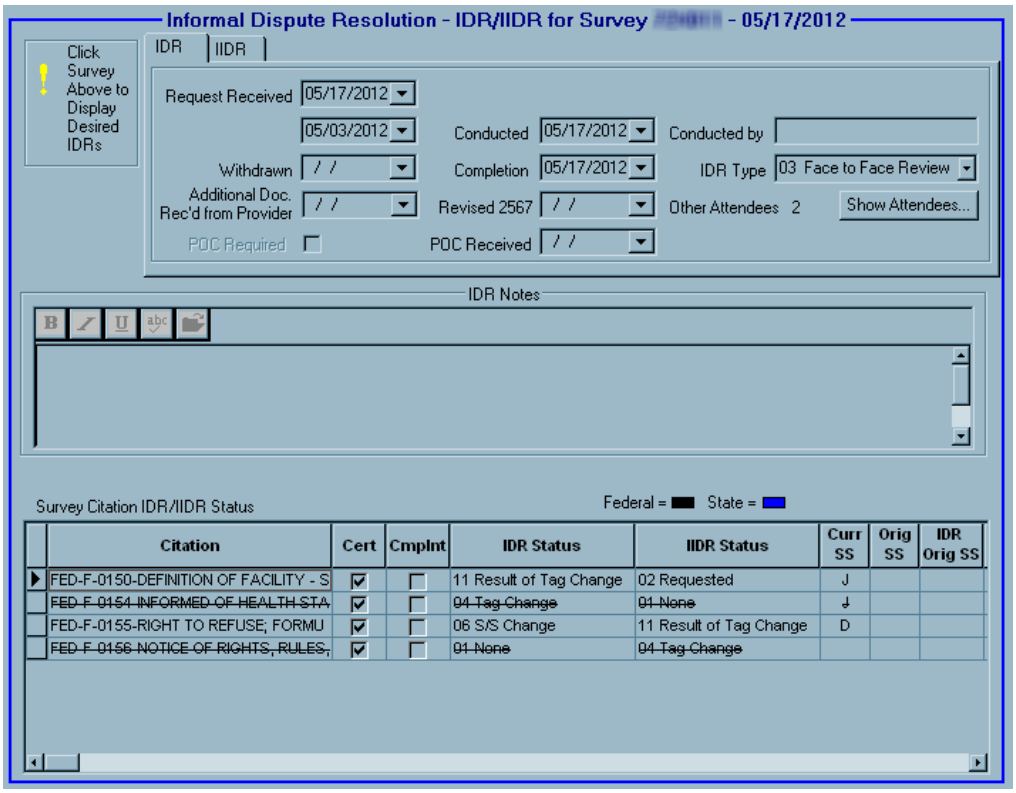


Figure 66: Informal Dispute Resolution - IDR/IIDR for Survey section of Surveys subtab - NH

Informal Dispute Resolution - IDR for Survey section

For all HHA cases and NH cases with no associated CMP and/or an enforcement cycle start date prior to 01/01/2012, this section on the Surveys subtab of the Surveys & IDR tab provides a read-only copy of IDR (if any) for the survey selected in the grid.

Fields: "Informal Dispute Resolution - IDR/IIDR for Survey", on page 211

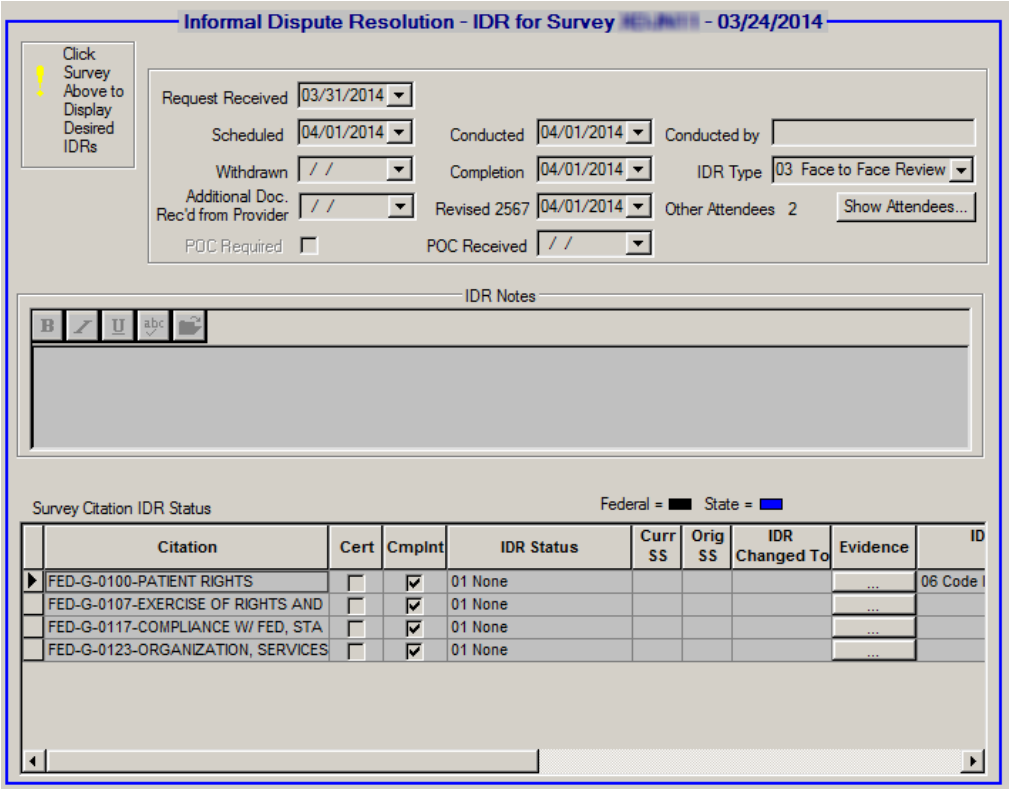


Figure 67: Informal Dispute Resolution - IDR for Survey section of Surveys subtab - HHA

IJ Situation subtab

For NHs, any survey that contains deficiencies cited at a J, K or L Scope/Severity level is flagged with the IJ flag on the Surveys subtab (Surveys & IDR/IIDR tab).

For HHAs, relevant tags are cited at condition level if a surveyor determines an IJ situation exists.

Go to the IJ Situation subtab to record details about specific situations of immediate jeopardy, with start and end dates and associated citations.

Fields: "IJ Situation - NH, HHA", on page 215

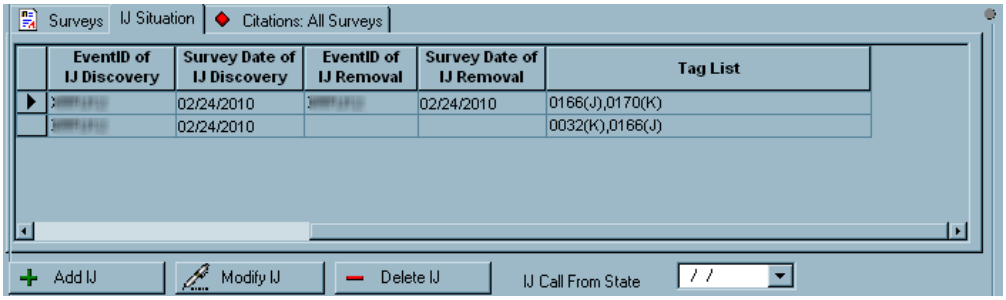


Figure 68: IJ Situation subtab

Define IJ Situation window

Use this window to record basic details about an IJ situation. You open it by clicking the Add IJ or Modify IJ button under the grid on the IJ Situation subtab (Surveys & IDR/IIDR tab).

Fields: "Define IJ Situation - NH, HHA", on page 216

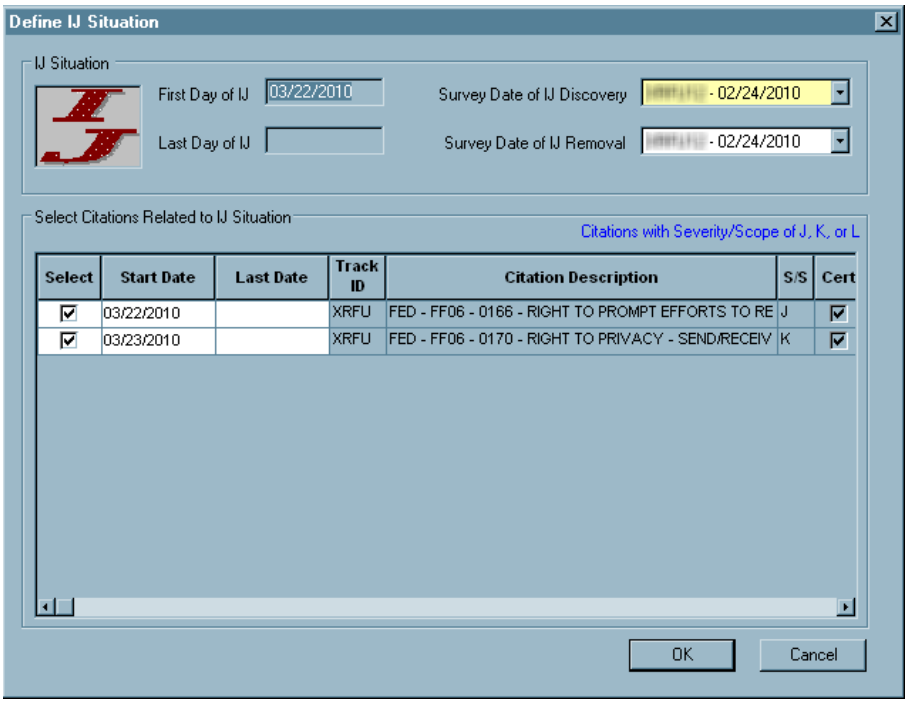


Figure 69: Define IJ Situation window

Citations: All Surveys subtab

The Citations: All Surveys subtab of the Surveys & IDR/IIDR tab for NH provides one-line summaries, including IDR/IIDR status, of each deficiency cited in all the surveys associated with the current enforcement cycle/case.

The Citations: All Surveys tabs for HHA and CLIA have similar fields.

Fields: "Citations: All Surveys", on page 217

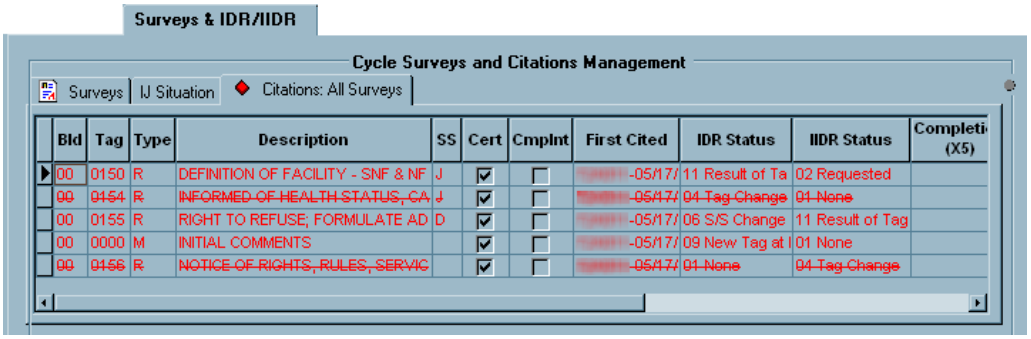


Figure 70: Citations: All Surveys subtab - NH

Scrolling across the Citations: All Surveys grid, when you click the Evidence HX button, it opens a read-only view of the surveyor's findings.

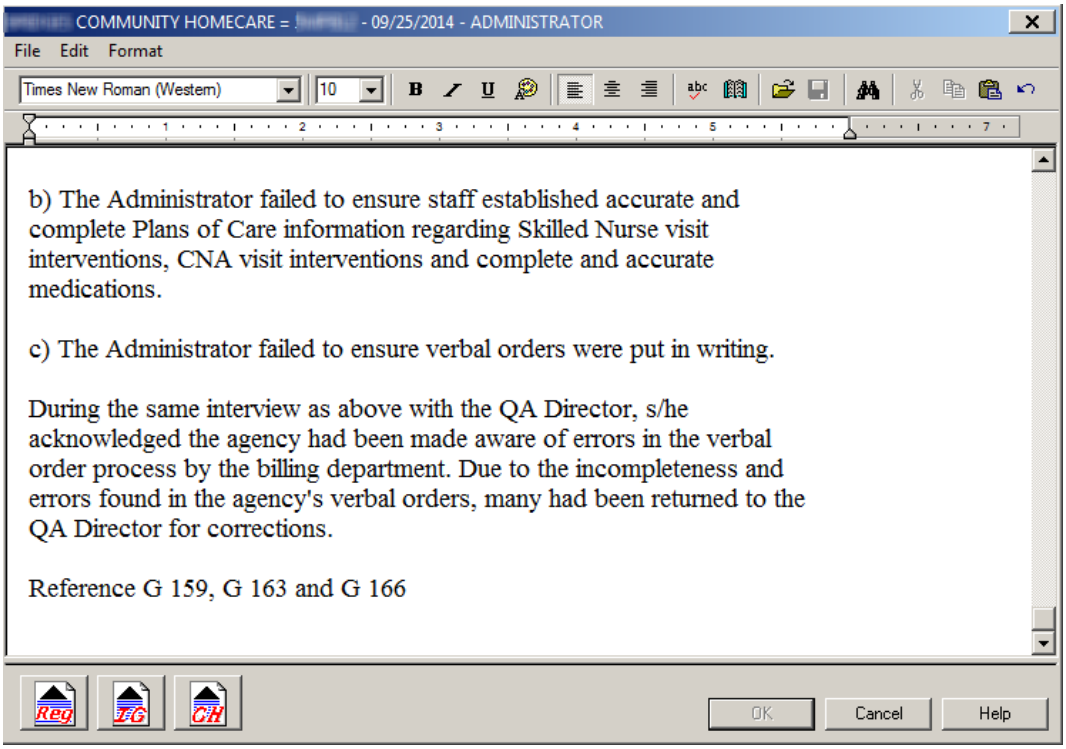


Figure 71: Evidence HX text editor

Waiver Detail window

Scrolling across the Citations: All Surveys grid, click the Citation Waived button, to open the Waiver Detail window, to enter, edit and view additional information.

Fields: "Waiver Detail - NH", on page 219

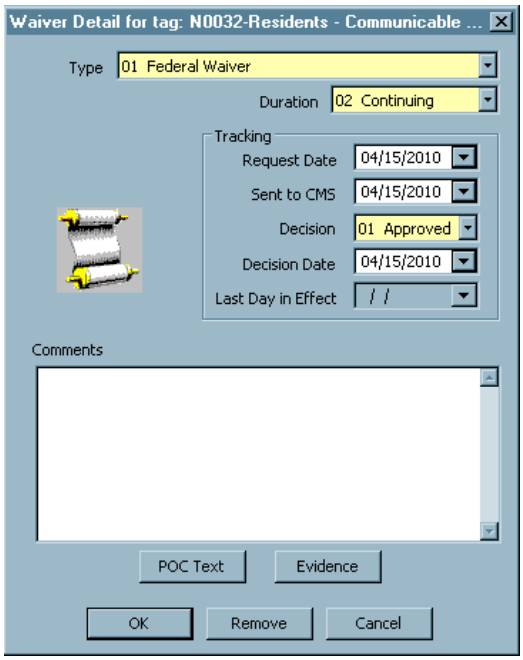


Figure 72: Waiver Detail window

Remedies tab - NH

The Remedies tab is where you enter Federal and/or state remedies as they are recommended, and track the progress of existing remedies. The values displayed in the Remedy Master List are entered from the Remedy Input window.

Fields: "Remedies - NH", on page 220

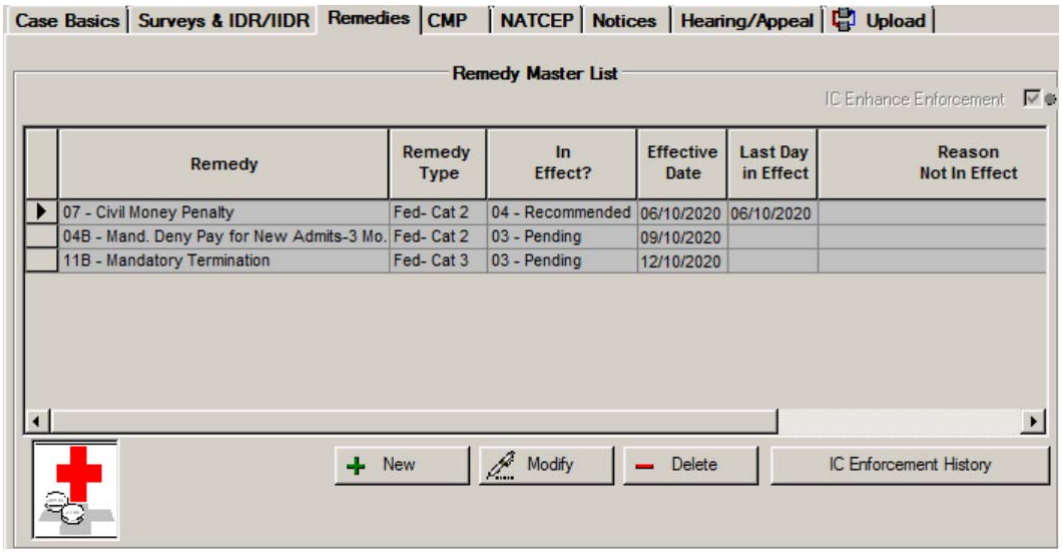


Figure 73: Remedies tab

Remedy Input window - NH

Name of the remedy that has been added to this case. AEM assigns them a Pending status and inserts Effective Dates and State Recommended Effective Dates of 3 and 6 months from Cycle Start, as appropriate.

Fields: "Remedy Input - NH", on page 222

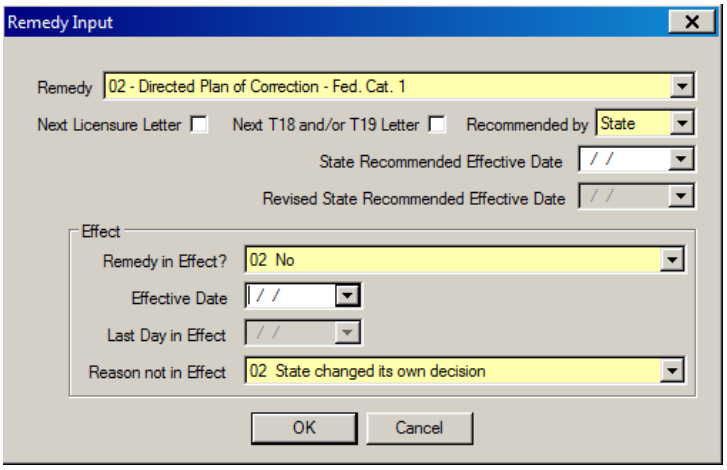


Figure 74: Remedy Input window - NH

Sanctions tab - HHA

The HHA Sanctions tab lists all sanctions that are recommended, pending, in effect, or not in effect for the case. The values displayed in the Sanction Master List are entered from the Sanction Input window.

Fields: "Sanctions - HHA", on page 223

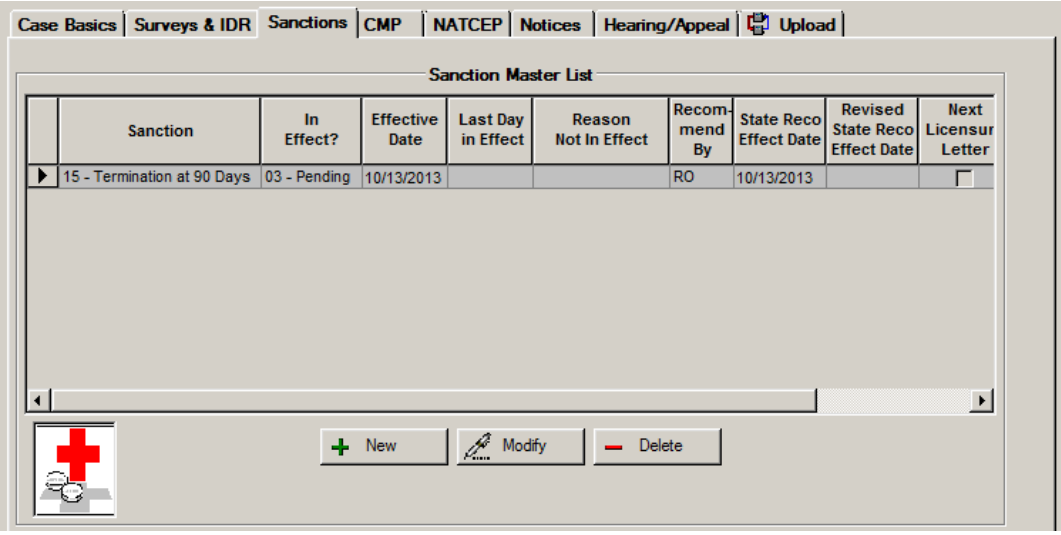


Figure 75: Sanctions tab - HHA

Sanction Input window - HHA

Click the New or Modify button in the Sanctions tab to open a Sanction Input window.

Fields: "Sanction Input - HHA", on page 225

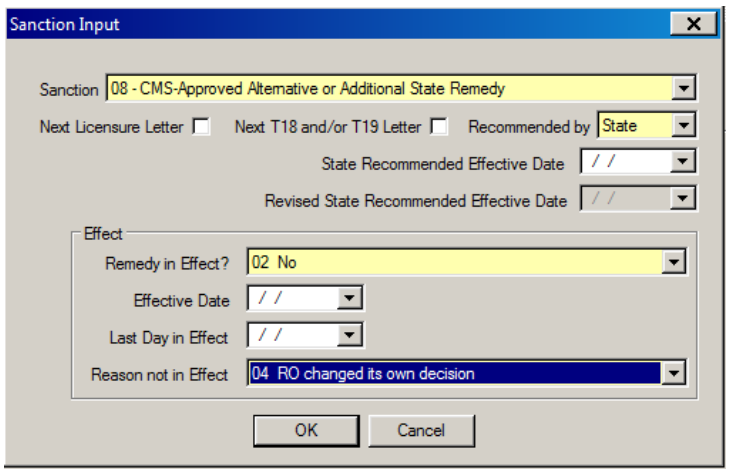


Figure 76: Sanction Input window - HHA

Sanctions tab - CLIA

Training and Technical Assistance information and sanctions associated with the CLIA enforcement case are tracked on the Sanctions tab. The values displayed in the Sanction Master List are entered from corresponding fields in the Sanction window.

Fields: "Sanctions - CLIA", on page 227

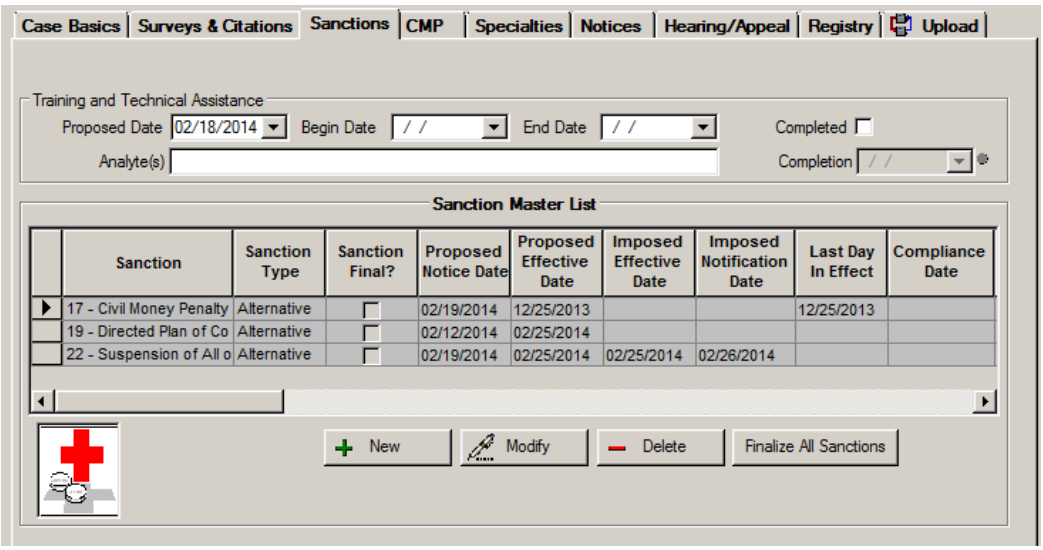


Figure 77: Sanctions tab - CLIA

Sanction window - CLIA

This window opens when you click the New or Modify button under the Sanction Master List.

Fields: "Sanction window - CLIA", on page 229

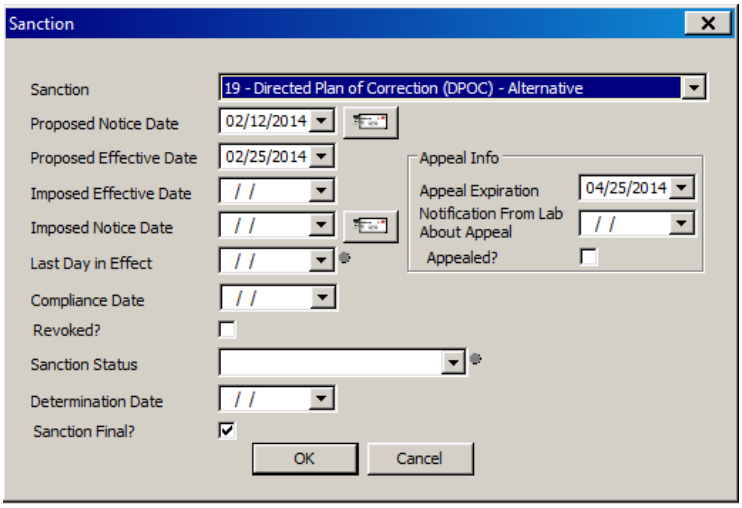


Figure 78: Sanction window - CLIA

CMP tab

The CMP tab stores detailed information about both Federal and state CMPs. The CMP tab is divided into three sections: Case CMP Detail, Civil Money Penalties (CMP), and Detail for highlighted CMP.

Case CMP Detail section

The top section of the tab, Case CMP Detail, summarizes information about all the CMPs related to the case.

Fields: "Case CMP Detail - NH, HHA", on page 230

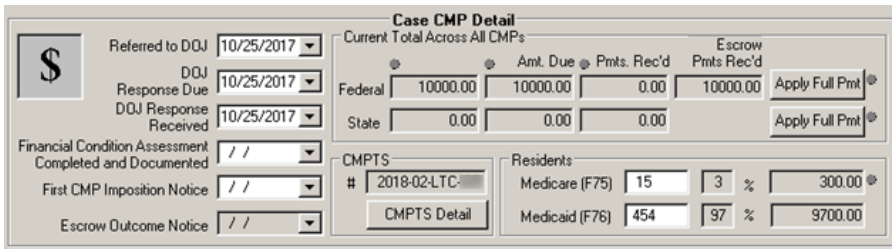


Figure 79: Case CMP Detail section of CMP tab - NH

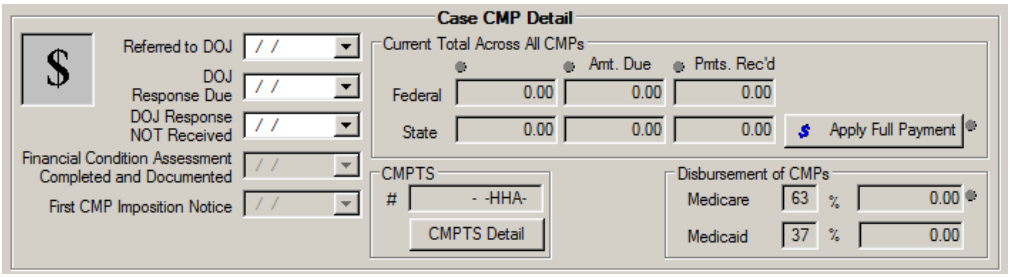


Figure 80: Case CMP Detail section of CMP tab - HHA

Fields: "Case CMP Detail - CLIA", on page 234

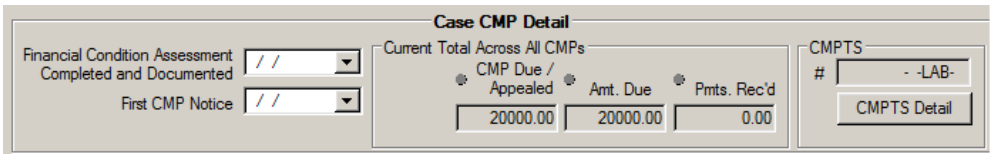


Figure 81: Case CMP Detail section of CMP tab - CLIA

Civil Money Penalties (CMP) section

The middle section, Civil Money Penalties (CMP), lists the individual CMPs attached to the case on two subtabs, Per Instance and Per Day. Use the New, Modify, and Delete buttons to add and update individual CMPs.

Per Instance tab

The fields are almost identical for NH and HHA cases.

Fields: "Civil Money Penalties (CMP) - Per Instance", on page 234

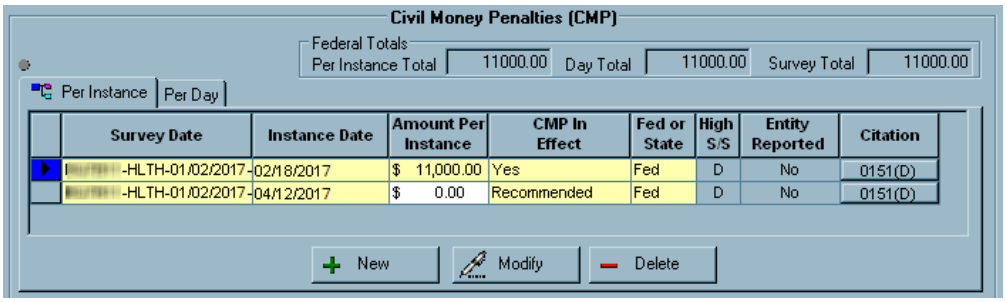


Figure 82: Per Instance subtab of Civil Money Penalties section - NH

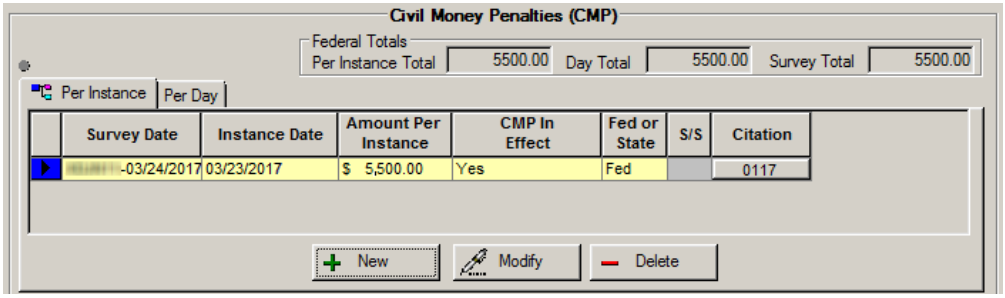


Figure 83: Per Instance subtab of Civil Money Penalties section - HHA

For CLIA enforcement cases, there is a CLIA-specific version of the Per Instance subtab.

Fields: "Civil Money Penalties (CMP) - Per Instance", on page 234

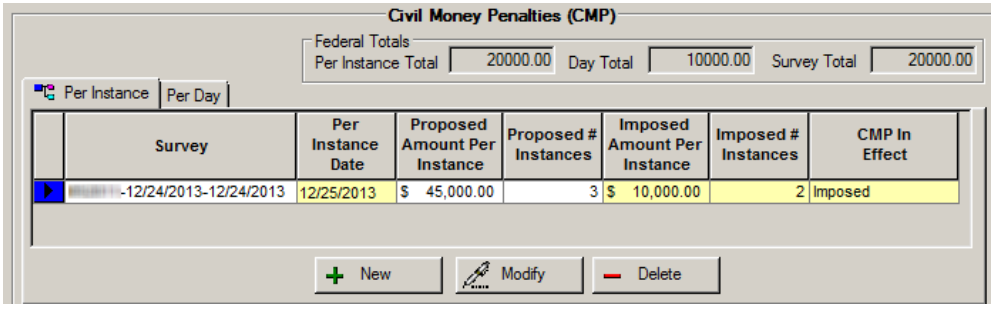


Figure 84: Per Instance subtab of Civil Money Penalties section - CLIA

Per Instance CMP window

The fields are almost identical for NH and HHA cases.

Fields: "Per Instance CMP - NH, HHA", on page 239

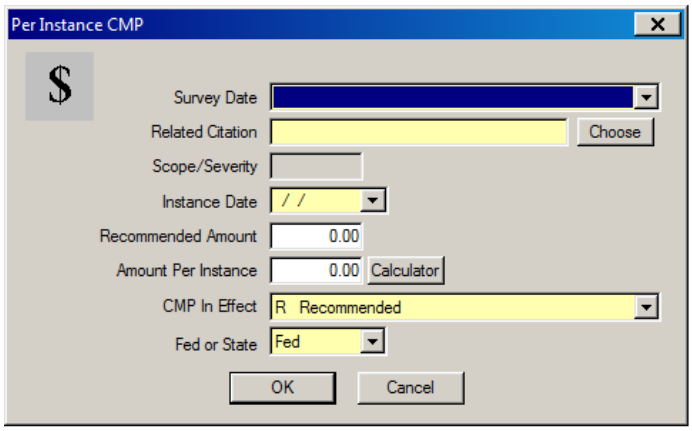


Figure 85: Per Instance CMP window - NH

Fields: "Per Instance CMP - NH, HHA", on page 239

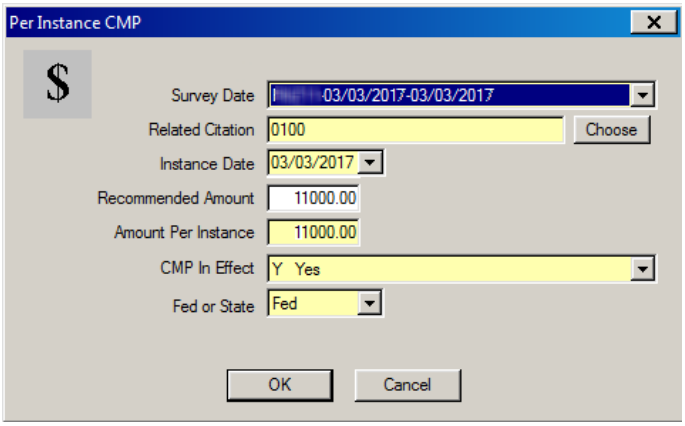


Figure 86: Per Instance CMP window - HHA

For CLIA enforcement cases, there is a CLIA-specific version of the Per Instance CMP window.

Fields: "Per Instance CMP - CLIA", on page 241

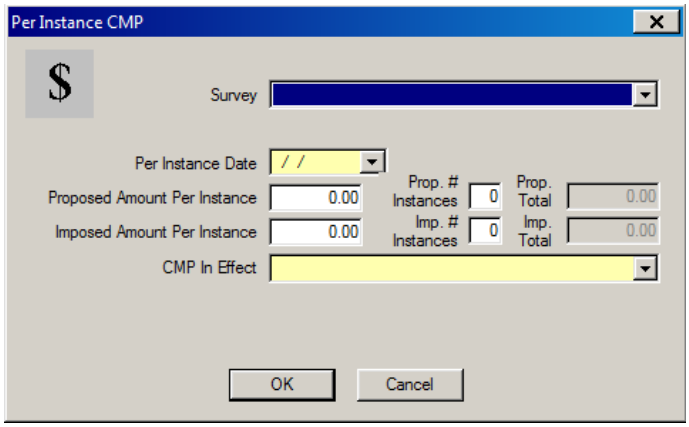


Figure 87: Per Instance CMP window - CLIA

Per Instance CMP Calculator - NH

The AEM calculator feature has been temporarily disabled, and will be enabled in a future release.

The Per Instance CMP Calculator is opened from the Per Instance CMP window. The RO uses this tool to determine CMP type and amount. The SA can open a read-only version of the Per Instance CMP Calculator.

The version of the calculator that opens depends on the ASPEN version installed the first time the CMP calculator is used to determine and save the CMP amount. If the CMP amount was saved using the calculator prior to installing ASPEN version 10.6, version 1 of the calculator opens; if ASPEN version 10.6 was installed, version 2 opens.

Version 1

Fields: "Per Instance CMP Calculator - NH", on page 242

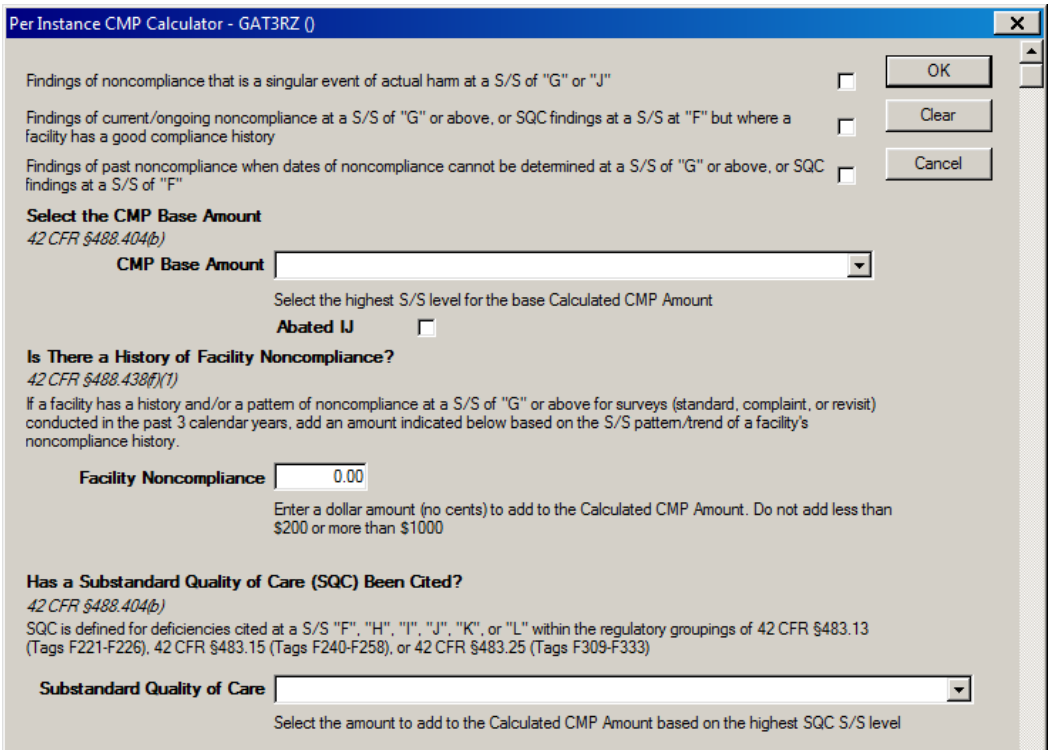


Figure 88: Per Instance CMP Calculator - top - version 1

Fields: "Per Instance CMP Calculator - NH", on page 242

Per Instance CMP Calculator - GAT3RZ ()

Is Facility Culpability a Factor?

42 CFR §488.438(f)(4)

Add an amount indicated below if culpability is a factor, this can include neglect, indifference, or disregard for resident care, comfort, or safety. A facility may be held responsible and culpable for the actions of its management and staff, and contract staff.

Base Culpability Amount 0.00

Enter a dollar amount (no cents) to add to the Calculated CMP Amount based on the highest S/S level cited:

"F" at SQC - Add $200-$500
"G", "H", "I" - Add $600 - $2000
"J", "K", "L" - Add $2500 - $4500

Failure to Act Culpability 0.00

Enter a dollar amount (no cents) to add to the Calculated CMP Amount. If it can be documented that management officials, e.g., administrator, director of nursing, facility owners, and/or the facility's governing body knew of problems but failed to act - Add up to $1000

Facility Culpability Rationale

Calculated CMP Amount 0.00

Does the Calculated CMP Amount Exceed the Maximum Regulatory Amount?

Reduced Calculated CMP Amount

Select the highest permissible CMP amount

Is the Facility Financial Condition a Factor?

42 CFR §488.438(f)(2)

A facility is responsible for notifying CMS of hardship and providing financial documentation

Lower Calculated CMP 0.00

Enter a dollar amount (no cents). Select an option below, if applicable

The facility lacks sufficient assets to pay the CMP without having to go out of business.

Figure 89: Per Instance CMP Calculator - middle - version 1

Fields: "Per Instance CMP Calculator - NH", on page 242

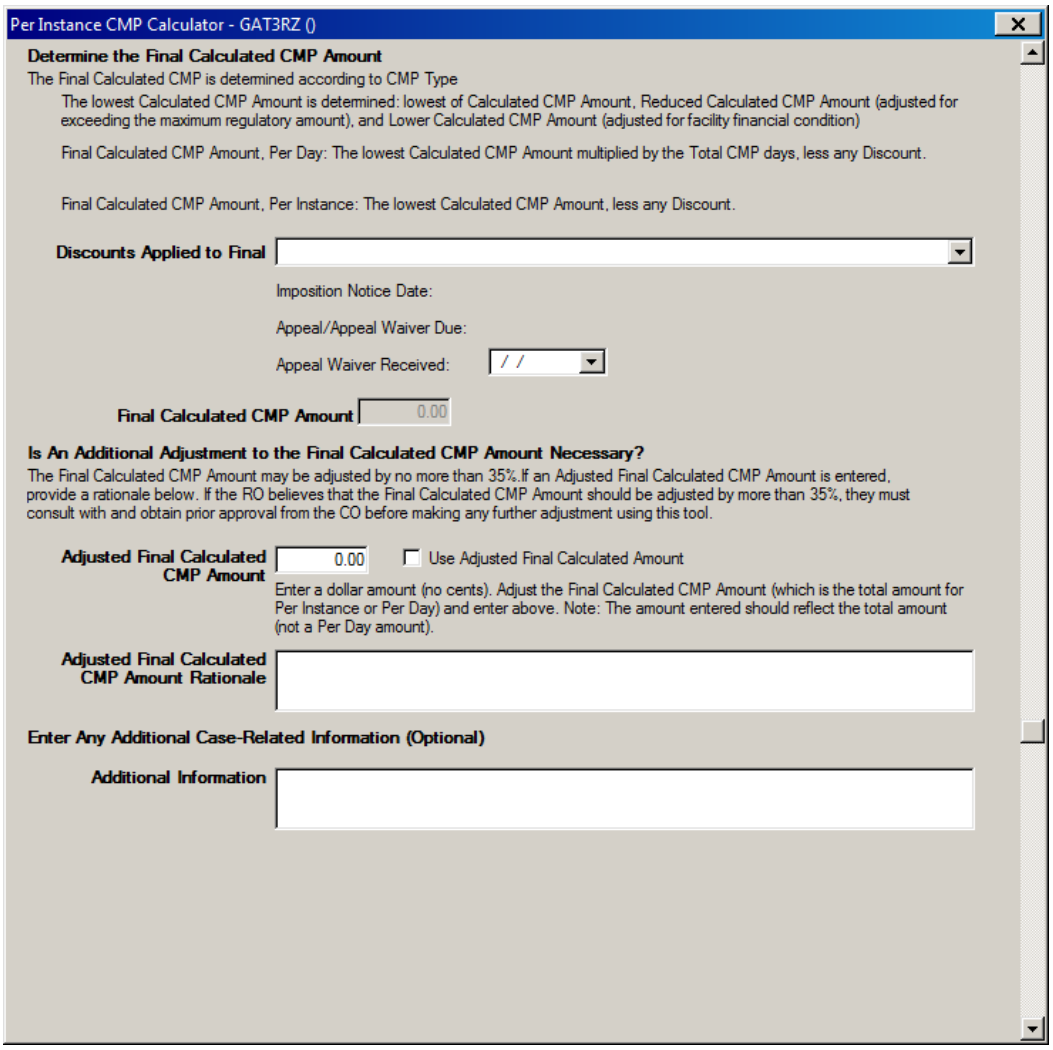


Figure 90: Per Instance CMP Calculator - bottom - version 1

Version 2

In version 2 of the Per Instance CMP calculator, Lower Calculated CMP is entered in multiples of $50, text was added above the per instance factors checkboxes and above the "facility lacks sufficient assets" checkbox, and the following fields were changed to drop-downs instead of free text; only approved amounts are available for selection.

- Base Culpability Amount
- Facility Noncompliance
- Failure to Act Culpability

Updated fields and text are indicated with a red outline in the figures below.

Fields: "Per Instance CMP Calculator - NH", on page 242

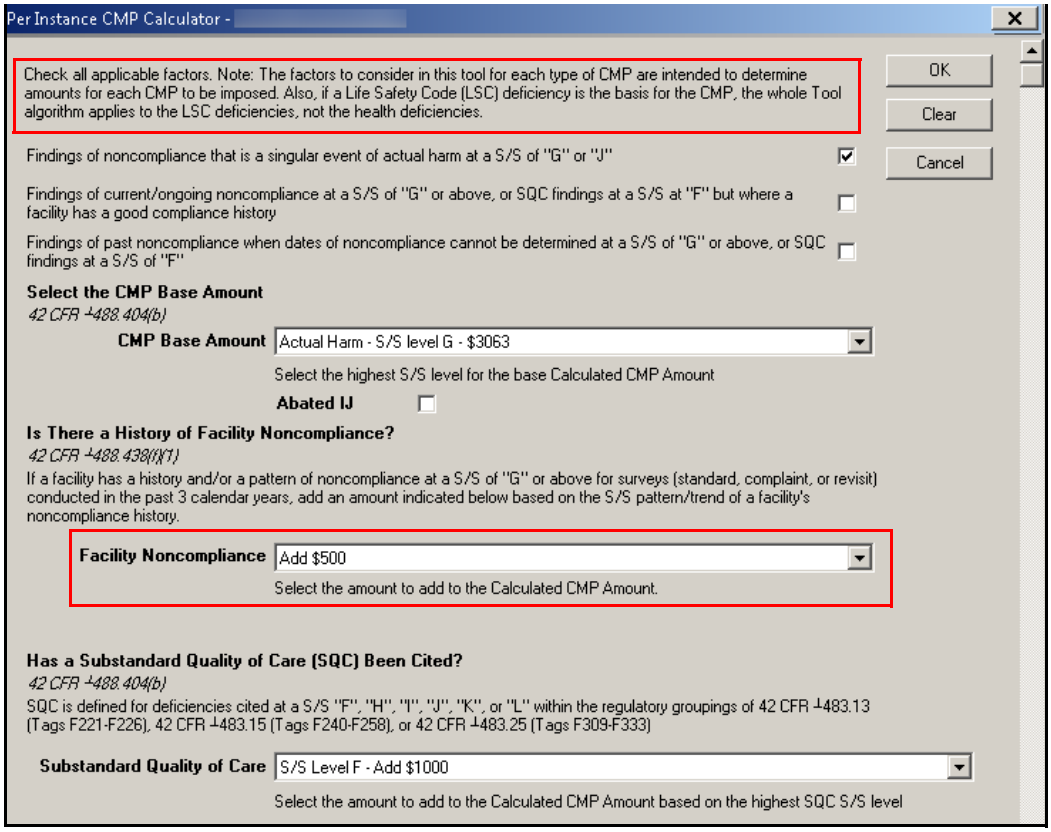


Figure 91: Per Instance CMP Calculator - top - version 2

Fields: "Per Instance CMP Calculator - NH", on page 242

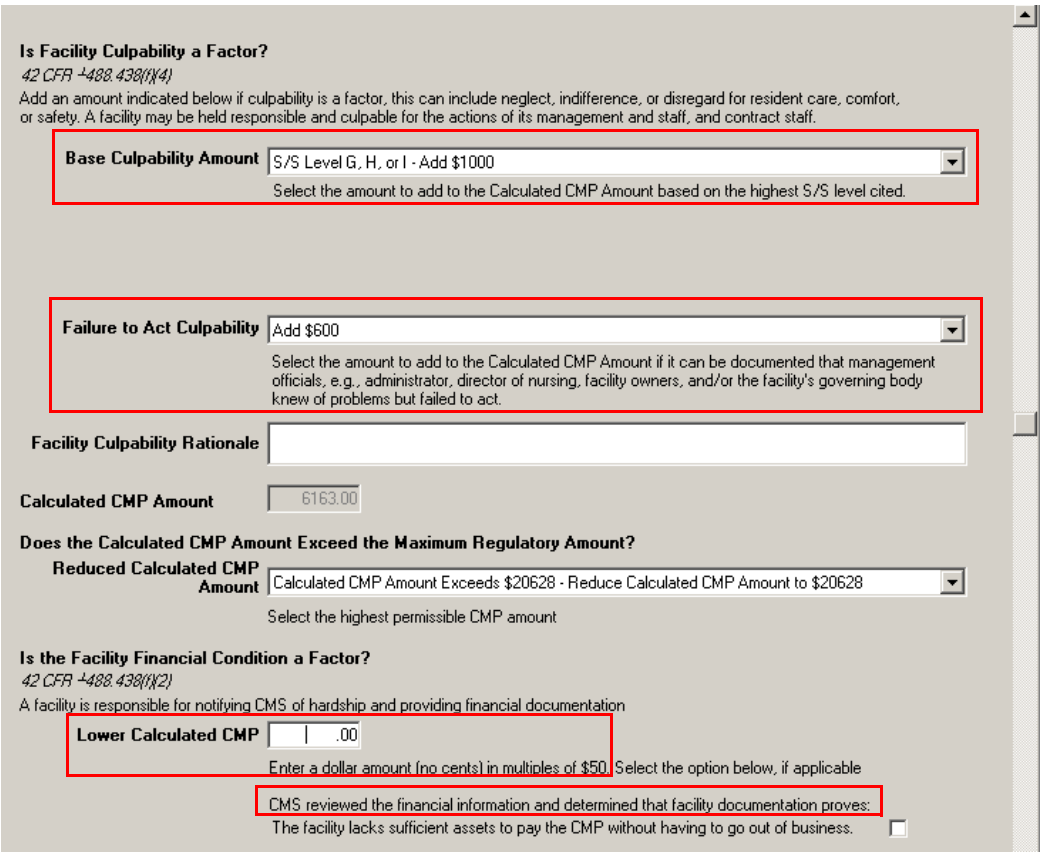


Figure 92: Per Instance CMP Calculator - middle - version 2

Fields: "Per Instance CMP Calculator - NH", on page 242

Determine the Final Calculated CMP Amount

The Final Calculated CMP is determined according to CMP Type

The lowest Calculated CMP Amount is determined: lowest of Calculated CMP Amount, Reduced Calculated CMP Amount (adjusted for exceeding the maximum regulatory amount), and Lower Calculated CMP Amount (adjusted for facility financial condition)

Final Calculated CMP Amount, Per Day: The lowest Calculated CMP Amount multiplied by the Total CMP days, less any Discount.

Final Calculated CMP Amount, Per Instance: The lowest Calculated CMP Amount, less any Discount.

Discounts Applied to Final

Imposition Notice Date: 01/11/2012

Appeal/Appeal Waiver Due: 03/21/2012

Appeal Waiver Received: 03/12/2012

Final Calculated CMP Amount 0.00

Is An Additional Adjustment to the Final Calculated CMP Amount Necessary?

The Final Calculated CMP Amount may be adjusted by no more than 35%.If an Adjusted Final Calculated CMP Amount is entered, provide a rationale below. If the RO believes that the Final Calculated CMP Amount should be adjusted by more than 35%, they must consult with and obtain prior approval from the CO before making any further adjustment using this tool.

Adjusted Final Calculated CMP Amount 0.00 ☐ Use Adjusted Final Calculated Amount

Enter a dollar amount (no cents). Adjust the Final Calculated CMP Amount (which is the total amount for Per Instance or Per Day) and enter above. Note: The amount entered should reflect the total amount (not a Per Day amount).

Adjusted Final Calculated CMP Amount Rationale

Enter Any Additional Case-Related Information (Optional)

Additional Information

Figure 93: Per Instance CMP Calculator - bottom - version 2

Per Day tab

Enter the daily amount of the CMP to be imposed.

Fields: "Civil Money Penalties (CMP) - Per Day", on page 244

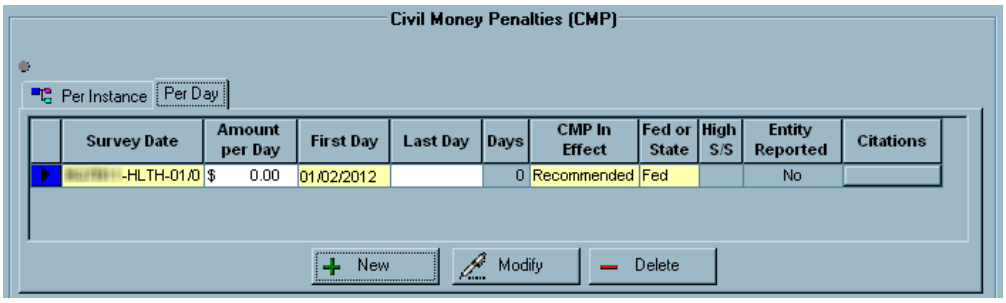


Figure 94: Per Day subtab of Civil Money Penalties section - NH

Fields: "Civil Money Penalties (CMP) - Per Day", on page 244

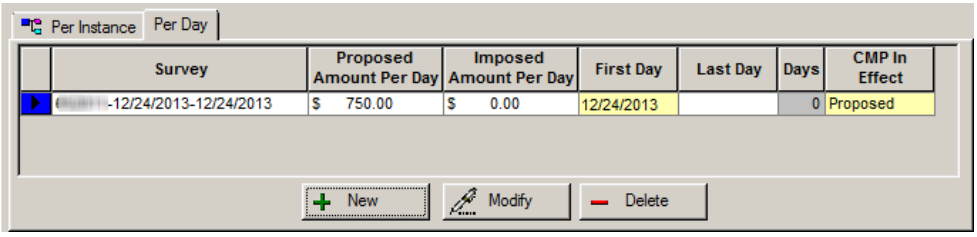


Figure 95: Per Day subtab of Civil Money Penalties section - CLIA

Per Day CMP window

Click the New or Modify button to provide details about a new CMP or view and update an existing CMP.

Fields: "Per Day CMP", on page 247

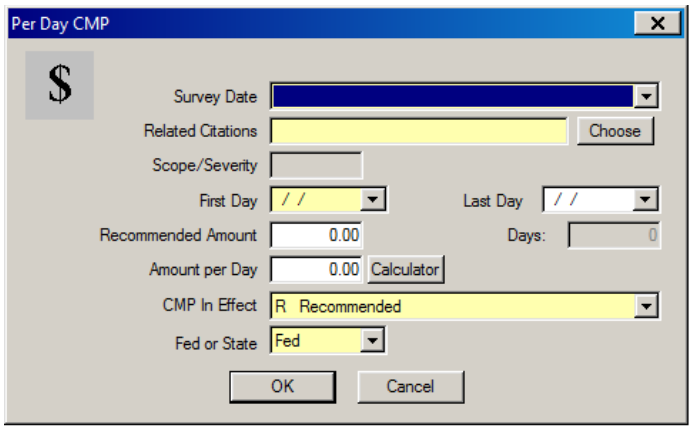


Figure 96: Per Day CMP window - NH

Fields: "Per Day CMP", on page 247

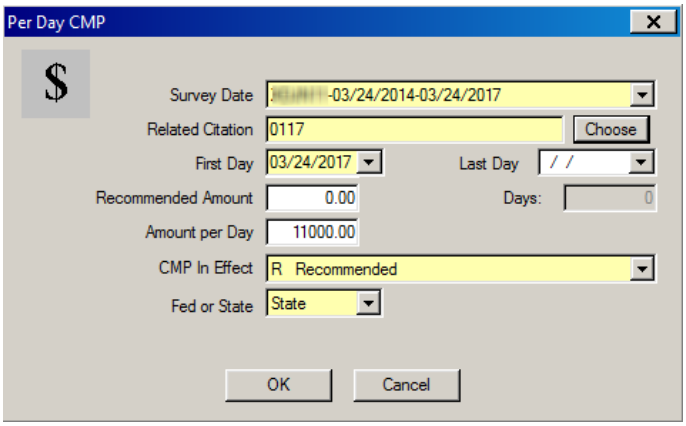


Figure 97: Per Day CMP window - HHA

Fields: "Per Day CMP", on page 247

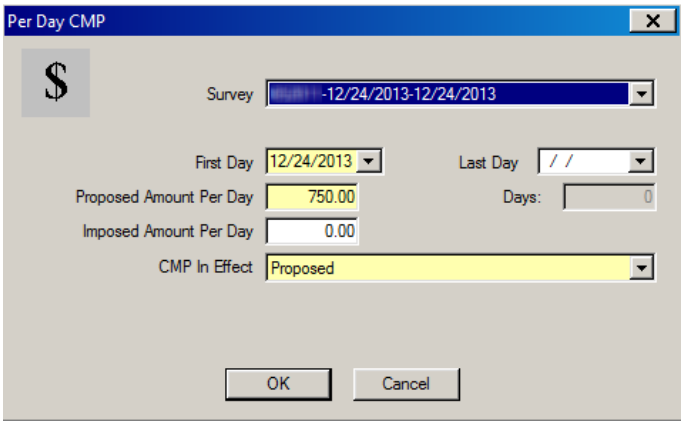


Figure 98: Per Day CMP window - CLIA

Per Day CMP Calculator - NH

The AEM calculator feature has been temporarily disabled, and will be enabled in a future release.

The Per Day CMP Calculator is opened from the Per Day CMP window. The RO uses this tool to determine CMP type and amount. The SA can open a read-only version of the Per Day CMP Calculator.

The version of the calculator that opens depends on the ASPEN version installed the first time the CMP calculator is used to determine and save the CMP amount. If the CMP amount was saved using the calculator prior to installing ASPEN version 10.6, version 1 of the calculator opens; if ASPEN version 10.6 was installed, version 2 opens.

Version 1

Fields: "Per Day CMP Calculator - NH", on page 250

Per Day CMP Calculator - [redacted] (08/25/2016-08/30/2016)

Select the CMP Base Amount
42 CFR §488.404(b)

OK
Clear
Cancel

CMP Base Amount Regional Office Discretion - $103

Select the highest S/S level for the base Calculated CMP Amount

Abated IJ ☑

Is There a History of Facility Noncompliance?
42 CFR §488.438(f)(1)

If a facility has a history and/or a pattern of noncompliance at a S/S of "G" or above for surveys (standard, complaint, or revisit) conducted in the past 3 calendar years, add an amount indicated below based on the S/S pattern/trend of a facility's noncompliance history.

Facility Noncompliance 100.00

Enter a dollar amount (no cents) to add to the Calculated CMP Amount. Do not add less than $206 or more than $1031

Are There Repeated Deficiencies?
42 CFR §488.438(d)(2)(3)

"Repeated Deficiencies" are deficiencies within the same regulatory grouping of requirements under which deficiencies were cited at the last survey, subsequently corrected, and cited again at the next survey

Repeated Deficiencies S/S Level J,K,L - Add $309

Select the amount to add to the Calculated CMP Amount based on the highest S/S level of the repeat deficiencies

Has a Substandard Quality of Care (SQC) Been Cited?
42 CFR §488.404(b)

SQC is defined for deficiencies cited at a S/S "F", "H", "I", "J", "K", or "L" within the regulatory groupings of 42 CFR §483.13 (Tags F221-F226), 42 CFR §483.15 (Tags F240-F258), or 42 CFR §483.25 (Tags F309-F333)

Substandard Quality of Care S/S Level J,K,L - Add $1031

Select the amount to add to the Calculated CMP Amount based on the highest SQC S/S level

Indicate the Total Number of "F" or "K" Tags Cited that Contributed to the CMP

Total Number of Tags Cited 7-10 F or K Tags - S/S Level J,K,L - Add $450

Select the number of tags and the amount (if any) to add to the Calculated CMP Amount based on the highest S/S level. Do not include deficiencies for which the S/S set the base amount - use the next highest S/S level.

Is Facility Culpability a Factor?
42 CFR §488.438(f)(4)

Add an amount indicated below if culpability is a factor, this can include neglect, indifference, or disregard for resident care, comfort, or safety. A facility may be held responsible and culpable for the actions of its management and staff, and contract staff.

Base Culpability Amount 200.00

Enter a dollar amount (no cents) to add to the Calculated CMP Amount based on the highest S/S level cited:

"F" at SQC - Add $206-$516
"G", "H", "I" - Add $619 - $2063
"J", "K", "L" - Add $2578 - $4641

Failure to Act Culpability 300.00

Enter a dollar amount (no cents) to add to the Calculated CMP Amount. If it can be documented that management officials, e.g., administrator, director of nursing, facility owners, and/or the facility's governing body knew of problems but failed to act - Add up to $1031

Facility Culpability Rationale

Figure 99: Per Day CMP Calculator - top - version 1

Calculated CMP Amount 2493.00

Does the Calculated CMP Amount Exceed the Maximum Regulatory Amount?

Reduced Calculated CMP Amount Calculated CMP Amount for Non-IJ Case > $6188 - Reduce Calculated CMP Amount to $6188

Select the highest permissible CMP amount

Is the Facility Financial Condition a Factor?

42 CFR §488.438(f)(2)

A facility is responsible for notifying CMS of hardship and providing financial documentation

Lower Calculated CMP 275.00

Enter a dollar amount (no cents). Select an option below, if applicable

The facility lacks sufficient assets to pay the CMP without having to go out of business. ☑

Determine the Final Calculated CMP Amount

The Final Calculated CMP is determined according to CMP Type

The lowest Calculated CMP Amount is determined: lowest of Calculated CMP Amount, Reduced Calculated CMP Amount (adjusted for exceeding the maximum regulatory amount), and Lower Calculated CMP Amount (adjusted for facility financial condition)

Final Calculated CMP Amount, Per Day: The lowest Calculated CMP Amount multiplied by the Total CMP days, less any Discount.

Final Calculated CMP Amount, Per Instance: The lowest Calculated CMP Amount, less any Discount.

Discounts Applied to Final Discount for Waiving Appeal (35%)

Imposition Notice Date:

Appeal/Appeal Waiver Due:

Appeal Waiver Received: 06/01/2016

Final Calculated CMP Amount Per Day 178.75 **Days** 6 **Final Calculated CMP Amount** 1072.50

Is An Additional Adjustment to the Final Calculated CMP Amount Necessary?

The Final Calculated CMP Amount may be adjusted by no more than 35%.If an Adjusted Final Calculated CMP Amount is entered, provide a rationale below. If the RO believes that the Final Calculated CMP Amount should be adjusted by more than 35%, they must consult with and obtain prior approval from the CO before making any further adjustment using this tool.

Adjusted Final Calculated CMP Amount 205.00 ☐ Use Adjusted Final Calculated Amount

Enter a dollar amount (no cents). Adjust the Final Calculated CMP Amount (which is the total amount for Per Instance or Per Day) and enter above. Note: The amount entered should reflect the total amount (not a Per Day amount).

Adjusted Final Calculated CMP Amount Rationale

Enter Any Additional Case-Related Information (Optional)

Additional Information

Figure 100: Per Day CMP Calculator - bottom - version 1

Version 2

In version 2 of the Per Day CMP calculator, Lower Calculated CMP is entered in multiples of $50, text was added above the "facility lacks sufficient assets" checkbox, and the following fields were changed to drop-downs instead of free text; only approved amounts are available for selection.

- Base Culpability Amount
- Facility Noncompliance
- Failure to Act Culpability

Updated fields and text are indicated with a red outline in the figures below.

Fields: "Per Day CMP Calculator - NH", on page 250

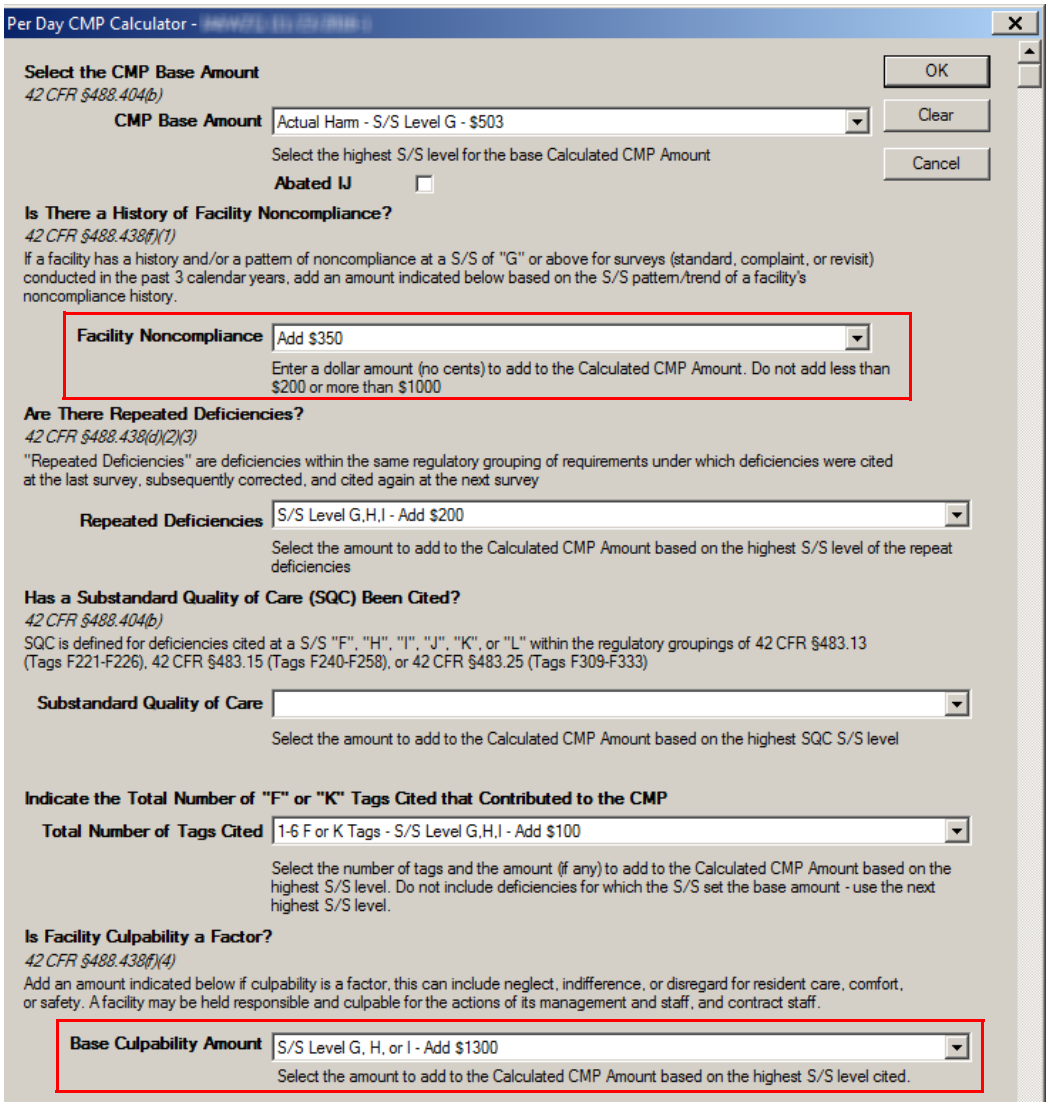


Figure 101: Per Day CMP Calculator - top - version 2

Fields: "Per Day CMP Calculator - NH", on page 250

Failure to Act Culpability Add $300

Enter a dollar amount (no cents) to add to the Calculated CMP Amount. If it can be documented that management officials, e.g., administrator, director of nursing, facility owners, and/or the facility's governing body knew of problems but failed to act - Add up to $1000

Facility Culpability Rationale

Calculated CMP Amount 2753.00

Does the Calculated CMP Amount Exceed the Maximum Regulatory Amount?

Reduced Calculated CMP Amount Calculated CMP Amount for Non-IJ Case > $6188 - Reduce Calculated CMP Amount to $6188

Select the highest permissible CMP amount

Is the Facility Financial Condition a Factor?

42 CFR §488.438(f)(2)

A facility is responsible for notifying CMS of hardship and providing financial documentation

Lower Calculated CMP 0.00

Enter a dollar amount (no cents) in multiples of $50. Select the option below, if applicable

CMS reviewed the financial information and determined that facility documentation proves:

The facility lacks sufficient assets to pay the CMP without having to go out of business. ☐

Determine the Final Calculated CMP Amount

The Final Calculated CMP is determined according to CMP Type

The lowest Calculated CMP Amount is determined: lowest of Calculated CMP Amount, Reduced Calculated CMP Amount (adjusted for exceeding the maximum regulatory amount), and Lower Calculated CMP Amount (adjusted for facility financial condition)

Final Calculated CMP Amount, Per Day: The lowest Calculated CMP Amount multiplied by the Total CMP days, less any Discount.

Final Calculated CMP Amount, Per Instance: The lowest Calculated CMP Amount, less any Discount.

Discounts Applied to Final No Discount

Imposition Notice Date:

Appeal/Appeal Waiver Due:

Appeal Waiver Received: / /

Final Calculated CMP Amount Per Day 2753.00 **Days** 0 **Final Calculated CMP Amount** 2753.00

Is An Additional Adjustment to the Final Calculated CMP Amount Necessary?

The Final Calculated CMP Amount may be adjusted by no more than 35%. If an Adjusted Final Calculated CMP Amount is entered, provide a rationale below. If the RO believes that the Final Calculated CMP Amount should be adjusted by more than 35%, they must consult with and obtain prior approval from the CO before making any further adjustment using this tool.

Adjusted Final Calculated CMP Amount 0.00 ☐ Use Adjusted Final Calculated Amount

Enter a dollar amount (no cents). Adjust the Final Calculated CMP Amount (which is the total amount for Per Instance or Per Day) and enter above. Note: The amount entered should reflect the total amount (not a Per Day amount).

Adjusted Final Calculated CMP Amount Rationale

Enter Any Additional Case-Related Information (Optional)

Additional Information

Figure 102: Per Day CMP Calculator - bottom - version 2

Detail for highlighted CMP section

In this section, you enter details about the selected CMP such as CMP amount and payment information, IIDR dates, bankruptcy information, etc. AEM calculates the CMP Total and Net amounts for you. The fields vary according to provider type.

Fields: "Detail for highlighted CMP", on page 252

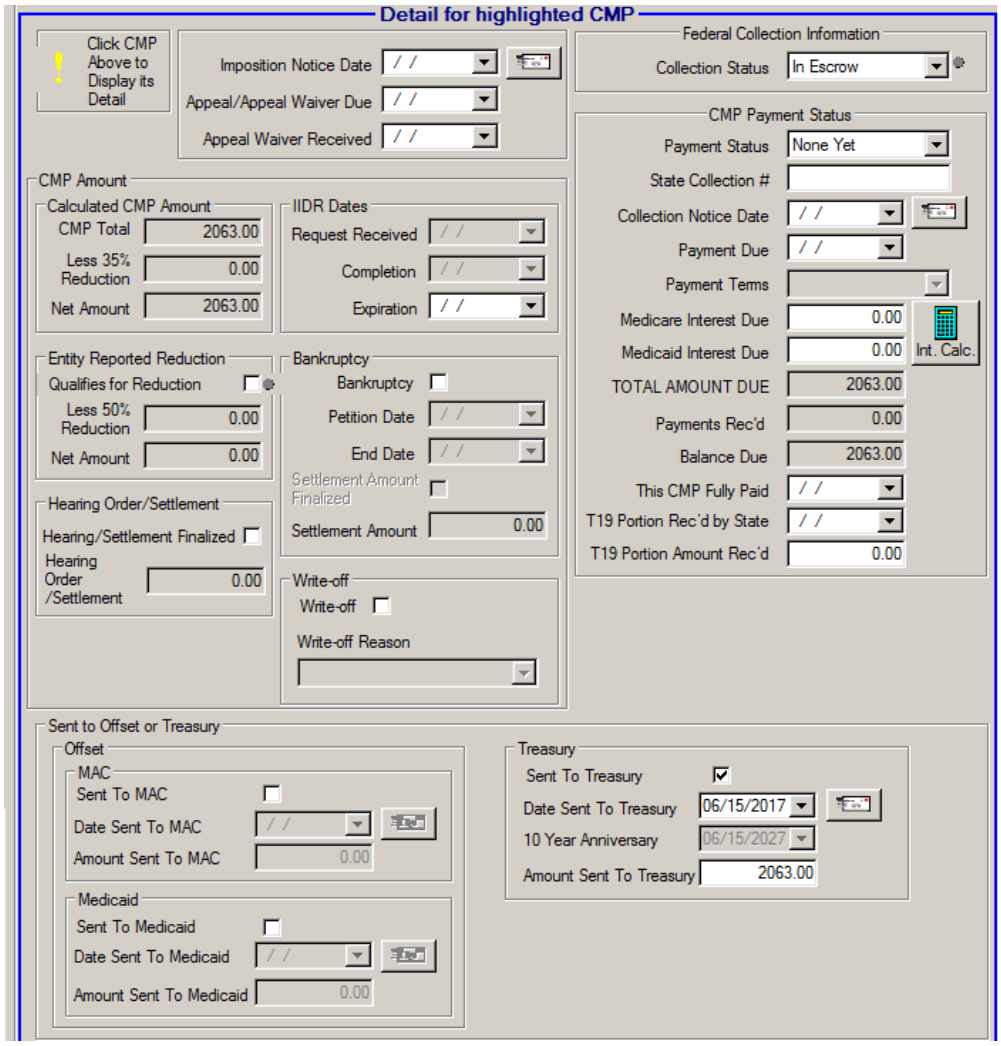


Figure 103: Detail for highlighted CMP section of CMP tab - RO mode-NH

The fields in this section are similar for NH and HHA, but HHA does not have subsections for IIDR Dates and Entity Reported Reduction.

Fields: "Detail for highlighted CMP", on page 252

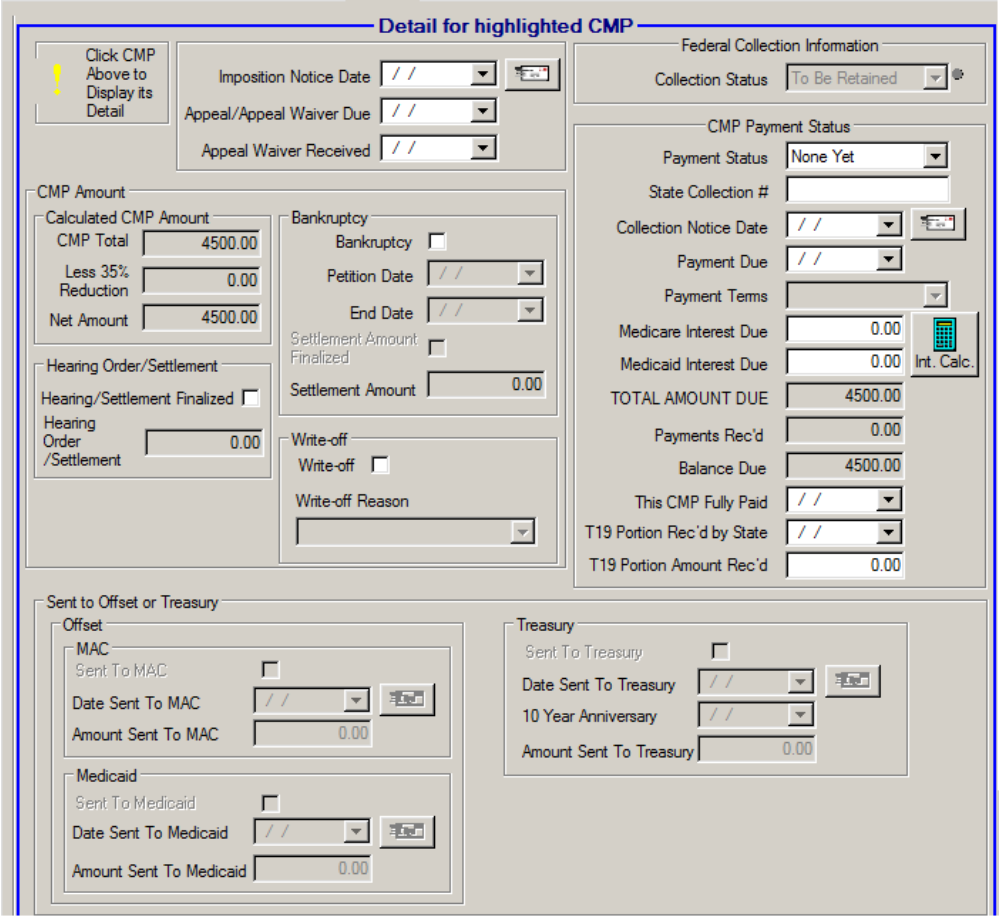


Figure 104: Detail for highlighted CMP section of CMP tab - HHA

Fields: "Detail for highlighted CMP", on page 252

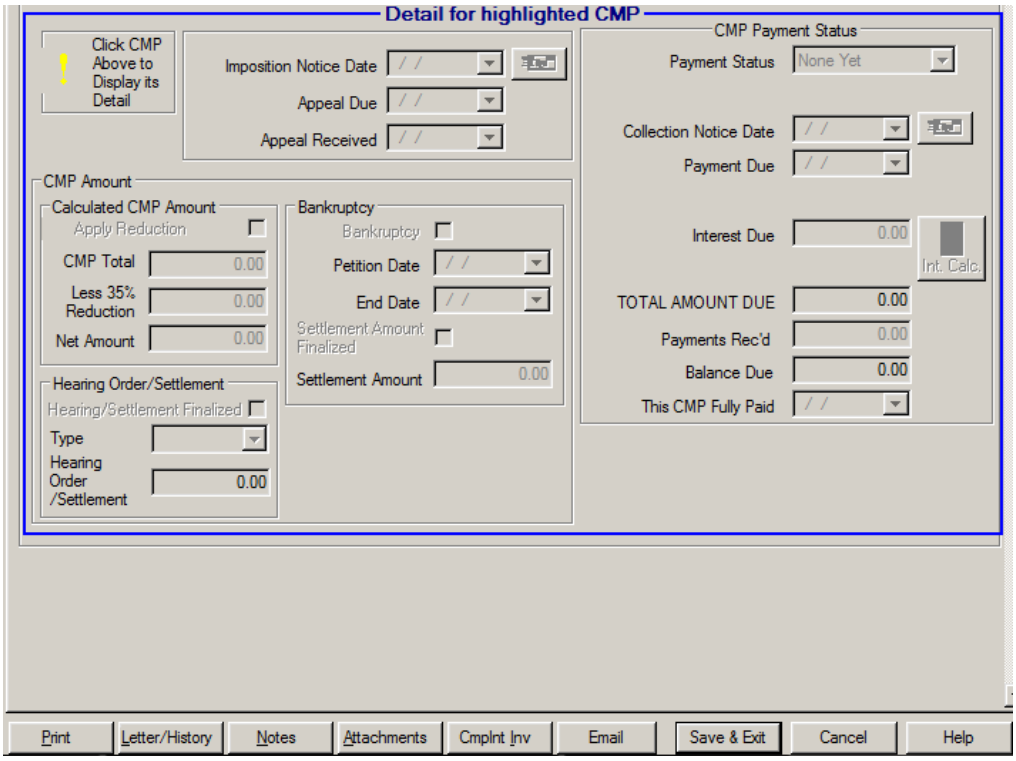


Figure 105: Detail for highlighted CMP section of CMP tab - CLIA

Payment History (Optional)

This section can only be used for Federal CMPs entered in CMPTS, or State Licensure CMPs. It is hidden for Federal CMPs when a related CMPTS case has been created in AEM or a CMPTS case can be created in AEM.

Fields: "Payment History (Optional) - NH, HHA", on page 262

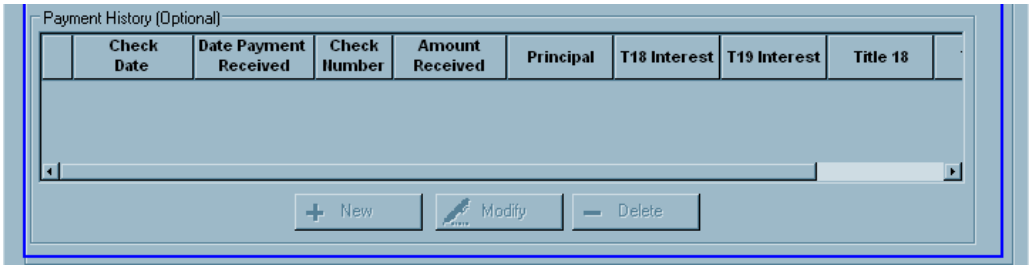


Figure 106: Payment History subsection - NH, HHA

CMP Interest Calculator

AEM inserts this amount as calculated from entries on the CMP tab.

Fields: "CMP Interest Calculator", on page 263

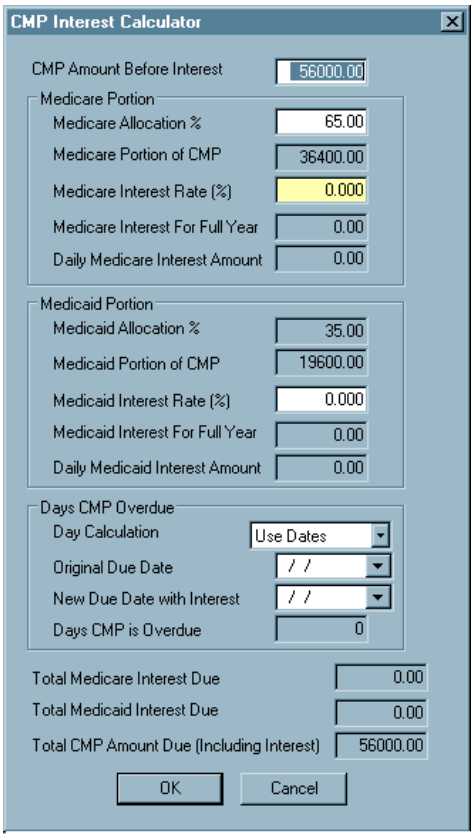


Figure 107: CMP Interest Calculator - NH, HHA

Fields: "CMP Interest Calculator", on page 263

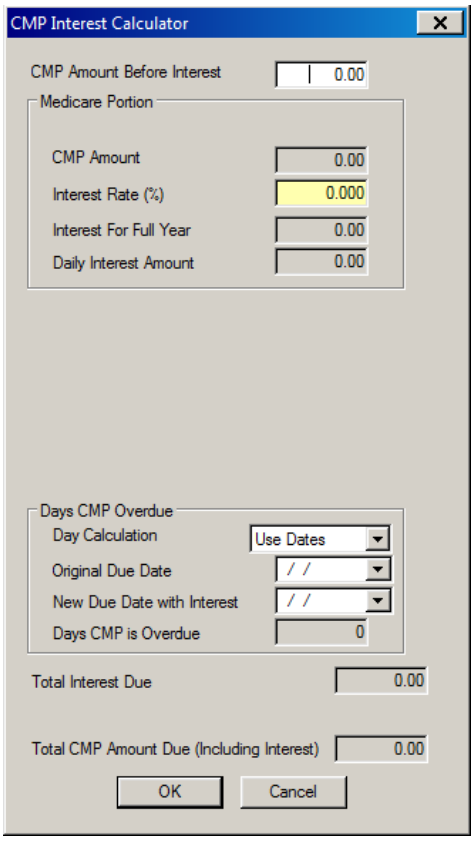


Figure 108: CMP Interest Calculator - CLIA

CMPTS Detail

ROs can open the CMPTS Detail screen from the CMPTS Detail button on the CMP tab for individual enforcement cases to access and enter CMPTS information.

The CMPTS Detail screen has four tabs:

- CMPTS Detail
- Installments & Payments
- CMPTS Remarks
- Upload

CMPTS Detail tab

The CMPTS Detail fields are the same for RO and OFM users, but the CMPTS information they can enter differs. Generally, RO users enter information about proposed payments, while OFM users enter information about payments received. States have read-only access to CMPTS information.

Fields: "CMPTS Detail tab", on page 266

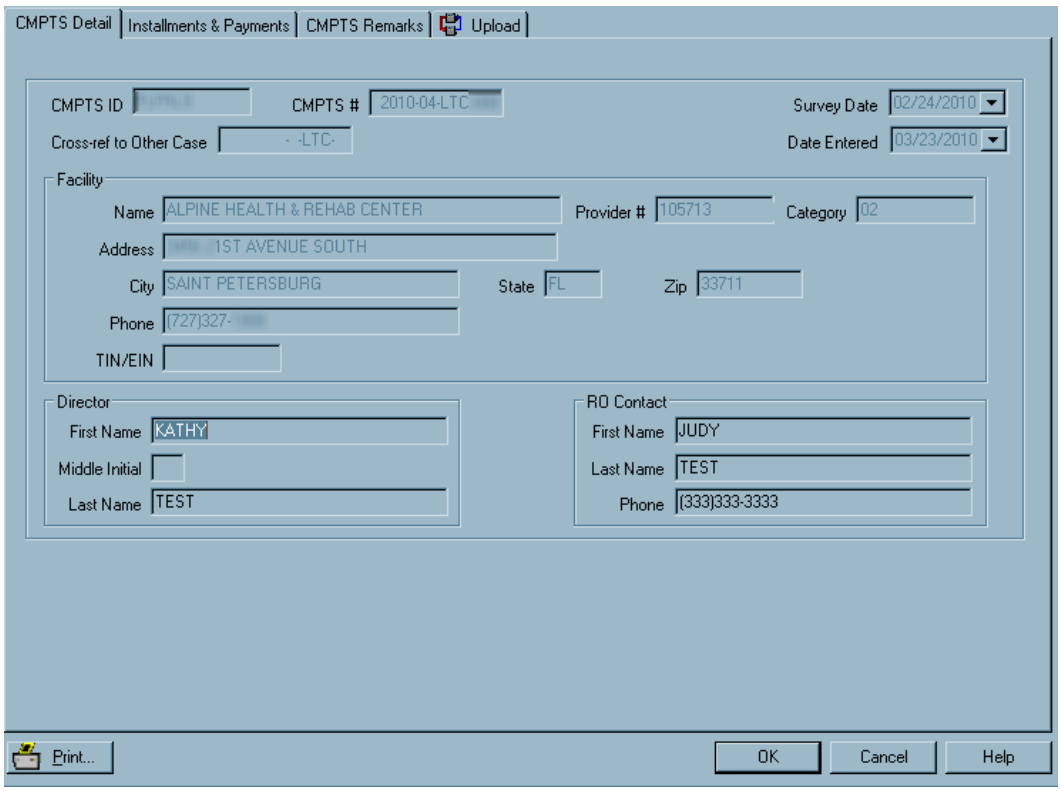


Figure 109: CMPTS Detail subtab

Installments & Payments subtab - NH, HHA

Payment history is recorded on this subtab. Fields vary according to provider type.

Fields: "Installments & Payments - NH, HHA", on page 267

CMPTS Detail | Installments & Payments | CMPTS Remarks | Upload

CMP Allocation

Current CMP Allocation

Medicare
Residents 8
Amount 0.00

Medicaid
Residents 2
Amount 0.00

Escrow Account Totals
Escrow Collected 2063.00
Escrow Interest Accrued 0.00
Principal Returned To Facility 0.00
Interest Returned To Facility 0.00
Medicare / Medicaid Escrow Interest Accrued 0.00
Amount Retained 600.00
Escrow Balance 1463.00

Escrow
Amount 2063.00

CMP Totals
Interest 0.00
Total Due 0.00
Payments Received 600.00
Balance -600.00

Offset and Treasury Totals
Date Sent To Offset 06/15/2017
Amount Sent To Offset 4126.00
Date Sent To Treasury 06/15/2017
Amount Sent to Treasury 2063.00

W9 Received / /

CMP Allocation History

Change Date	Medicare Amount	Medicaid Amount	Interest Amount	Escrow Amount	Total Amount	Status
12/21/2016	0.00	0.00	0.00	2,063.00	0.00	Initial

Installments
Proposed # of Installments 0
Proposed Installment Amount 0.00
Deduct CMP From Sums Owed ☐
Provider Terminated ☐
Termination Date / /

Enter All Installment Due Dates

Payment Due Date	Check #	Deposit Ticket #	Interest Amount Retained	Medicaid Amount Retained	Total Medicare Amount Retained	Program Use Retained	Trust Fund Retained
12/19/2016	1	2	0.00	500.00	100.00	90.00	10.00

Print... OK Cancel Help

Figure 110: Installments & Payments subtab - RO mode-LTC

Fields: "Installments & Payments - NH, HHA", on page 267

CMPTS Detail | Installments & Payments | CMPTS Remarks | Upload

CMP Allocation

Current CMP Allocation

Medicare
Medicare % 63
Amount 315.00

Medicaid
Medicaid % 37
Amount 185.00

CMP Totals
Interest 0.00
Total Due 500.00
Payments Received 0.00
Balance 500.00

CMP Allocation History

	Change Date	Medicare Amount	Medicaid Amount	Interest Amount	Total Amount	Status
▶	04/07/2014	315.00	185.00	0.00	500.00	Initial

Installments
Proposed # of Installments 0
Deduct CMP From Sums Owed ☐
Provider Terminated ☐
Proposed Installment Amount 0.00
Termination Date / /

Enter All Installment Due Dates

	Payment Due Date	Check #	Deposit Ticket #	Interest Amount Retained	Medicaid Amount Retained	Total Medicare Amount Retained	Payment Collection Date	Report Receipt #

Totals 0.00 0.00 0.00

New | Modify | Delete

Figure 111: Installments & Payments subtab - RO mode-HHA

Current CMP Allocation

Fields: "Current CMP Allocation", on page 267
Fields: "Escrow Account Totals - NH", on page 269

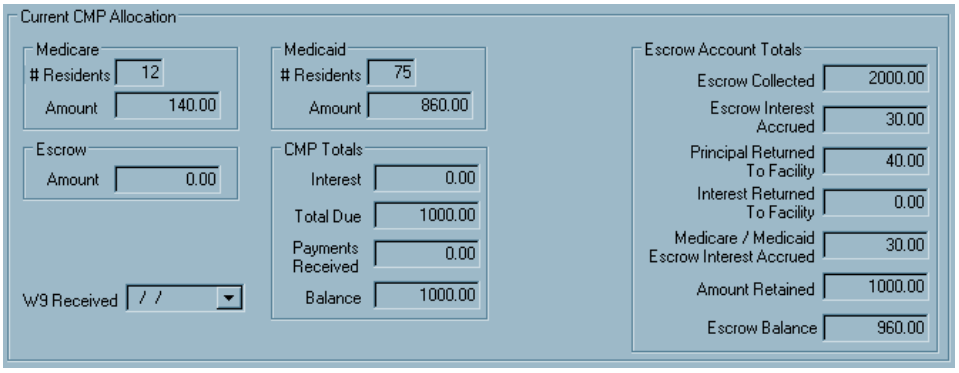


Figure 112: Current CMP Allocation section of Installments & Payments subtab - LTC

Fields: "Current CMP Allocation", on page 267

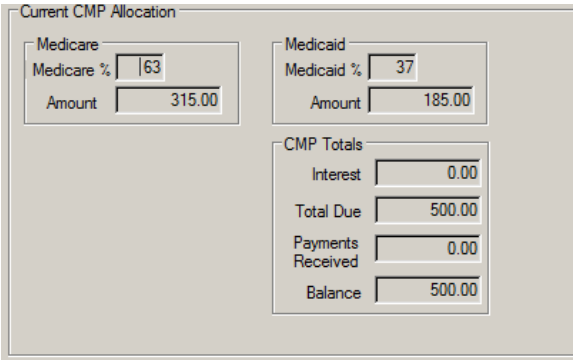


Figure 113: Current CMP Allocation section of Installments & Payments subtab - HHA

CMP Allocation History

The CMP Allocation History is generated by AEM for LTC and HHA providers. When changes are made to CMPs for cases, the CMP Allocation History is automatically updated.

Fields: "CMP Allocation History", on page 278

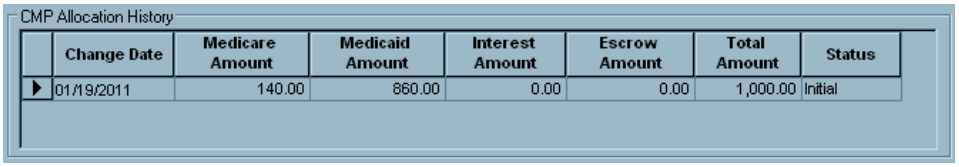


Figure 114: CMP Allocation History section of Installments & Payments subtab - LTC

Installments

In these screens, enter the total number of proposed installments (up to 49) and the dollar amount for each.

Fields: "Installments", on page 278

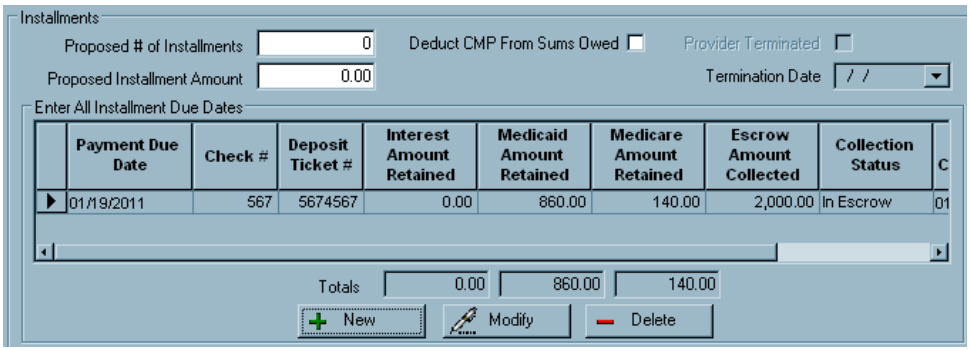


Figure 115: Installments section of Installments & Payments subtab - NH

Fields: "Installments", on page 278

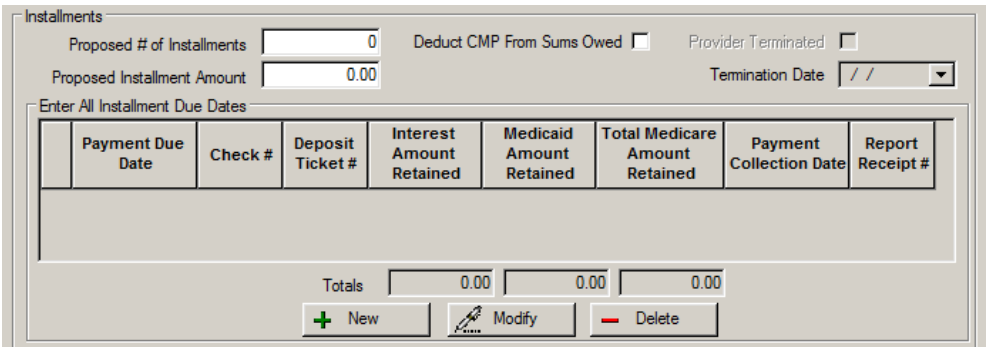


Figure 116: Installments section of Installments & Payments subtab - HHA

Installment Detail

Fields: "Installment Detail - CLIA", on page 280

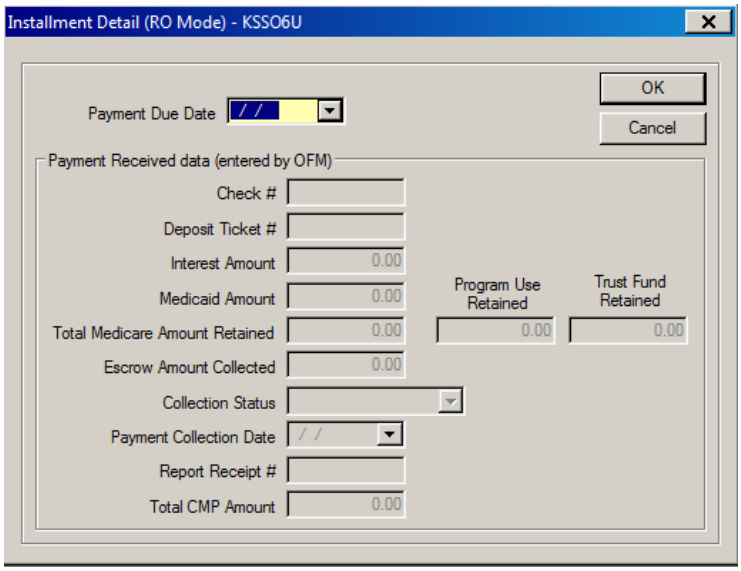


Figure 117: Installment Detail - NH

Fields: "Installment Detail - CLIA", on page 280

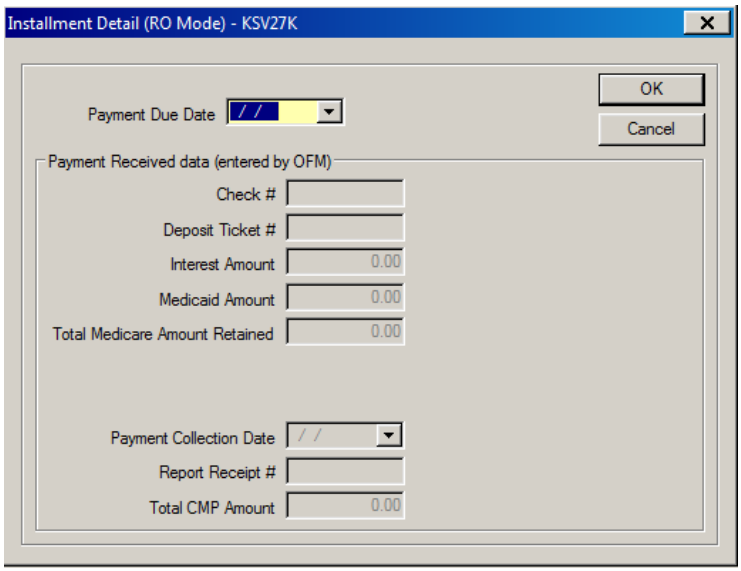


Figure 118: Installment Detail - HHA

Escrow Tracking

All fields in this grid are read-only. Most reflect the values entered in the Escrow Detail window.

Fields: "Escrow Tracking - NH", on page 274

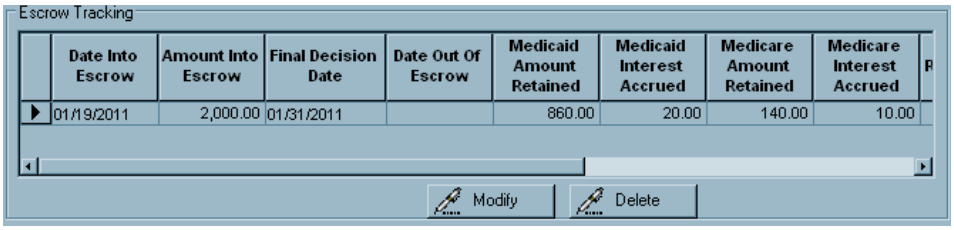


Figure 119: Escrow Tracking section of Installments & Payments subtab - NH

Installments & Payments subtab - CLIA

This graphic shows the Installments & Payments subtab of the CMPTS Detail screen and the CMP Allocation window as they appear for a LAB CMPTS case in RO mode. The New, Modify, and Delete buttons in the CMP Allocation History section also appear for NH CMPTS cases created prior to version 8.7, but not for cases created in ASPEN 8.7 and later.

Fields: "Installments & Payments - CLIA", on page 277

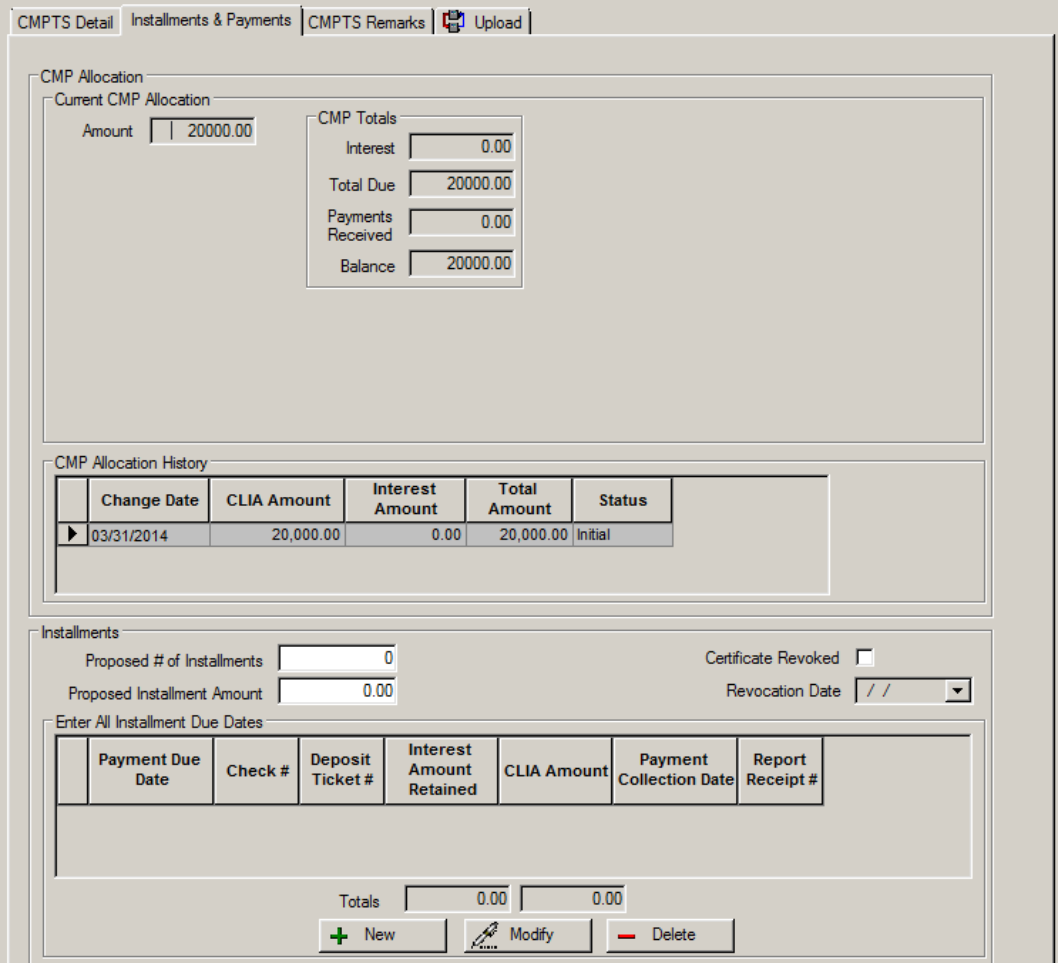


Figure 120: Installments & Payments subtab - CLIA

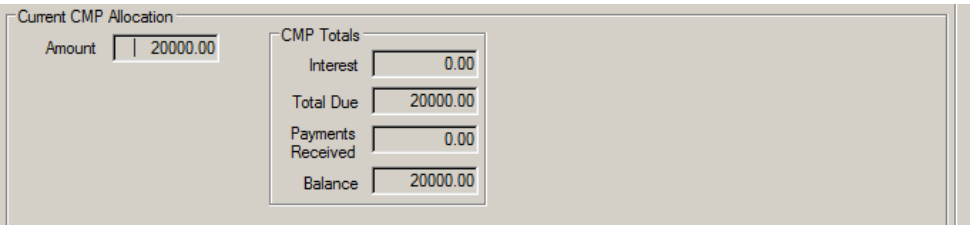


Figure 121: Current CMP Allocation section of Installments & Payments subtab - CLIA

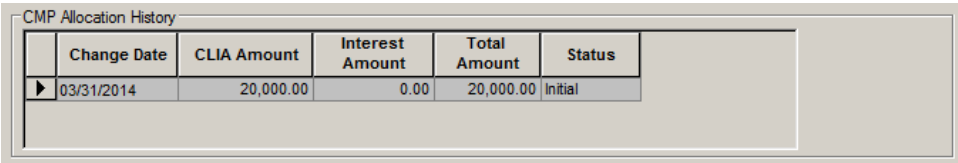


Figure 122: CMP Allocation History section of Installments & Payments subtab - CLIA

CMPTS Remarks

The New button opens the CMPTS Remarks window, where the RO or OFM can enter notes about the CMP, up to 76 characters. You can create as many new remarks as you need. New remarks are required when you change the status of a CMPTS record.

The Modify button opens the CMPTS Remarks window for the selected Remarks. Changes are uploaded with an update transaction.

The Delete button deletes the selected Remarks, and the Print button prints the CMPTS Case Profile report.

Fields: "CMPTS Remarks", on page 280

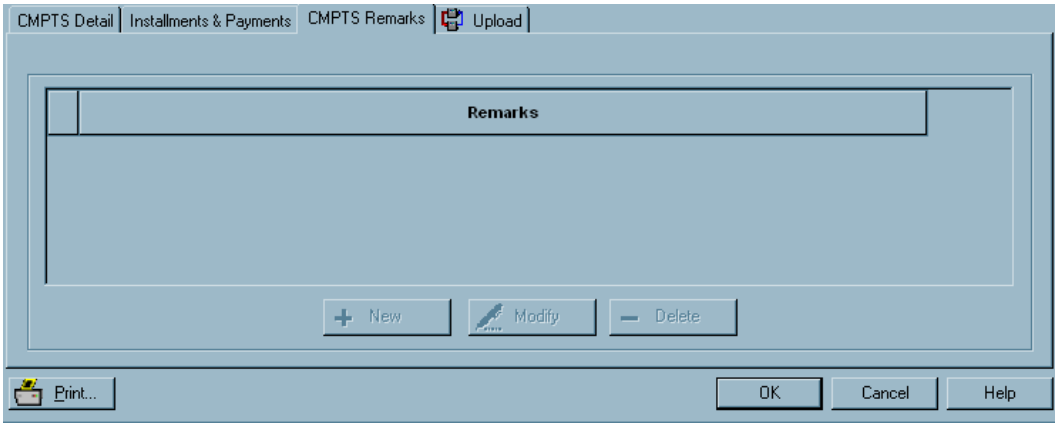


Figure 123: CMPTS Remarks subtab

CMPTS Upload

Fields: "CMPTS Upload", on page 281

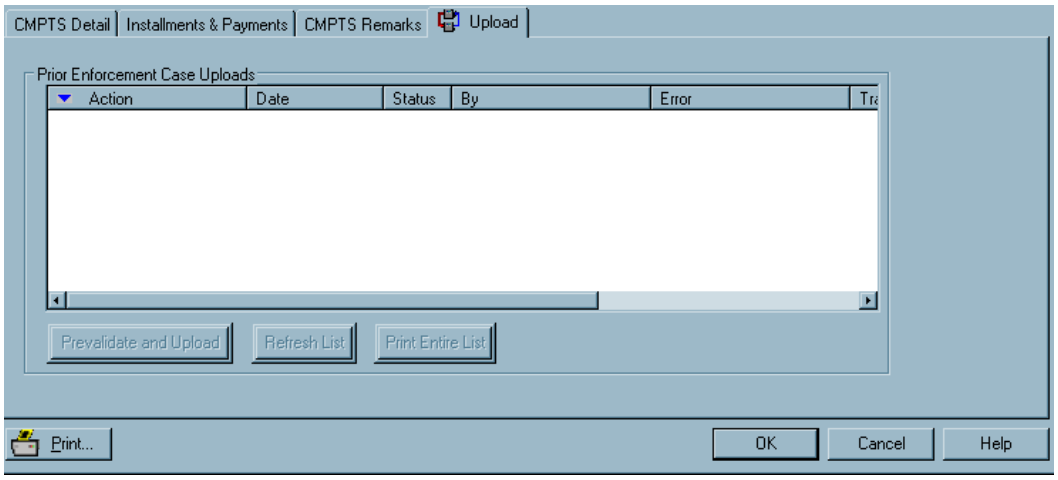


Figure 124: CMPTS Upload subtab

CMPTS List

is selected from the Tracking menu in ARO. Click Print to access filter and sort options.

Fields: "CMPTS List", on page 282

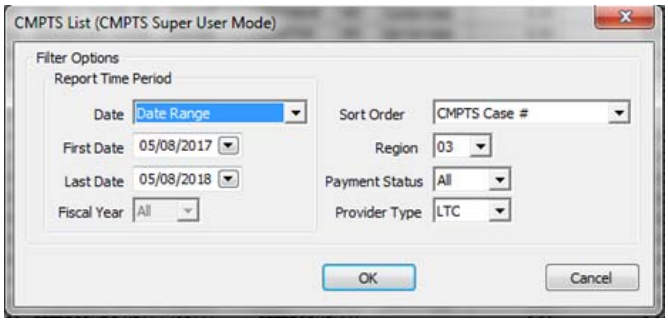


Figure 125: CMPTS List filter and sort dialog

CMPTS List is selected from the Tracking menu in ARO. The default filter options is Date Range and the default sort option is CMPTS Case #.

Fields: "CMPTS List", on page 282

Printed: 05/02/2018 3:52PM

CMPTS List

Report Filter: Date: 05/02/2017 to 05/02/2018 Sort Order: CMPTS Case # Region: 02 Payment Status: All Provider Type: LTC

Provider #	Facility Name	Cycle Start Date	CMPTS Case #	Amount Paid	Date Paid	Unpaid CMP Amount	Amt Sent to Offset	Date Sent to Offset	Amt Sent to Treasury	Date Sent to Treasury
335		09/06/2017	2017-02-LTC	0.00		3,259.75	0.00		0.00	
335		10/22/2017	2018-02-LTC	0.00		2,222.00	0.00		0.00	
335		11/01/2017	2018-02-LTC	0.00		2,222.00	0.00		0.00	
335		10/02/2017	2018-02-LTC	0.00		3,333.00	0.00		0.00	
335		01/02/2018	2018-02-LTC	7,000.00	01/08/2018	-7,000.00	0.00		0.00	
335		02/13/2018	2018-02-LTC	144.00	03/06/2018	2,078.00	2,345.00	03/13/2018	2,222.00	03/06/2018
335		04/08/2018	2018-02-LTC	0.00		2,816.60	0.00		0.00	
335		04/09/2018	2018-02-LTC	0.00		2,816.42	0.00		0.00	

Figure 126: CMPTS List filtered by LTC and sorted by CMPTS Case #

CMPTS List: Provider Type filter

Choose to list CMPTS cases for LTC (the default), LAB, or HHA providers; or COV (COVID, i.e., CMPTS cases related to CDC Reporting Enforcement). LTC is the default regardless of facility type(s) specified in the active selection set.

Fields: "Provider Type", on page 283

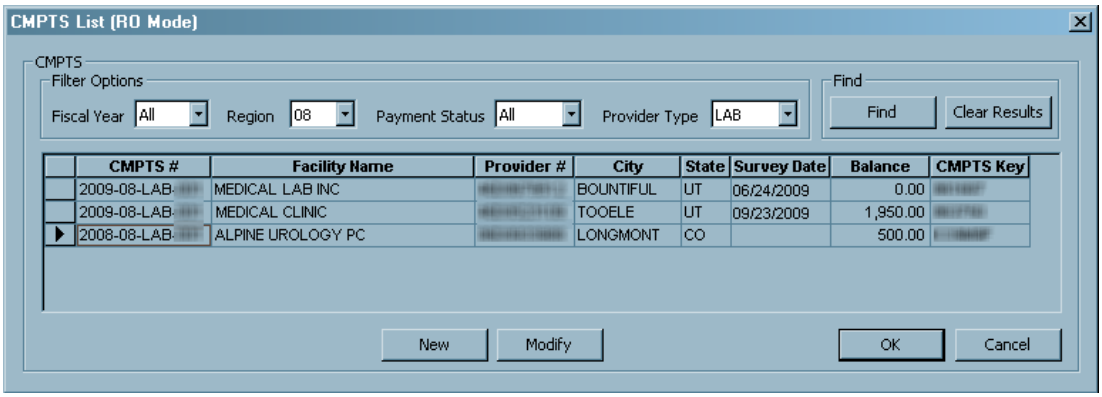


Figure 127: CMPTS List filtered by LAB

Find CMPTS

Fields: "Find CMPTS", on page 284

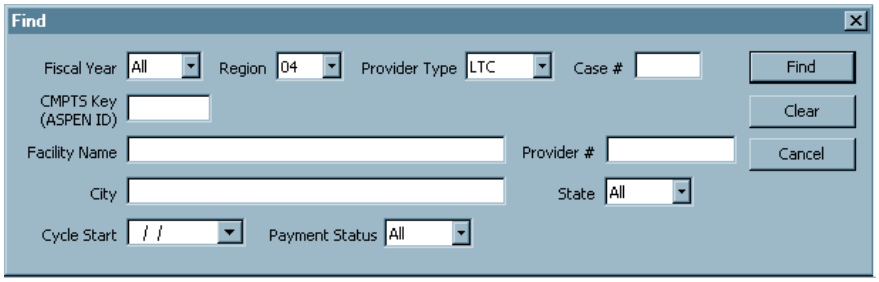


Figure 128: Find window

NATCEP tab - NH

The NATCEP tab displays NATCEP triggers and waiver information, and provides a place to enter applicable dates.

Fields: "NATCEP - NH", on page 285

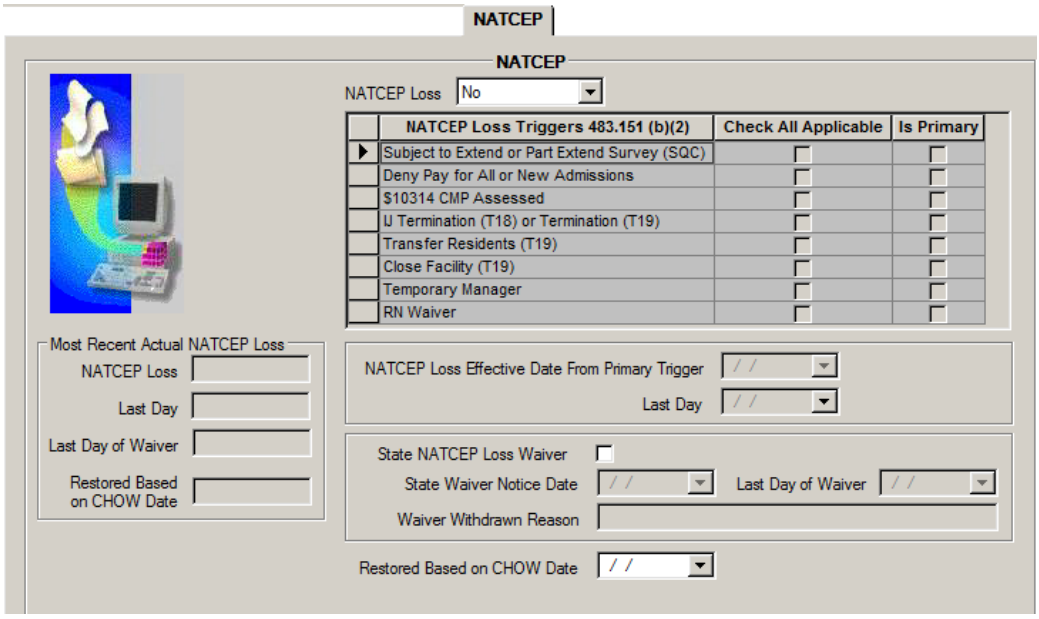


Figure 129: NATCEP tab - NH

NATCEP tab - HHA

Fields: "NATCEP - HHA", on page 286

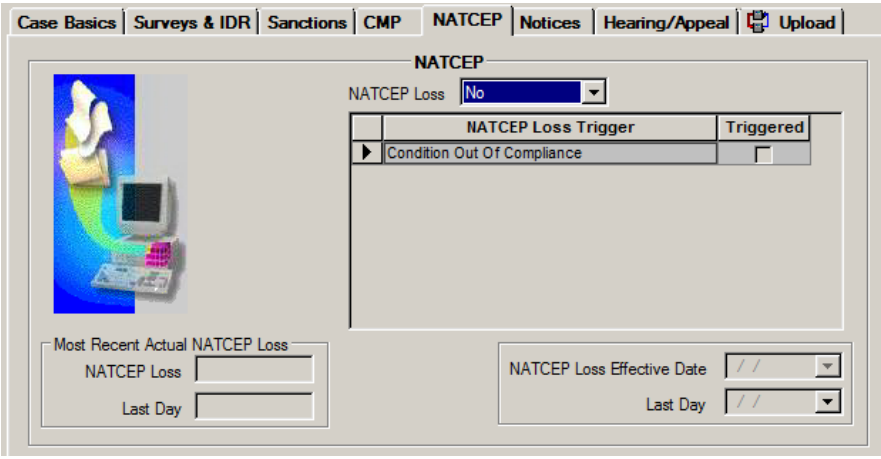
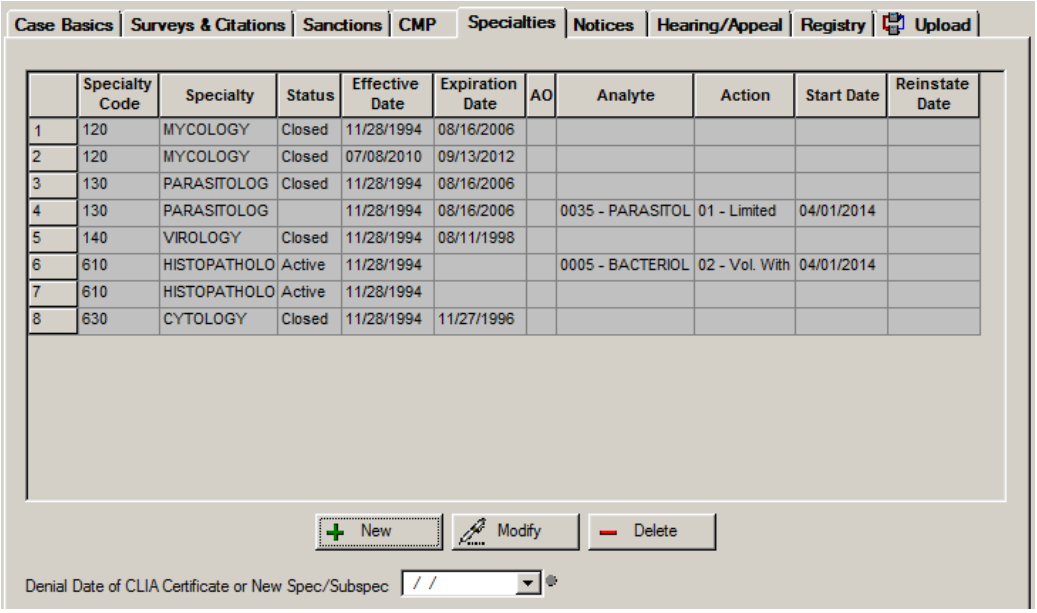


Figure 130: NATCEP tab - HHA

Specialties tab - CLIA

RO users can track specialty status for the laboratory and any associated analytes on the Specialties tab in CLIA enforcement cases. The New and Modify buttons open the Specialty Detail window where you can add or modify analyte information for specialties currently associated with the enforcement case.

Fields: "Specialties - CLIA", on page 287



	Specialty Code	Specialty	Status	Effective Date	Expiration Date	AO	Analyte	Action	Start Date	Reinstate Date
1	120	MYCOLOGY	Closed	11/28/1994	08/16/2006					
2	120	MYCOLOGY	Closed	07/08/2010	09/13/2012					
3	130	PARASITOLOG	Closed	11/28/1994	08/16/2006					
4	130	PARASITOLOG		11/28/1994	08/16/2006		0035 - PARASITOL	01 - Limited	04/01/2014	
5	140	VIROLOGY	Closed	11/28/1994	08/11/1998					
6	610	HISTOPATHOLO	Active	11/28/1994			0005 - BACTERIOL	02 - Vol. With	04/01/2014	
7	610	HISTOPATHOLO	Active	11/28/1994						
8	630	CYTOLOGY	Closed	11/28/1994	11/27/1996					

Figure 131: Specialties tab - CLIA

Specialty Detail

The RO can use this window to add and modify analytes to specialties associated with a CLIA enforcement case.

Fields: "Specialty Detail - CLIA", on page 288

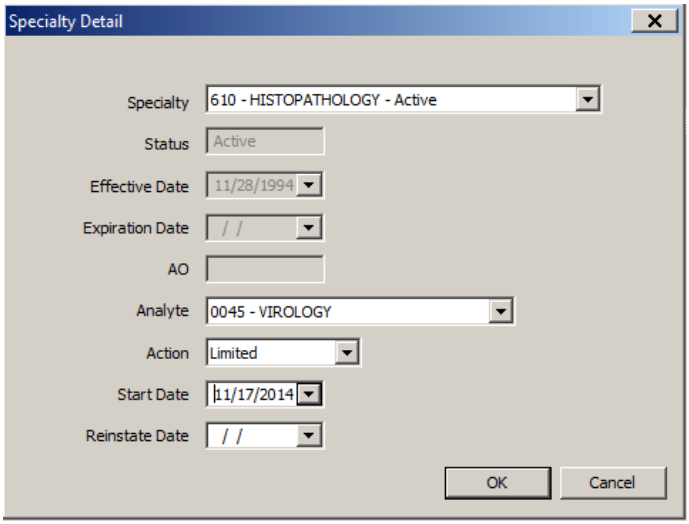


Figure 132: Specialty Detail window

Notices tab

The Notices tab maintains a history of all correspondence related to the enforcement case, recorded as you generate the letters, notices and other communications.

Fields: "Notices", on page 289

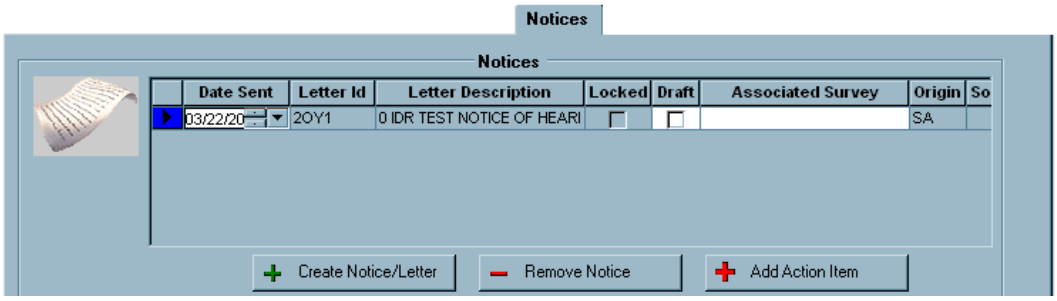


Figure 133: Notices tab

Notices History

Click the Create Notice/Letter button in the Notices section to open the Notices History window, which lists all letters and Other Communication History generated for the case.

Fields: "Notices History", on page 290

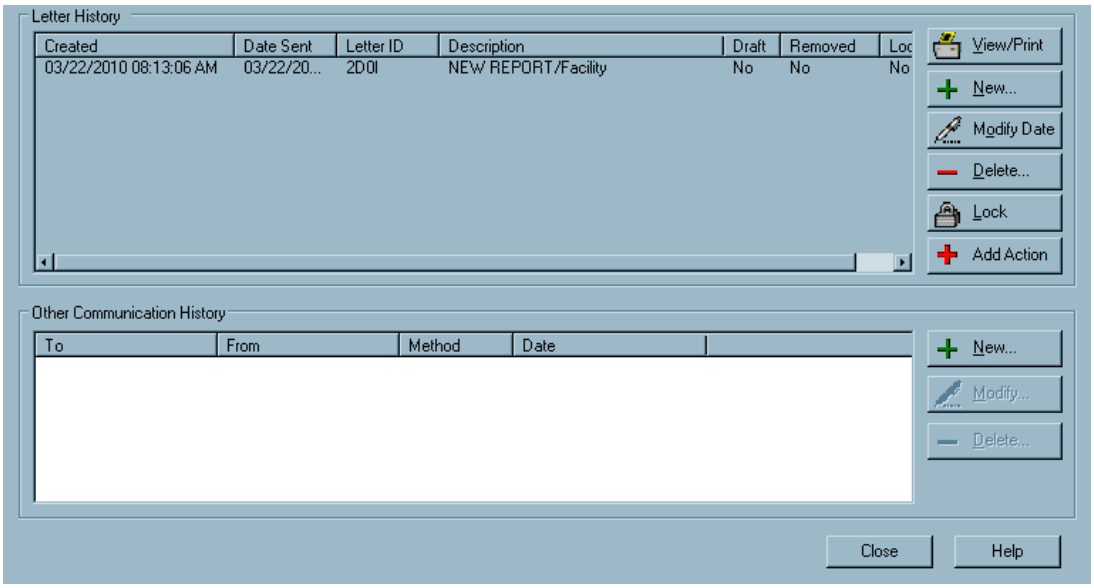


Figure 134: Notices History window

Letter/Notice Details

Tracking

This section provides fields for storing useful information about each letter.

Fields: "Letter/Notice Details", on page 292

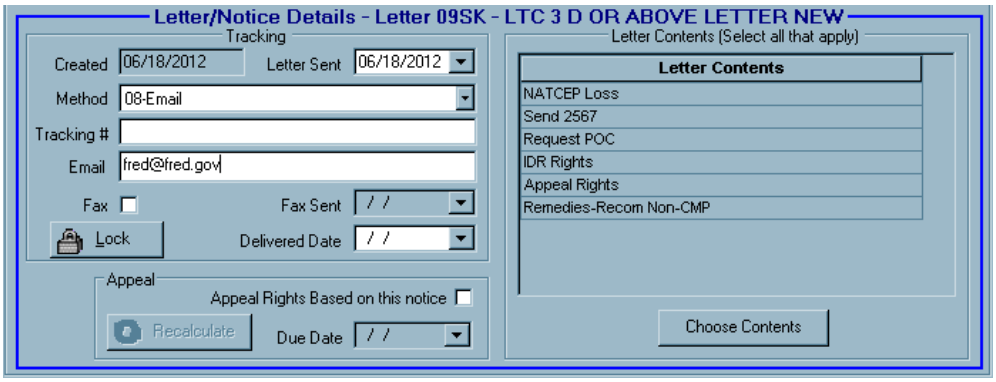


Figure 135: Letter/Notice Details section of Notices tab

Letter Contents

The Choose Contents button opens the Letter Contents window where you can choose all applicable letter contents.

Fields: "Letter Contents", on page 294

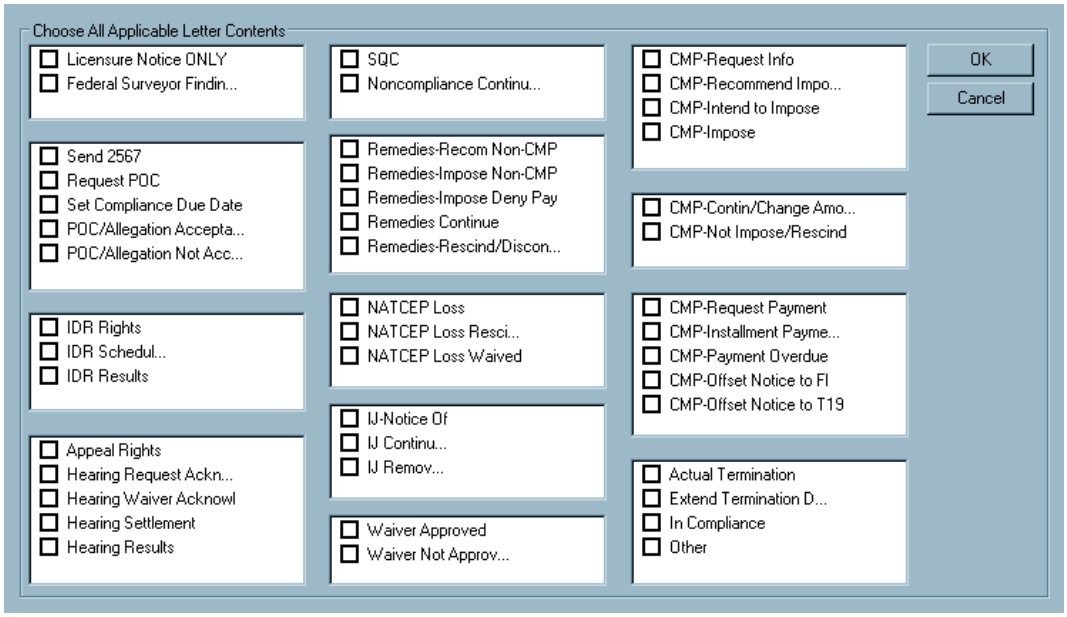


Figure 136: Letter Contents window

Hearing/Appeal tab

The Hearing/Appeal tab provides places for entry of all appeal-related information, including request dates, docket numbers, and decision information.

Fields: "Hearing/Appeal", on page 294

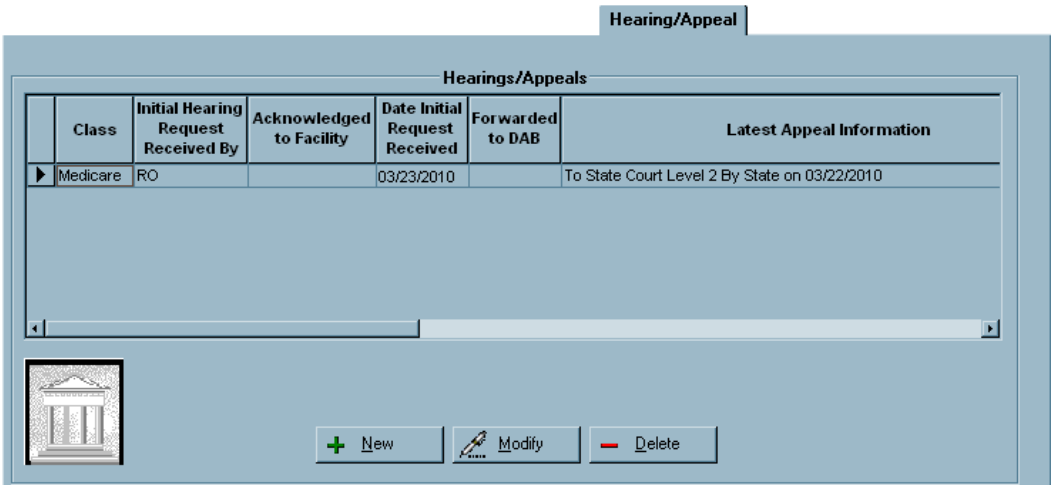


Figure 137: Hearing/Appeal tab - NH, HHA

The information on the CLIA Hearing/Appeal tab is very similar to that for NH and HHAs, except the Class column is replaced with the Appealed By column.

Fields: "Hearing/Appeal", on page 294

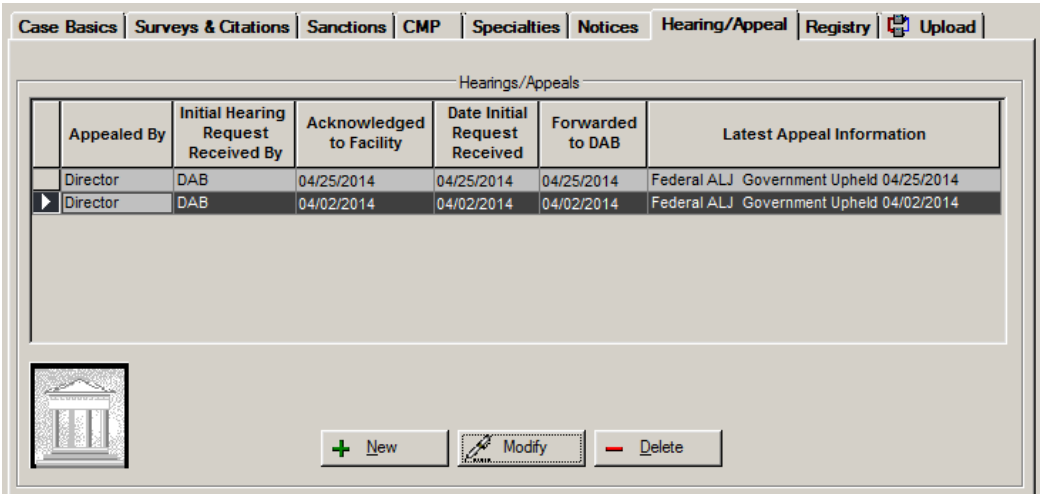


Figure 138: Hearing/Appeal - CLIA

Hearing/Appeal window

Click New on the Hearing/Appeal tab or select an existing hearing/appeal and click Modify to open the Hearing/Appeal window. The fields are almost identical for NH and HHA cases.

Fields: "Hearing/Appeal window", on page 296

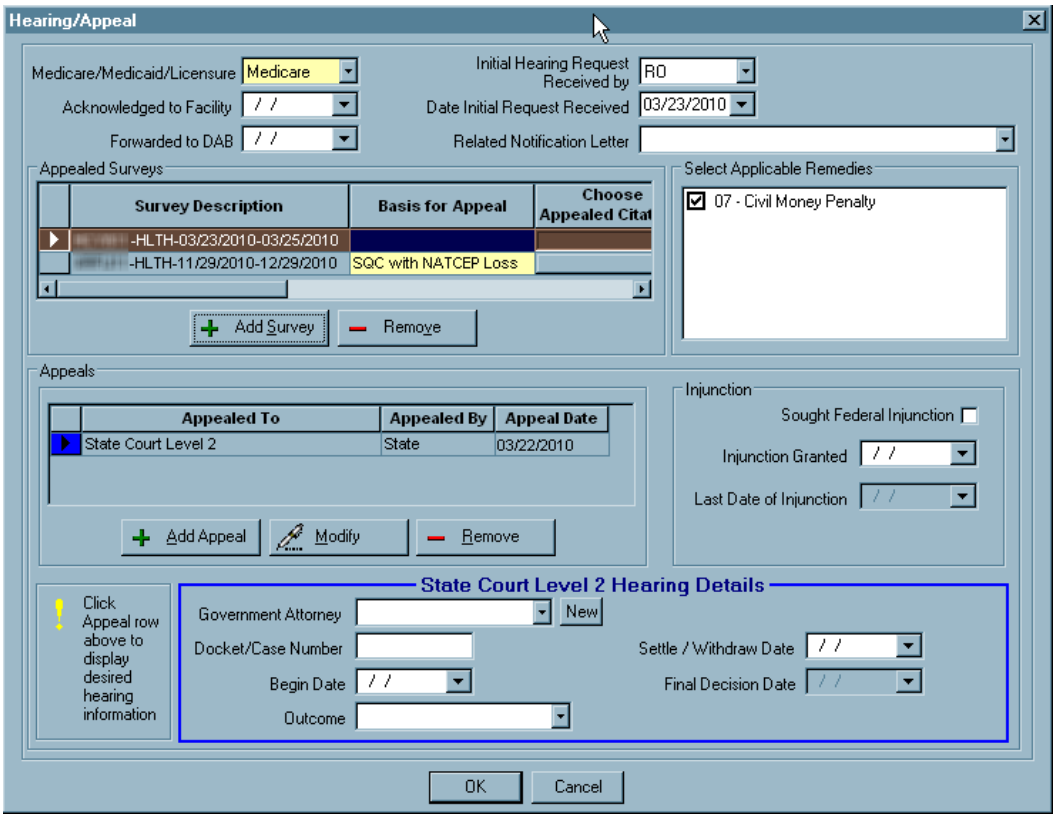


Figure 139: Hearing/Appeal window - NH

The Select Applicable Remedies screen section in the NH Hearing/Appeal window is called Select Applicable Sanctions for HHAs.

Fields: "Hearing/Appeal window", on page 296

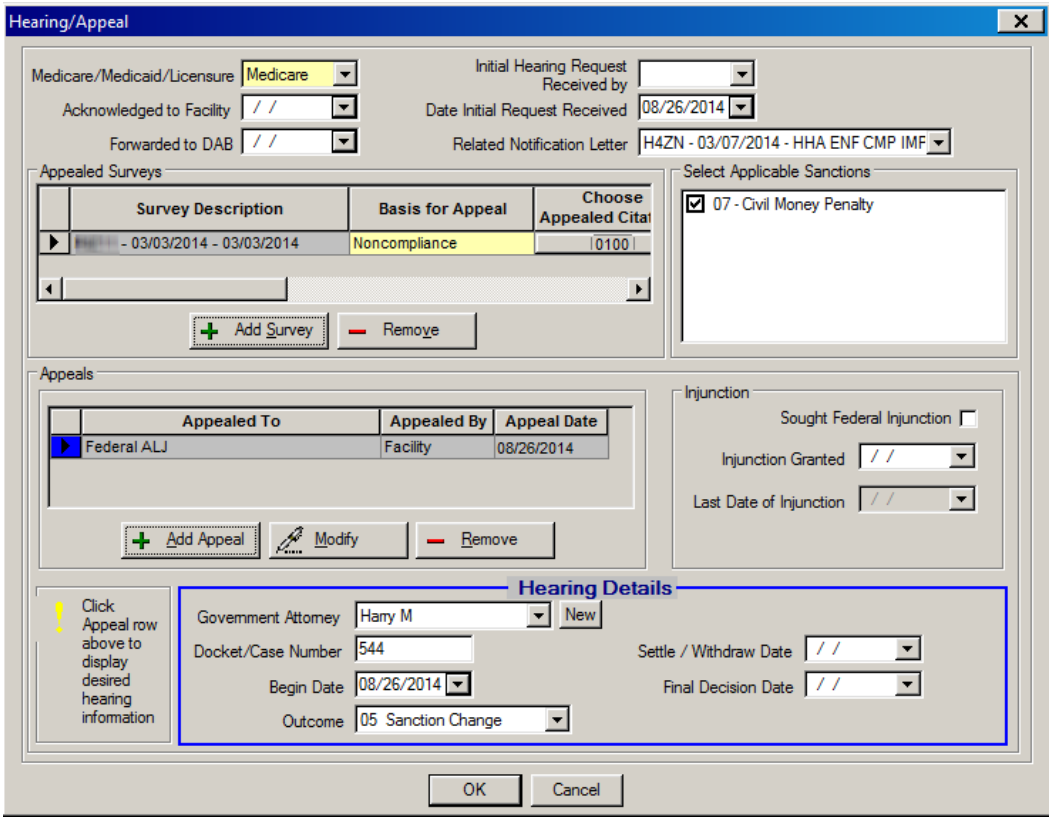


Figure 140: Hearing/Appeal window - HHA

For CLIA enforcement cases, there are some CLIA-specific fields.

Fields: "Hearing/Appeal window", on page 296

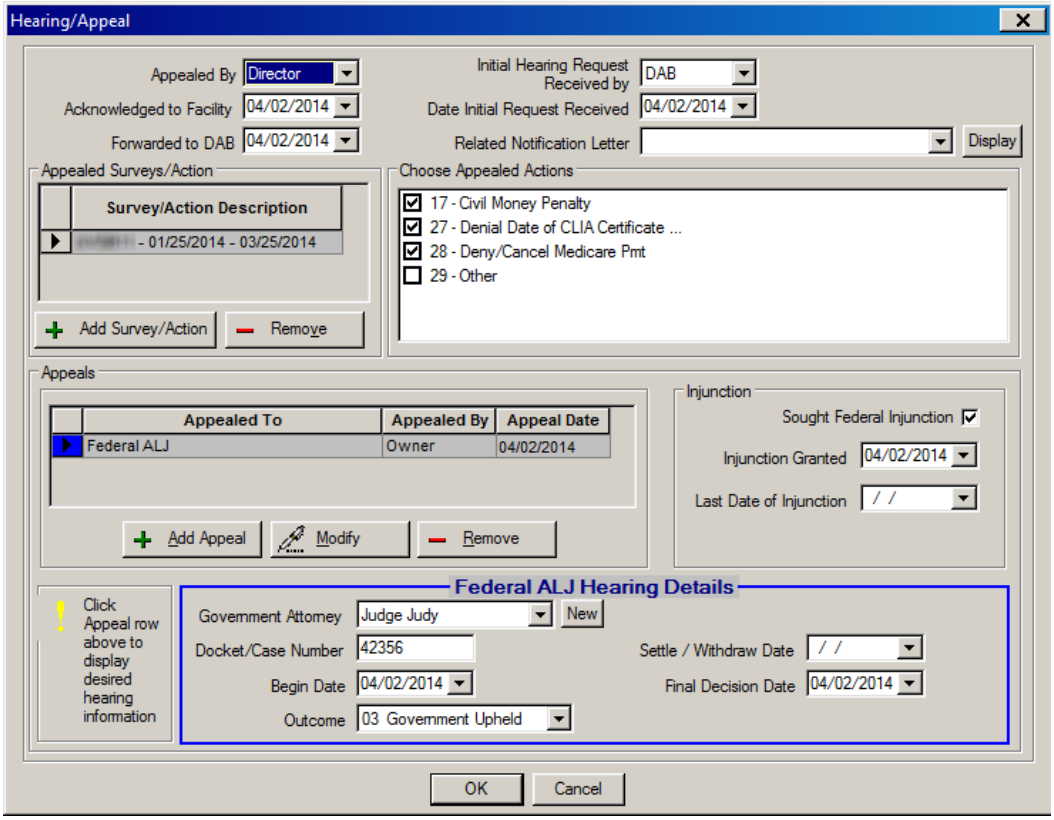


Figure 141: Hearing/Appeal window - CLIA

Hearing/Settlement for Survey window - NH, HHA

This window provides summary information about all tags cited on a survey, and lets you enter settlement information for those that are appealed.

Fields: "Hearing/Settlement for Survey - NH, HHA", on page 302

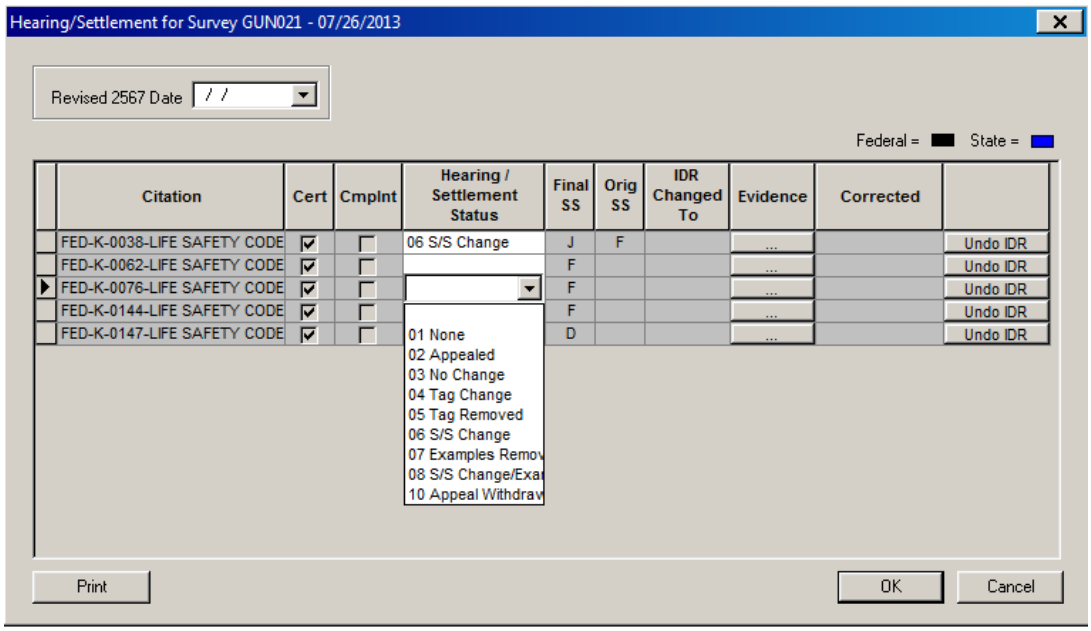


Figure 142: Hearing/Settlement window

Appeal To

You can enter appeal details in the Appeal To window.

Fields: "Appeal To", on page 303

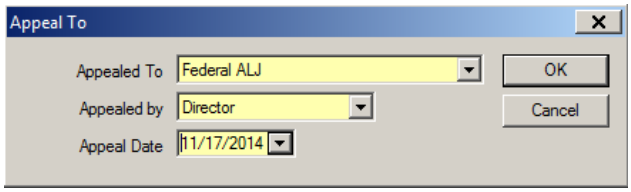


Figure 143: Appeal To window - NH, HHA, CLIA

Registry tab - CLIA

Fields: "Registry - CLIA", on page 304

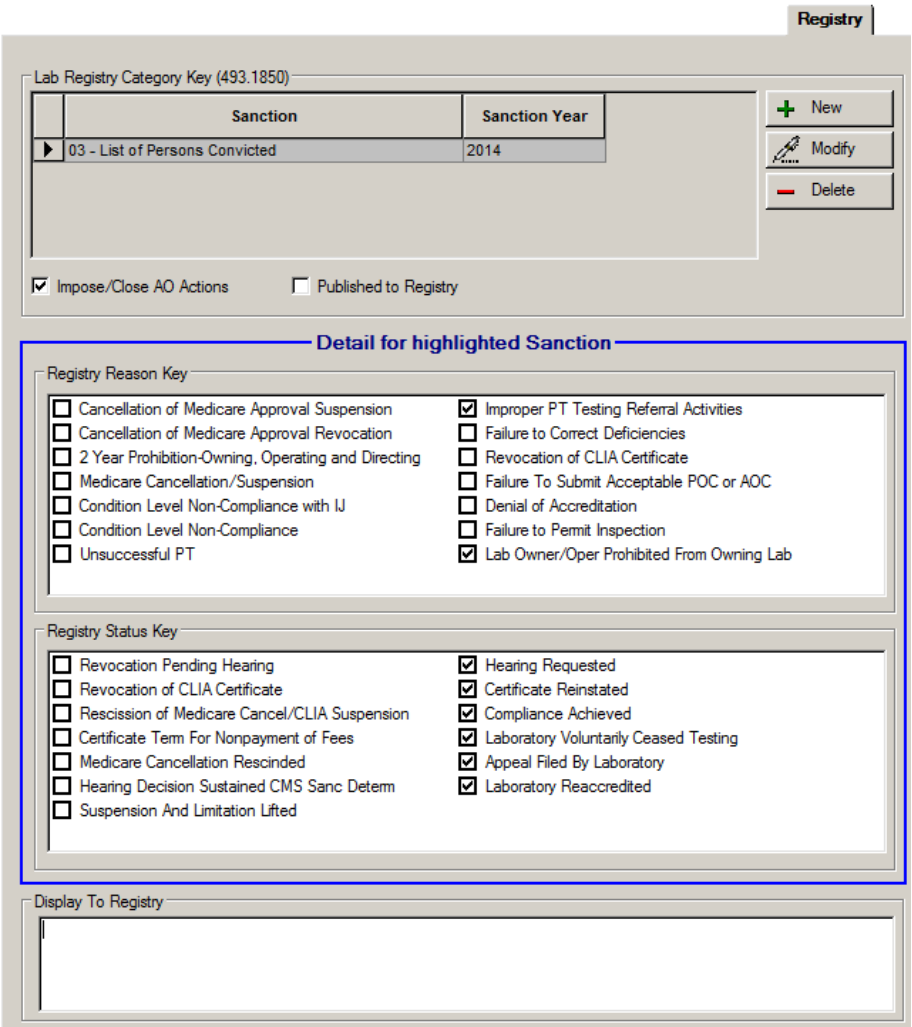


Figure 144: CLIA Registry tab

Upload tab

Fields: "Upload", on page 305

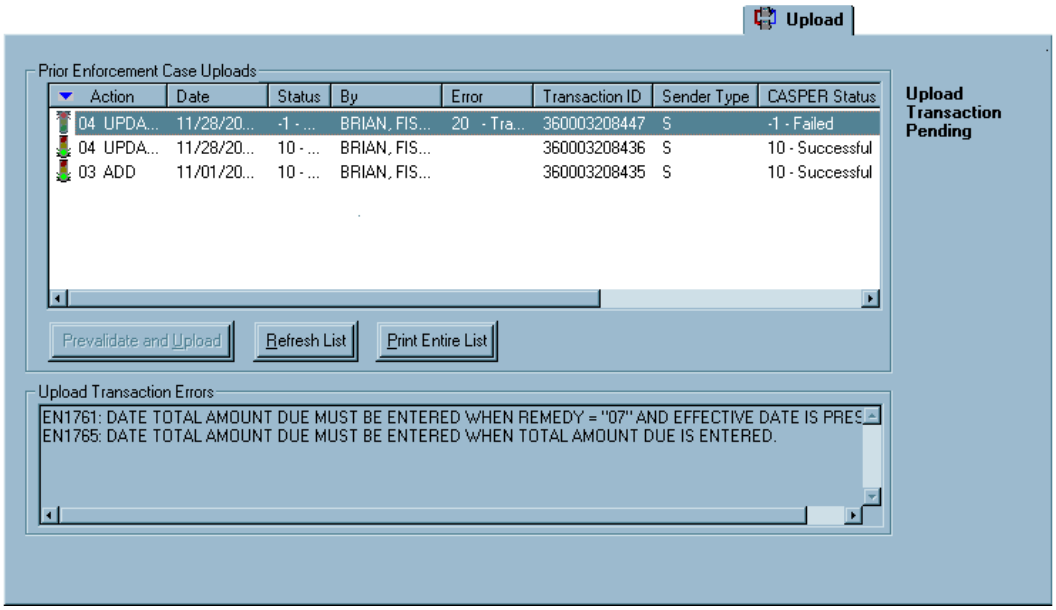


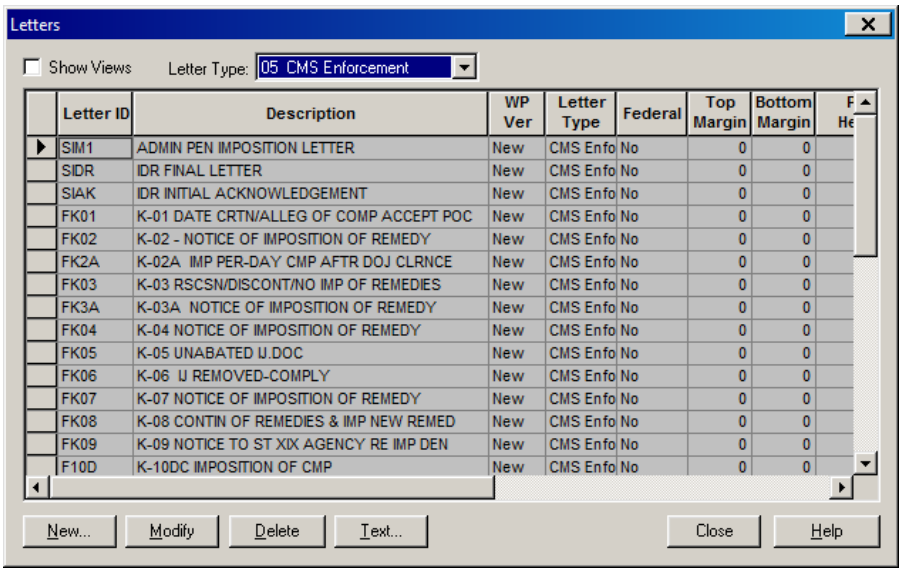
Figure 145: Upload tab

Letters Windows

Letters window

From this window, you create and manage form letter templates. Users can generate customized letters from the templates.

Fields: "Letters window", on page 307



Letter ID	Description	WP Ver	Letter Type	Federal	Top Margin	Bottom Margin	F He
SIM1	ADMIN PEN IMPOSITION LETTER	New	CMS Enfo	No	0	0	
SIDR	IDR FINAL LETTER	New	CMS Enfo	No	0	0	
SIAK	IDR INITIAL ACKNOWLEDGEMENT	New	CMS Enfo	No	0	0	
FK01	K-01 DATE CRTN/ALLEG OF COMP ACCEPT POC	New	CMS Enfo	No	0	0	
FK02	K-02 - NOTICE OF IMPOSITION OF REMEDY	New	CMS Enfo	No	0	0	
FK2A	K-02A IMP PER-DAY CMP AFTR DOJ CLRNCE	New	CMS Enfo	No	0	0	
FK03	K-03 RSCSN/DISCONT/NO IMP OF REMEDIES	New	CMS Enfo	No	0	0	
FK3A	K-03A NOTICE OF IMPOSITION OF REMEDY	New	CMS Enfo	No	0	0	
FK04	K-04 NOTICE OF IMPOSITION OF REMEDY	New	CMS Enfo	No	0	0	
FK05	K-05 UNABATED IJ.DOC	New	CMS Enfo	No	0	0	
FK06	K-06 IJ REMOVED-COMPLY	New	CMS Enfo	No	0	0	
FK07	K-07 NOTICE OF IMPOSITION OF REMEDY	New	CMS Enfo	No	0	0	
FK08	K-08 CONTIN OF REMEDIES & IMP NEW REMED	New	CMS Enfo	No	0	0	
FK09	K-09 NOTICE TO ST XIX AGENCY RE IMP DEN	New	CMS Enfo	No	0	0	
F10D	K-10DC IMPOSITION OF CMP	New	CMS Enfo	No	0	0	

Figure 146: Letters window

Letter Desc window

When you create a letter template, the first step is to supply basic information about the form letter. For templates created in ASPEN 6.5 or later, the Margin fields, Header/Footer section, and Logo button in the Letter Desc window are disabled. You specify margins, create headers and footers, and add logos directly to the letter in the letter word processor.

Fields: "Letter Desc", on page 308

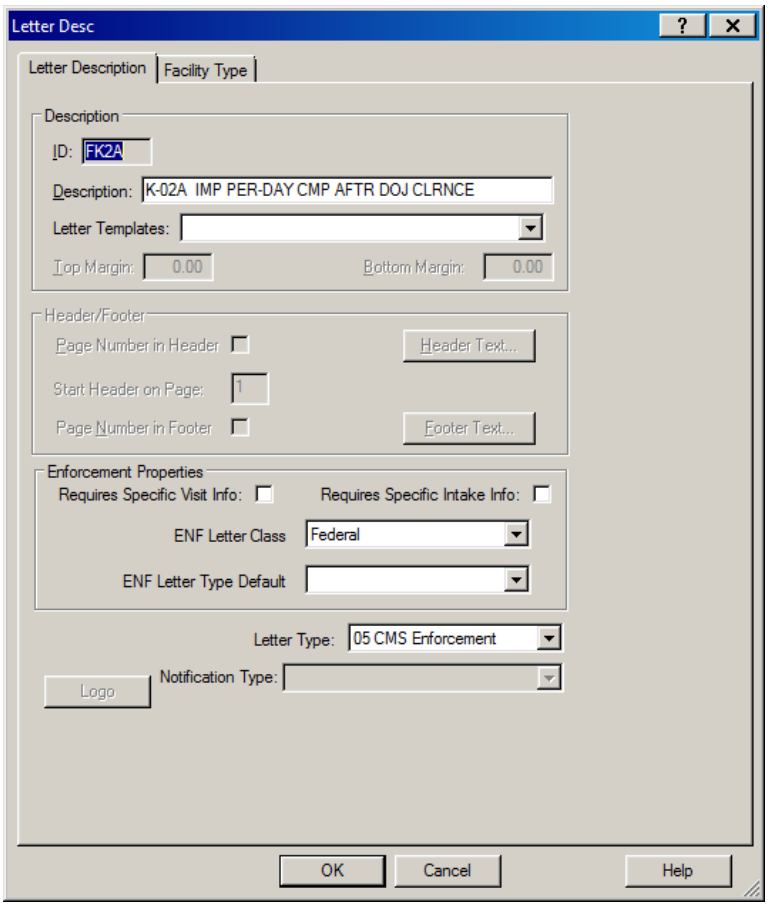


Figure 147: Letter Desc window

Note: The Federal Letter field appears only in ARO.

Distribution List window

The Distribution List window displays potential institutional recipients, both agencies and individuals, of the form letters in the ACO database. You can open the Distribution window to add new recipients or modify existing recipient information as needed.

Fields: "Distribution List", on page 310
Fields: "Distribution", on page 311

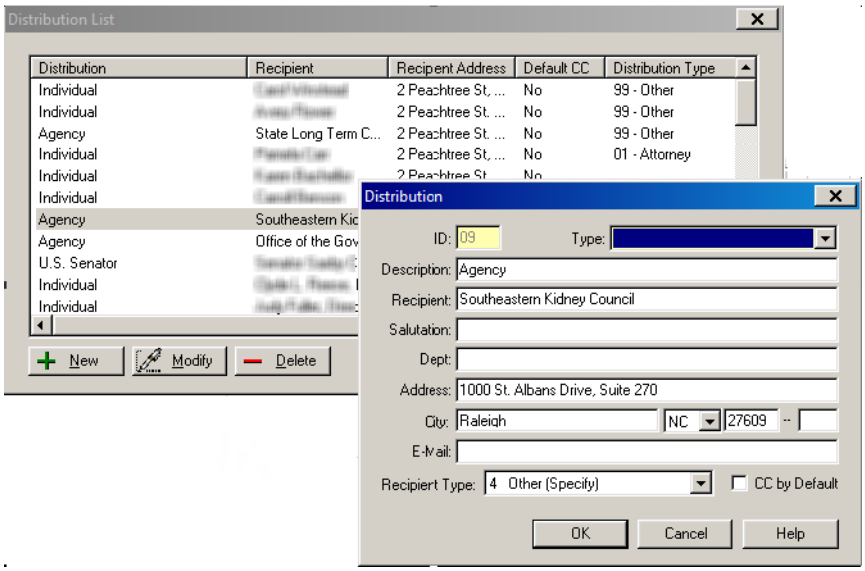


Figure 148: Distribution List and Distribution windows

Letter word processor

This full-featured word processor is used to create and modify the content of:

- New letter templates (WP Ver = New)
- Custom letters generated from new letter templates

Fields: "Letter word processor", on page 312

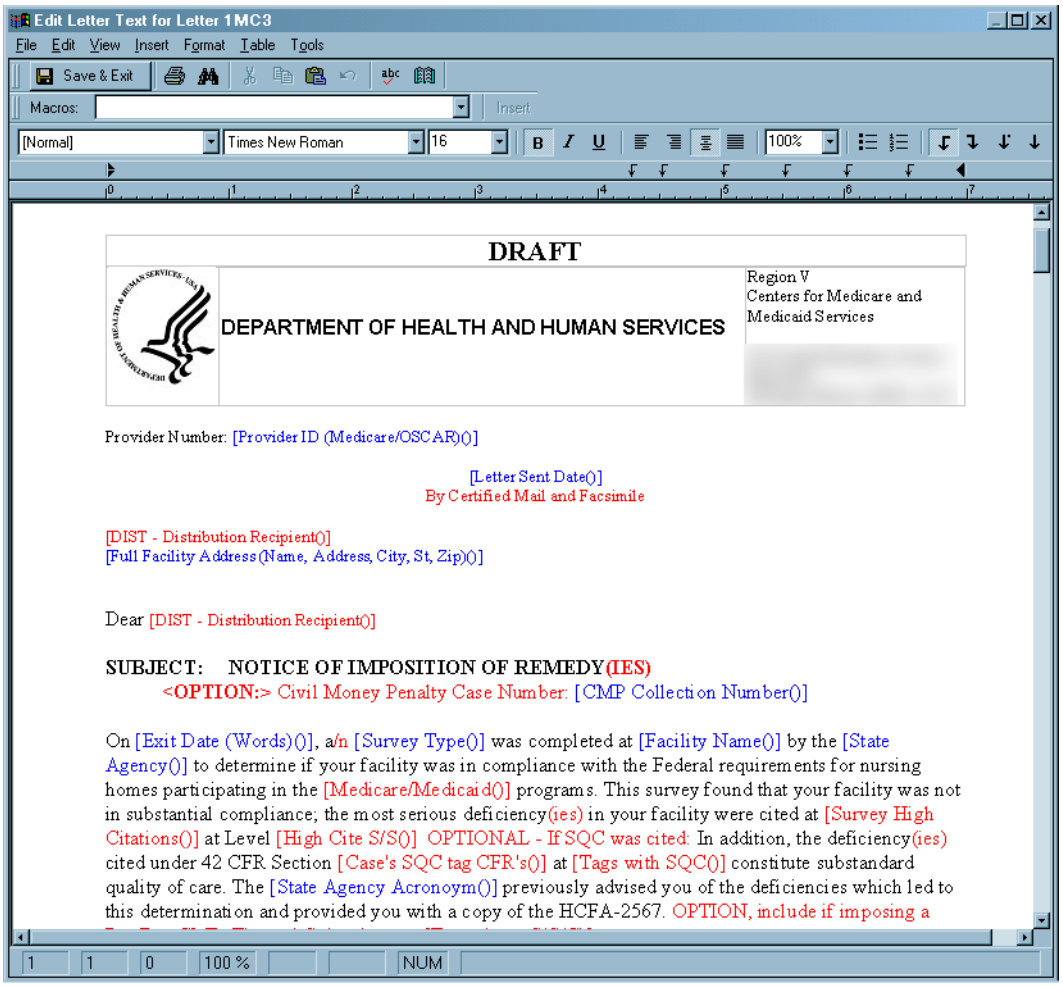


Figure 149: Letter word processor

For letter templates, the window title is Edit Letter Text. For custom letters, the title is Word Processor Dialog.

This word processor includes a variety of formatting options. You can specify margins, create headers and footers, and add logos directly to the letter.

Note: When a user previews a custom letter in the word processor, the Macros field is not displayed.

Other Windows

Please Specify Transactions To List

When you select Transactions from the Tracking menu, this window appears to let you enter a transaction date range and choose which of seven groups of transactions to display.

Fields: "Please Specify Transactions To List", on page 314

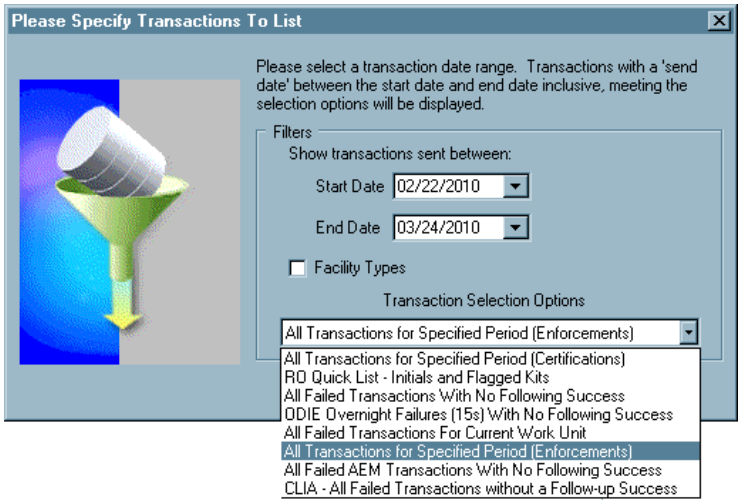


Figure 150: Please Specify Transactions To List window

Attachment Documents for Case

Click the Attach/View button to add a new, or view an existing case-level attachment.

Fields: "Attachment Documents for Case", on page 315

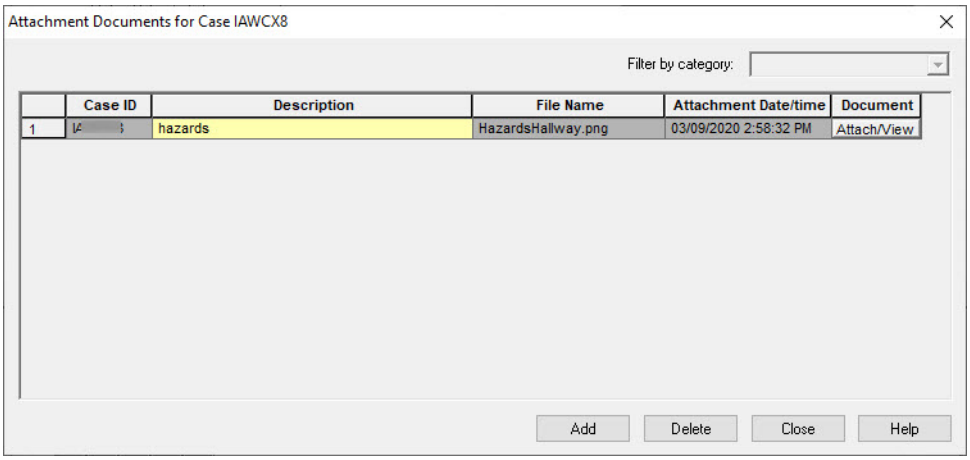


Figure 151: Attachment Documents for Case window

Action Item Filter Settings

Fields: "Action Item Filter Settings", on page 315

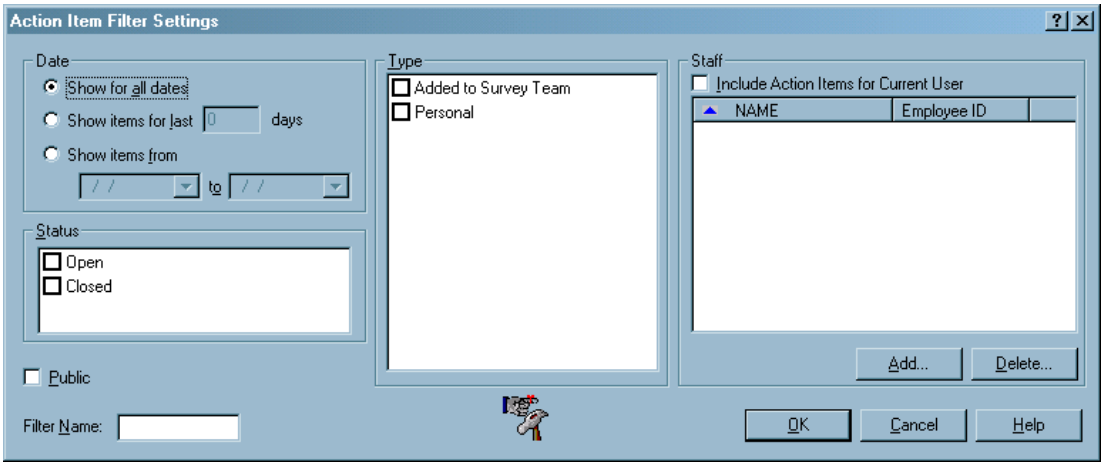


Figure 152: Action Item Filter Settings window

Find Case

Fields: "Find", on page 316

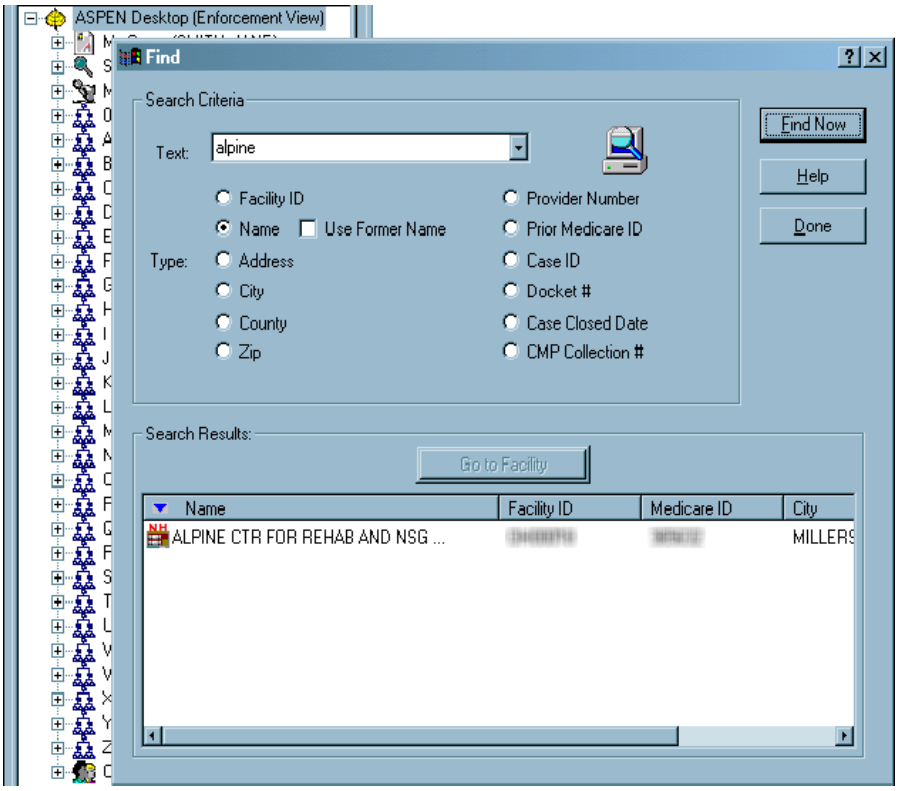


Figure 153: Find window

Informal Dispute Resolution ... window

A right-click option in Tree view or a button in the Survey Properties window opens this window for Federal and state NH and HHA providers. For each citation, you can record IDR (NH, HHA) and Informal IDR (NH) details.

Fields: "Informal Dispute Resolution ...", on page 317

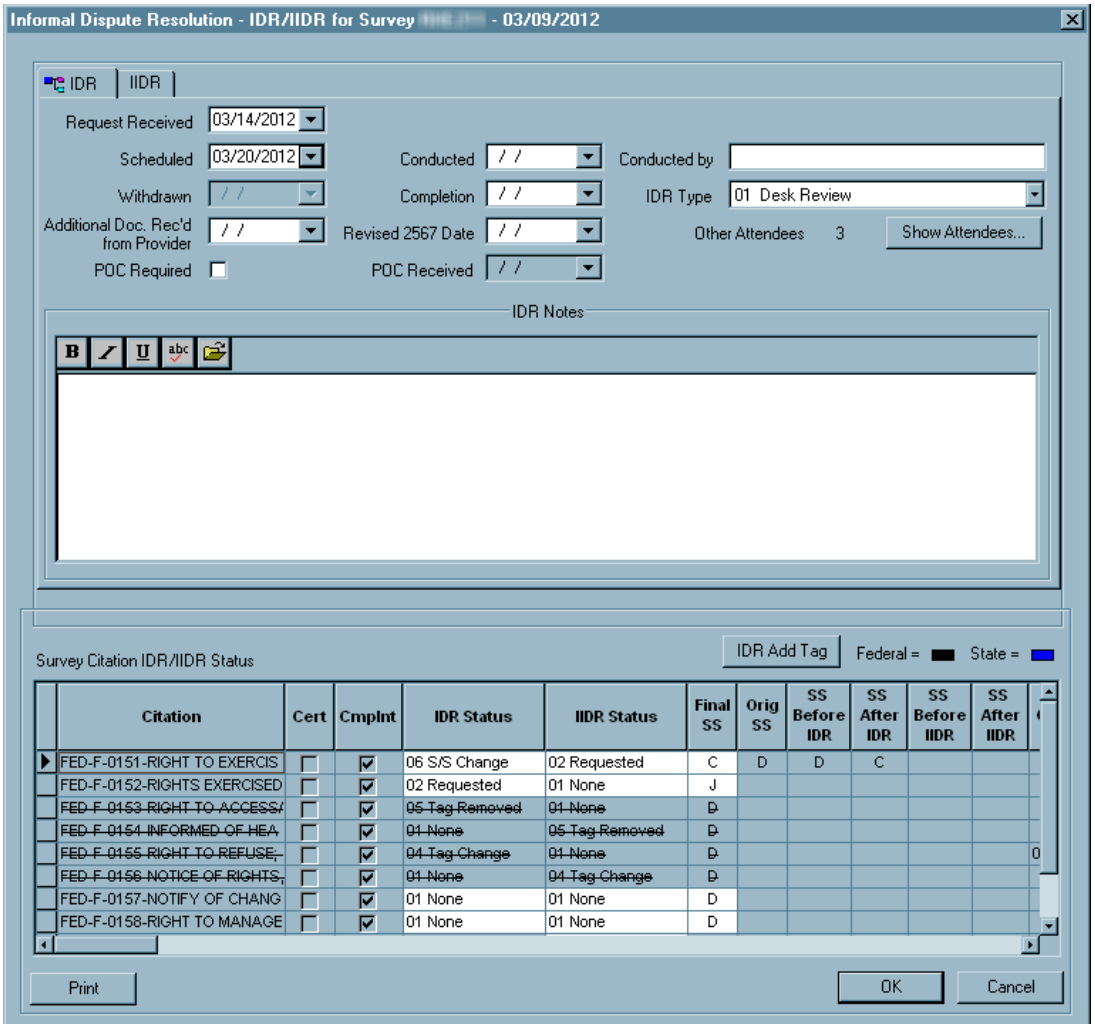


Figure 154: Informal Dispute Resolution - IDR/IIDR for Survey window

NH

For surveys associated with a CMP and an enforcement cycle start date of 01/01/2012 or later, the title of the window is Informal Dispute Resolution - IDR/IIDR for Survey and it has two tabs: IDR and IIDR. For surveys with no CMP or a cycle start date prior to 01/01/2012, the title is Informal Dispute Resolution - IDR for Survey. You can enter only IDR information and the window does not have tabs.

In the corresponding AEM case, the information entered in this window is displayed in the read-only Informal Dispute Resolution … section on the Surveys subtab of the Surveys & IDR/IIDR tab for the survey selected in the grid.

HHA

Since the IIDR feature is not available for HHAs, the title of the window is Informal Dispute Resolution - IDR for Survey and it does not have tabs.

In the corresponding AEM case, the information entered in this window is displayed in the read-only Informal Dispute Resolution … section on the Surveys subtab of the Surveys & IDR tab for the selected survey.

Note: If you can enter only IDR information for an NH survey because it has no associated CMP or the enforcement cycle start date is before 01/01/2012, the window title is Informal Dispute Resolution - IDR for Survey and it does not have tabs.

Remedy Lookups

State Remedy Codes always start with S, with two additional alphanumeric characters permitted. Remedies are listed in alphanumeric order by this code.

Fields: "Remedy Lookups", on page 322

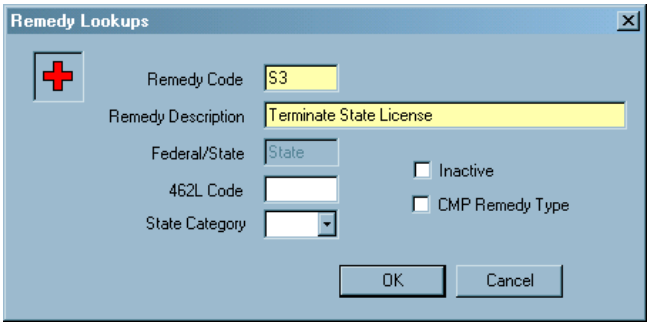


Figure 155: Remedy Lookups window

ASPEN word processor

This word processor has basic formatting features. Use it to:

- Enter supporting text or comments, e.g., citation text, notes.
- Modify content of custom letters generated from old letter templates (WP Ver = Old).

The title of the ASPEN word processor window as well as layout and options vary somewhat depending on what you use it for. The example below is the word processor you see when you click Notes at the bottom of the main window.

Fields: "ASPEN word processor", on page 322

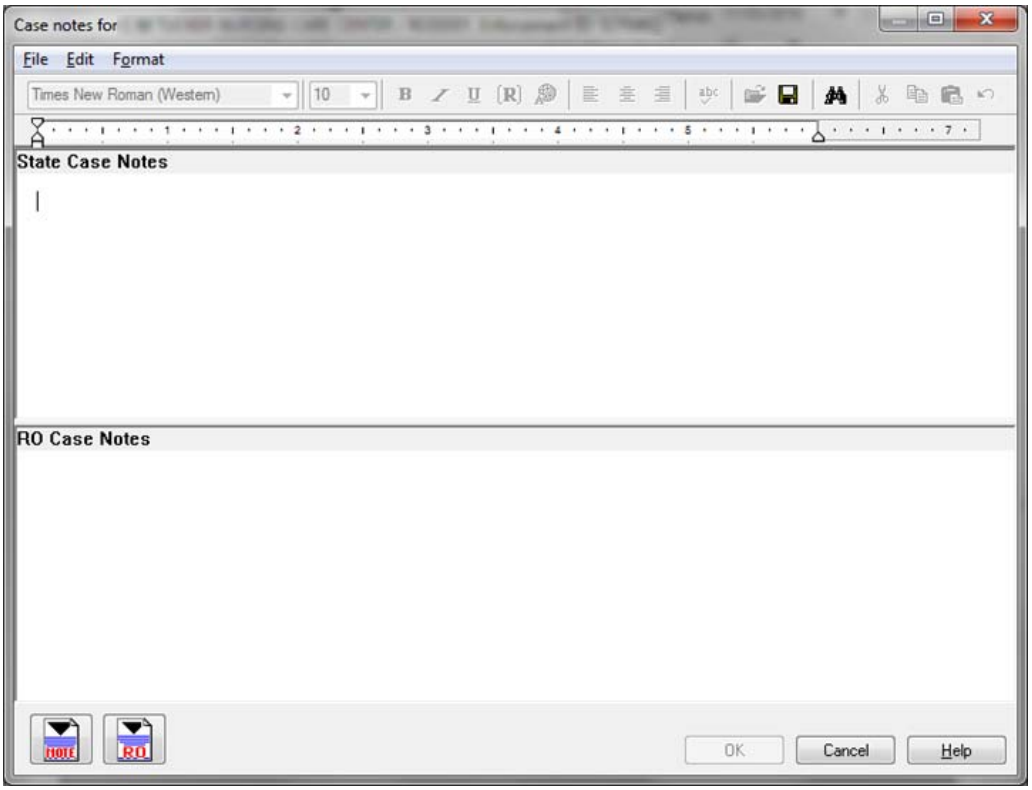


Figure 156: ASPEN word processor

Note: When content is copied and pasted from an external word processor such as Word, RTF formatting is automatically stripped out and the content is pasted as plain text into the ASPEN word processor where you can format it as desired.

You cannot cut text from or paste text into a read-only word processor pane. For example, you cannot cut or paste in the Regulations or Interpretive Guidelines panes of the Citation word processor. You can, however, copy text from a read-only pane and paste it into an editable pane as shown below. Editable word processor panes are white, read-only panes are various colors.

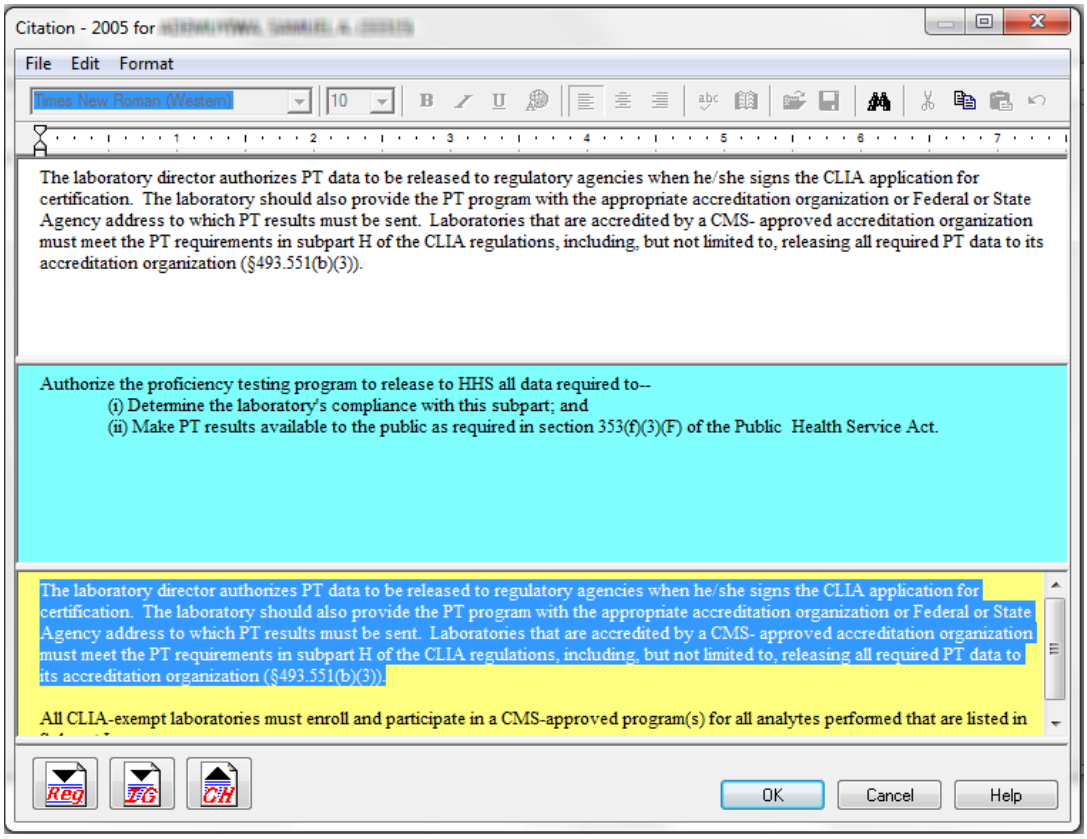


Figure 157: Citation word processor panes

Note: Although an unlimited amount of text can be entered in the word processor, there is a limit of 128K of citation text per tag (approximately 80 printed pages) that can print on the CMS-2567 and related forms.

Regional Reports

The Regional Reports window is used to create new regional reports and view completed reports. Reports can be viewed once the status is Complete. Viewed reports are automatically deleted overnight, unless you select the Save checkbox. Unviewed reports are deleted after seven days.

Fields: "Regional Reports", on page 324

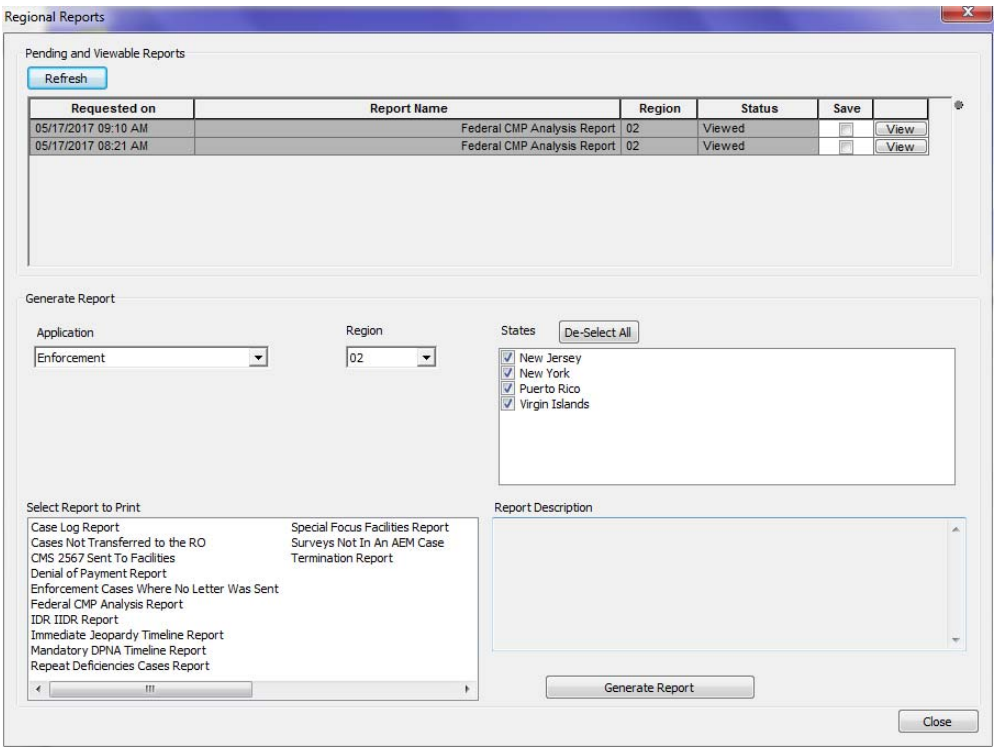


Figure 158: Regional Reports window

AEM Fields and Buttons

This chapter provides descriptions of the fields and buttons on various screens throughout AEM. Their order corresponds to the order of the screen graphics in the previous chapter, “AEM Screens”.

Case Fields

All AEM enforcement cases have a title bar and case header/footer. NH and HHA enforcement cases have eight tabs; CLIA cases have nine tabs. Many of the tabs are shared, though fields may vary depending on provider type. Descriptions of all fields are provided with applicable provider types identified when a field is not present or the field definition is not identical for all three provider types.

Title Bar, Case Header and Footer

The title bar and fields in the header remain visible as long as the case file is open, even when you move to different tabs within the case.

Buttons at the bottom of the case (the footer) are also available, as long as the case is open.

Title Bar

Case ID

NH, HHA, CLIA

A unique identifier generated by AEM when the case is created.

Provider Name, CCN

NH, HHA, CLIA

Name of the provider is followed by its CMS Certification Number in parentheses.

Cycle Start

NH, HHA

Exit date of the survey that began the enforcement case. If an NH case is a combined Health/LSC case, the Health survey is always the starting survey.

Enforcement Date

CLIA

Enforcement Date from the Begin Enforcement Cycle window is entered here.

Status

NH, HHA, CLIA

As selected in the Status field on the Case Basics tab.

Case Header

Latest Alleged Compliance Date

NH

For Federal cases. Latest Alleged Compliance is calculated when all non-waived tags with a S/S of D and above have Completion Dates (X5 - Plan of Correction dates) entered or have a valid waiver. It is re-calculated whenever X5 or waiver dates are changed.

- Latest Alleged Compliance date is the latest of the Completion Dates (X5) entered for non-waived tags after all tags with a S/S of D or above have Completion Dates (X5) entered.
- Tags that have an approved annual waiver (waiver Decision = Approved) are ignored.
- If the waived tags are the only tags on the case with a S/S above C, then the Latest Alleged Compliance is set to the exit date of the first survey in the cycle in which the waived tag was cited.
- If a tag's temporary waiver expires while the case is still open, it is then treated as any other tag, and the tag's Completion Date (X5) is used in the calculation of Latest Alleged Compliance.
- Past Noncompliance tags (Past Noncompliance checkbox selected in Citation Properties) are ignored. By definition, they are already corrected when they are cited.
- FSES (Fire Safety Evaluation System) tags are ignored.

Note: In the case in which a tag has a temporary waiver and the enforcement case goes into compliance, then at a later visit/revisit, the tag is cited again after the temporary waiver's expiration date, and a new enforcement case would be created.

HHA

Date entered on the revisit survey where condition-level tags were determined to be in substantial compliance.

Day 23

NH

23 calendar days after the exit date of the survey during which the earliest active IJ situation was found. If there is no IJ situation, "No IJ" appears in this field.

45 Calendar Days

CLIA

45 calendar days after the exit date of the survey. If no survey date is present, 45 calendar days after the enforcement date.

3 Calendar Months

NH, CLIA

Adds 3 to the month of the Cycle Start date. If the resulting date is invalid, uses the next valid date.

90 Calendar Days

HHA

Adds 90 calendar days to the Cycle Start date. If the resulting date is invalid, uses the next valid date.

6 Calendar Months

NH

Adds 6 to the month of the Cycle Start date. If the resulting date is invalid, uses the next valid date.

12 Calendar Months

CLIA

12 calendar months after the exit date of the survey. If no survey date is present, 12 calendar months after the enforcement date.

CLIA 116 button

CLIA

Opens facility in CLIA 116 Inquiry mode.

Facility Detail button

NH, CLIA

Opens a read-only view of facility properties. To edit facility information, go to the Tree view on either the Alpha or Enforcement tab and right-click the facility name, then select Facility Properties.

Agency Detail button

HHA

Opens a read-only view of facility properties. To edit facility information, go to the Tree view on either the Alpha or Enforcement tab and right-click the facility name, then select Facility Properties.

Case Footer

Print button

Opens the Select Reports to Print window. Reports available are Facility Enforcement History, Enforcement Case Profile, and CMPTS Report.

Letter/History button

Opens the Notices History window where you can view or generate letters and other notices.

Notes button

Opens the Case Notes area and allows States and ROs to enter and edit Case Notes in the ASPEN word processor, which has more features than the text editor on the Case Basics tab.

Attachments button

Opens the Attachment Documents for Case window, where you can attach and view documents or graphic files supporting the enforcement case.

CmpInt Inv button

Opens the Investigations related to window, which lists all investigations, intakes, and allegations related to the enforcement case. With appropriate permissions, you can open and update the investigations and intakes, edit allegation details and findings, and print intake-specific forms and reports.

Email button

Generates an email with information about the current enforcement case and sends it to assigned case workers (state and RO) with valid email addresses.

Save & Exit button

Saves and closes the enforcement record, returning you to the tree.

Cancel button

Closes the record without saving your changes. You are asked to confirm. The Cancel function does not necessarily roll back the record to where it was when you opened it. If you made entries in a secondary window and clicked OK, those entries have been saved and cannot be canceled. Additionally, some entries on forms are saved when you move to another tab, and saved entries cannot be canceled.

Help button

Opens a message box advising you that Help is not accessed here. Fields followed by a gray circle have Hover Guidance (context-sensitive Help); mouse over the circle to display.

Case Basics

The Case Basics tab is divided into three screen sections: Summary, Activities and Case Notes.

Summary

Health/LSC checkboxes

NH, HHA (LSC checkbox on NH only)

Indicates survey types associated with the enforcement case.

IJ indicator

NH, HHA

Shows IJ status entered on the IJ situation tab. Options are:

None: No IJ situation entered.

Current: Survey Date of IJ Discovery has been entered.

Removed: Survey Date of IJ Removal has been entered for all IJ situations in the case, or all IJ tags were removed as a result of IDR/Independent IDR.

SQC indicator

NH

Indicates whether an SQC tag was cited in a visit connected to the enforcement case. Recalculated every time a change is made to a citation.

An SQC tag is any deficiency with a scope and severity level of F, H, I, J, K or L, that also falls under one of the following regulatory groupings: Resident Behavior and Facility Practices, Quality of Life, Quality of Care. This includes tags 221-226, 240-258, and 309-333.

Sent to HIPDB

NH, HHA

Enabled for CMS Central Office users; read-only otherwise. Select if case was sent to HIPDB (Healthcare Integrity and Protection Data Bank).

Infection Control (IC)

NH

Read-only. Automatically selected when tag F880 (Infection Prevention & Control) is cited at a Scope/Severity level of D or higher on any survey on the case to point out the need for enhanced enforcement of infection control. Indicates the necessity for immediate imposition of remedies and transfer of the case to CMS.

Owners - CLIA

Owner List

A read-only historical list of owners in ASPEN displayed for the lab. Indicates whether the owner is associated with this enforcement case.

Director Last Name/First Name/MI

Defaults to the director last name/first name/middle initial from the CMS-116. The RO can change these values. Director Last Name and First name are required.

Case Status

Federal Status

NH, HHA

Indicates Federal status of case. Options are:

Open - Active: Case is still in process.

Open - Hearing: Active processing complete; case awaiting beginning or completion of hearing.

Open - CMP Collection: Case remains open only because a CMP is not fully paid.

Open - Hearing/CMP Collection: The case remains open awaiting the outcome of a hearing and a CMP collection.

Closed: Case is complete. Case cannot be closed if:

- A remedy/sanction is pending. You have the option of changing pending remedies/sanctions to a non-pending status. For NH, refer to "Federal Pending Remedies - NH, HHA" on page 201.
- NH only - Substantial Compliance has not been met, i.e., not all tags with a Scope/Severity of D and above are either corrected or have a valid waiver.
- HHA only - Substantial Compliance has not been met; condition-level tags are still uncorrected.
- There is a CMP in effect that is not paid in full.
- There is a CMP remedy/sanction in effect on the Remedies/Sanctions tab, but no corresponding Per Day or Per Instance CMP entered on the CMP tab.
- The case is a Federal case that has never been uploaded. You cannot close the case until it is uploaded and accepted.

For NH, Federal Status is enabled for States and Regional Offices according to provider participation and case type:

- If T19 only: both state and region can change the status.
- If T18 and an Opportunity to Correct case: both state and region can change the status until a Federal case worker is assigned to the case, after which only the Region can change the status.
- If T18 and the case is No Opportunity to Correct or Past Noncompliance: only CMS staff can change the status.

Enforcement Date

CLIA

Enforcement Date from entry on Begin Enforcement Cycle for window.

Status

CLIA

Read-only. Value is set by ASPEN according to the following rules:

01 - Proposed-Open

When the enforcement case is created.

When only Proposed Sanctions are on the case, and at least one of those Proposed Sanctions is not finalized.

03 - Imposed-Open

At least one Imposed Sanction is on the case and is not finalized, whether there are Proposed Sanctions on the case or not.

02- Proposed-Closed

When the Case Status was Proposed-Open and the case is closed without imposing sanctions. All Proposed Sanctions have a Sanction Status of Not Imposed.

The case is read-only, except Sanctions and the Case Basics Closed date.

04 - Imposed-Closed

When the Case Status was Imposed-Open and all Proposed and Imposed Sanctions are finalized. Note: If the Case Status was Imposed-Open and the Imposed Sanctions are finalized, but at least one Proposed Sanction is not finalized, the case remains Imposed-Open (once a case is Imposed-Open it cannot go back to Proposed-Open unless the imposed dates are deleted).

The case is read-only, except Sanctions and the Case Basics Closed date.

Note: Training and Technical Assistance – treated as Proposed sanction when calculating Case Status.

Closed

NH, HHA

Date the Federal Status was changed to Closed. This field is enabled when Closed is selected for Federal Status. You cannot select Closed until the case has been uploaded and accepted.

CLIA

Date the enforcement case is closed. This field can only be entered when the Case Status is Proposed-Closed or Imposed-Closed.

State Status

NH, HHA

State Status is enabled only in ACO and only if State Licensure is selected. Options are: Open, Closed.

IJ Discovered

CLIA

Date Immediate Jeopardy was discovered. This date cannot be prior to the survey date (if present) or the enforcement date, and cannot be greater than today's date.

Type of Event

CLIA

Type of Event that was selected on the Begin Enforcement Cycle for window.

Survey Date

CLIA

Survey exit date that was entered on the Begin Enforcement Cycle for window.

IJ Removed

CLIA

Date Immediate Jeopardy was removed. Cannot be prior to the IJ Discovered Date and cannot be greater than today's date. Enabled, but cannot be entered unless there is an IJ Discovered date.

Beginning Case Type - NH, HHA

Federal Type

NH

Either Federal Type or State Licensure must be selected. Options are:

Opportunity to Correct

No Opportunity to Correct

Past Noncompliance

This is the Beginning Case Type, so select the type that applies at the time the case is initiated. If any of the surveys on the case have a Federal regulation set, a Federal Type must be selected.

State Licensure

NH, HHA

Select the box if this case involves state licensure. Enabled only in ACO.

For NH, State Licensure and Federal Type operate independently. One or the other (or both) must be selected. If State Licensure is selected, Federal Type is not required. Selecting this box also enables the State Status field.

Double G

NH

Select this box when the provider's deficiency history leads to a determination of Double G status for this cycle.

Repeat Deficiency

HHA

Checked when there are repeat deficiencies on the enforcement case.

Special Case Type

NH

Displayed for CDC enforcement cases only. Read-only: CDC Reporting automatically entered.

Release Special Case To State

NH

Displayed for CDC enforcement cases only. ROs can select this checkbox in ARO to release a CDC case to a state.

Read-only in ACO. If not selected, the case and related items (e.g., surveys) are read-only in ACO. If selected, the case and associated items are read/write in ACO.

Key Dates - NH, HHA

Correction Due Date for Opportunity to Correct

NH

Entered by the state agency. The date by which the SA recommends remedies be imposed if substantial compliance is not achieved.

Substantial Compliance

NH

For Federal cases. Date the provider came into substantial compliance. AEM calculates Substantial Compliance when all tags with a S/S of D and above are either corrected or have a valid waiver.

AEM checks both health and LSC surveys associated with the case. The date is recalculated whenever changes are made to the CMS-2567B.

- AEM uses the latest Correction date for non-waived tags after all tags with a S/S of D or above have Correction dates entered.
- Tags that have an approved annual waiver (waiver Decision = Approved) are ignored.
- If the waived tags are the only tags on the case with a S/S above C, then Substantial Compliance is set to the exit date of the first survey in the cycle in which the waived tag was cited.
- If a tag's temporary waiver expires while the case is still open, it is then treated as any other tag, and the tag's Correction date is used in the calculation of Substantial Compliance.
- Past Noncompliance tags (Past Noncompliance checkbox selected in Citation Properties) are ignored. By definition, they are already corrected when they are cited.
- FSES tags are ignored.

This field is also displayed on the Surveys grid (Survey & IDR/IIDR tab).

HHA

Latest correction date for all COPs on survey events associated with the enforcement case, including any changes that might have been done by IDR. All COPs must have a correction date entered to calculate the Substantial Compliance Date.

hx button

NH, HHA

Opens the Substantial Compliance Override History for Case window, which shows the history of all overrides to the calculated Substantial Compliance date for this case.

History shown includes Date Changed, Prior Value, New Value, and Changed By.

Override button

NH, HHA

Allows the user to override the calculated Substantial Compliance date. Before entering the new date, you are asked to confirm. Once this date is overridden, AEM no longer calculates Substantial Compliance for the case.This button is visible under the following conditions:

- For state users, when the case involves only state regulations.
- For regional office users, when the case involves any Federal regulations.
- For both state and regional office users, when the case has Federal regulations but the provider is a T19-only provider.

Cycle Start to Today/Compliance

NH, HHA

Calculated by AEM. When there is no Substantial Compliance date, this is the number of days between Cycle Start (in the title bar) and today.

Once a Substantial Compliance date is present, the label changes, and this field reflects the number of days from Cycle Start to the Substantial Compliance date.

Initial Transfer to RO

NH, HHA

The date the state agency first transfers responsibility for processing of the case to the Regional Office. Set the date in this field by clicking the Set Date button.

This date is the equivalent to the date the state would have mailed a paper package to the RO prior to AEM.

The label changes to Initial Transfer to RO Needed? when a case should be transferred to the RO and has not been transferred yet. See the conditions for this under Set Date (below).

HHA

If the case is not in Substantial Compliance as of day 55, the Initial Transfer to RO label changes to red and text changes to, "Initial Transfer to RO needed?" A warning message appears when an RO enters an enforcement case in which the Initial Transfer to RO field should have been set and is not.

If appropriate, press the Set Date button next to the Initial Transfer to RO field. Verify that the Initial Transfer to RO date is correct, and if not, press the Set Date button again and enter the correct date.

hx button

NH, HHA

The hx button opens the Transfer to RO Date History for Case window, showing the history of changes to Initial Transfer to RO dates.

Set Date button

NH, HHA

States use Set Date to simultaneously enter the date of the transfer and create a CASE SENT TO RO Activity.

The initial use of Set Date always enters today's date. If today's date is not correct, click Set/Date again to change it. This system ensures that any changes to this date are recorded in the hx window.

AEM provides warning messages to use Set Date under the following conditions:

- ROs who create an enforcement case should use Set Date before saving the case.
- Any case involving a Medicare NH that is No Opportunity to Correct, Past Noncompliance, or an Opportunity to Correct case that is not corrected at the first revisit, should be transferred to the RO.

Federal Program - NH, HHA

Federal Program Participation Status

Read-only. This field is derived from the Termination Code (L30) on the most recent CMS-1539 form for the provider as follows:

CMS-1539 Termination Code (L30)	AEM Participation Status
00 ACTIVE	PARTICIPATING
07 PROVIDER STATUS CHANGE	PARTICIPATING
01 MERGER, CLOSURE	FACILITY CLOSED
02 DISSATISFACTION W/REIMBURSEMENT	VOLUNTARY WITHDRAWAL
03 RISK OF INVOLUNTARY TERMINATION	VOLUNTARY WITHDRAWAL
04 OTHER REASON FOR WITHDRAWAL	VOLUNTARY WITHDRAWAL
05 FAIL TO MEET HEALTH/SAFETY	INVOLUNTARY TERMINATION
06 FAIL TO MEET AGREEMENT	INVOLUNTARY TERMINATION

Status Date

The Termination Date (L28) entered on the CMS-1539. Termination date is required when the Termination Code is anything other than 00 ACTIVE.

Chains - NH, HHA

Chain (CMS List)

If a Federal chain is associated with the facility on the Other tab in Facility Properties when a case is opened, ASPEN inserts the chain's name here. You can also select a chain from the drop-down box. The list of chains is maintained by CMS in Lookup Values.

If you change the chain in Facility Properties after the enforcement case is opened, that change is reflected here. Case workers need to decide if the prior or current chain is applicable to the enforcement case.

Chain (State List)

If the facility belongs to a state-listed chain, select the chain here. States can maintain their own list of chains in
Lookup Values | Dictionary | FACILITY-FACILITY MASTER | STATECHAINID.

Basis For Adverse Action - CLIA

List of Basis For Adverse Actions entered by the RO/CO. Each Basis may be associated with a survey on the enforcement case or not. At least one Basis For Adverse Action must be entered for each enforcement case.

The grid displays the Basis and Survey with its EventID and exit date (if a survey is entered – blank if no survey entered). Use the Add and Modify buttons to open the Basis for Adverse Action Detail window where you can add a new Basis record or modify a selected record. Use the Remove button to delete the selected Basis record from the grid; you are asked to confirm.

Notification of Sanctions / AO Actions - CLIA

Proposed By State

Entered by RO/CO, the date the state agency sends a Training and Technical Assistance letter to the Lab for initial occurrence of unsuccessful PT. This date cannot be prior to the survey date (if present) and cannot be greater than today’s date. At least one Proposed by date must be entered for upload (i.e., Proposed by State, Proposed by RO, Proposed by AO).

Proposed By RO

When blank, ASPEN sets this field to the earliest Notification Date of sanctions (from the Sanctions tab). The RO may enter this field as well. This date cannot be prior to the survey date (if present), cannot be greater than today’s date, cannot be prior to the Proposed By State date, and cannot be prior to the enforcement date. At least one Proposed by date must be entered for upload (i.e., Proposed by State, Proposed by RO, Proposed by AO).

The button next to this field allows the RO to generate a Proposed Sanctions letter.

Proposed By AO

This field is entered by the CO. It is the date the AO proposed actions. This date cannot be prior to the survey date (if present) and cannot be greater than today's date. This date cannot be deleted if the Impose/Close AO Actions checkbox is checked on the Registry tab. At least one Proposed by date must be entered for upload (i.e., Proposed by State, Proposed by RO, Proposed by AO).

Public Notices - NH, HHA

Request for Termination Notice #1 & #2

AEM provides two date fields for Request for Public Notice of Termination. If there are additional requests, the two most recent should be entered here.

Date Notice 1 Appeared and Date Notice 2 Appeared

Dates the Public Notices of Termination appeared in the local newspapers. If there are additional appearances of public notices, the two most recent should be entered.

Case Workers - NH, HHA, CLIA

The grid lists the staff members assigned to the case, with phone numbers, date the worker was assigned to the case, and an indicator for the state and Federal primary workers. One state and one Federal worker must be designated as Primary. Primary workers are listed on some enforcement reports.

Federal case workers are shown in black; state workers in blue.

Add button

Click Add to add a worker to the list. The Select Case Worker window opens, where you select the worker from a list of all active workers in the personnel table.

Remove button

Highlight a worker and click Remove to remove the worker from the list. You are asked to confirm. You cannot remove a Primary worker.

Federal Pending Remedies - NH, HHA

This window opens if you try to change the Federal Status to Closed when there are Federal pending remedies. Change the remedy status by clicking in the In Effect? column.

In Effect?

Options are:

01 Yes

02 No

03 Pending

04 Recommended

05 Awaiting Appeal Outcome

Activities

Sent

Required. Date the activity is assigned.

Due

Date by which the activity should be completed.

Completed

Date the activity was completed.

Type

Description of the activity. In the Define Activity window, the Type is selected from a drop-down of options.

Responsible Party

Staff member designated to complete, or monitor and confirm the completion of, the activity. Although the activity may be assigned to more than one staff member, only one is designated as the Responsible Party (aka Primary Recipient).

Add button

Opens the Define Activity window for entry of a new activity.

Modify button

Opens the Define Activity window for the selected activity, so you can make changes.

Remove button

Deletes the selected activity from the grid. You are asked to confirm.

Define Activity

Activity

AEM uses the Case ID as the activity identifier.

Type

Required. Description of the activity.

Sent

Required. Date the activity is assigned.

Due

Date by which the activity should be completed.

Completed

Date the activity was completed.

Add S.A. button

Opens the Add Activity Recipient window, where you can select a state staff member.

Add R.O. button

Opens the Add Activity Recipient window, where you can select a Regional Office staff member.

Add Team button

Opens the Add Activity Recipient window, where you can select a work unit to assign to the activity. All members of the team are added as recipients and will receive an action item. The first person on the list is selected as Responsible Party (aka Primary Recipient) if the team was the first recipient added, but you can change that as needed.

Remove button

Removes the selected (highlighted) recipient from the activity. This does not remove action items that were previously sent. It only acts on action items you are preparing to send.

Comments

A text box where you can type any notes relevant to the activity. The recipient can read the comments by right-clicking the action item and selecting Alert Properties.

Case Notes

State Case Notes

NH, HHA

Activated in ACO. States can use this area to record relevant comments about the case.

Click the Notes button at the bottom of the form to view and edit the same text in the more full-featured ASPEN word processor.

RO Case Notes

NH, HHA, CLIA

Activated in ARO. ROs can use this area to record case comments.

Click the Notes button at the bottom of the form to view and edit the same text in the more full-featured ASPEN word processor.

CO Case Notes

CLIA

Activated in ARO. COs can use this area to record case comments.

Click the Notes button at the bottom of the form to view and edit the same text in the more full-featured ASPEN word processor.

Bold, Italic, Underline, Spell checker, Open buttons

Standard formatting buttons enable you to apply bold, italic and underline attributes to selected text. The abc button is a spell checker. The Open Folder button opens the Import window. You can import RTF and TXT files into the text editor.

Surveys & IDR/IIDR, Surveys & Citations

The title of this tab varies, depending on provider type:

- Surveys & IDR/IIDR - NH
- Surveys & IDR - HHA
- Surveys & Citations - CLIA

This tab lists all surveys attached to the case and all cited deficiencies. There are two or three subtabs in the Cycle Surveys and Citations Management section depending on provider type.

Both NH and HHA have three subtabs:

- Surveys
- IJ Situation
- Citations: All Surveys

CLIA has two subtabs:

- Surveys
- Citations: All Surveys

Surveys

Survey grid

Starting Survey

NH, HHA, CLIA

The asterisk in this column marks the survey that initiated the Enforcement cycle. You cannot change the starting survey. If you find that the cycle actually began with an earlier survey, delete the enforcement case and create a new one using the correct starting survey.

IJ

NH

An IJ flag in this column indicates that a case-related-survey contains a tag cited at the IJ Scope/Severity level of J, K, or L. The flag marks the visit where IJ was discovered, plus all subsequent visits of the same type with uncorrected J, K, or L deficiencies. The flag remains even after the tag is corrected.

Specifics of an IJ situation are entered on the IJ Situation subtab. If an IJ situation entered is on that subtab, and the IJ has been removed, you will see an IJ tag with a slash through it.

SQC

NH

An SQC flag indicates that SQC tags are cited on the survey. You can click the flag to open a window listing the SQC tags that were cited.

Survey Description

NH, HHA, CLIA

Includes Event ID, Health or LSC indication, and start and exit dates.

Category

NH, HHA, CLIA

Shows the survey category specified in Survey Properties when the survey was entered into ASPEN. Categories included in Survey Properties vary according to provider type and situation.

The categories and their abbreviations are:

A-Complaint Investigation (CMPIVT)

B-Dumping Investigation (DUMP)

C-Federal Monitoring (FEDMON)

D-Follow-up/Revisit (REVST)

E-Initial Certification (INCERT)

F-Inspection of Care (IOC)

G-Validation (VALID)

H-Life Safety Code (LSC)

I - Recertification (RECERT)

J-Sanctions/Hearing (SANCT)

K-State Licensure (LICEN)

1-Initial Licensure (INLIC)

2-Re-Licensure (RELIC)

3-Licensure Complaint (CMPLI)

L-Change of Owner (CHOW)

M-Other (OTHER)

N-MDS (MDS)

O-Dementia Care (DMNTA)

P-Adverse Events (ADVEVT)

Q-QAPI (QAPI)

R-Discharge Planning (DSCHRG)

S-Add Specialties (ADDSPC)

T-Infection Control (INFCTN)

U-COVID19 (COVID)

V-PT Desk Review (PTRVW)

W-CW Project (CWPROJ) - obsolete, may appear on older surveys

X-Cytology (CYT)

Y-Certificate of Waiver (CRTW)

Z-PPM (PPM)

Extent

NH, HHA

Extent is specified in Survey Properties when the survey is created. Extents and their abbreviations are:

A-Routine/Std Survey (STDSUR)

B-Extended Survey (LTC/HH EXTD)

C-Partial Ext. Survey (PART)

D-Other Survey (OTHER)

E-Abbreviated Survey (ABRV)

F-Offsite/Paper (OFF)

I-COVID19

J-Federal Jurisdictional (FEDJUR)

Highest Cites

NH

Shows the highest Scope and Severity cited in the survey, and lists the tags cited at that level. Click the button to open the High Cite Tag List with more details.

The Highest Cites calculation applies only to the selected survey. It includes Past Noncompliance tags (Past Noncompliance checkbox selected in Citation Properties) and tags with a Correction date (X5) equal to the Survey Exit date. It also includes tags with an approved waiver that expires on or before the Survey Exit date.

Highest Cites excludes tags with correction dates entered, unless they are PNC tags or tags with a Correction date equal to the Survey Exit date, both of which are always included. The calculation excludes tags with an approved continuing waiver and tags with an approved temporary waiver that expires after the Survey Exit date. It also excludes FSES tags.

CoP Tags

HHA

Shows the uncorrected condition-level tags on the survey. Click the button to open the CoP Tags List for more details.

Repeat Deficiencies

CLIA

Displays list of repeat deficiencies.

Substantial Compliance

NH

For Federal cases. Date the provider came into substantial compliance. Substantial Compliance is calculated when all non-waived tags with an S/S of D and above are either corrected or have a valid waiver.

AEM checks both health and LSC surveys associated with the case. Waived tags are ignored. The date is recalculated whenever changes are made to the CMS-2567B.

- AEM uses the latest Correction date for non-waived tags after all tags with an S/S of D or above have Correction dates entered.
- Tags that have an approved annual waiver (waiver approval date is entered) are ignored.
- If the waived tags are the only tags on the case with a S/S above C, then Substantial Compliance is set to the exit date of the first survey in the cycle in which the waived tag was cited. If a tag's temporary waiver expires while the case is still open, it is then treated as any other tag, and the tag's Correction date is used in the calculation of Substantial Compliance.
- Past Noncompliance tags (Past Noncompliance checkbox selected in Citation Properties) are ignored. By definition, they are already corrected when they are cited.
- FSES tags are ignored.

This field is also displayed on the Case Basics tab.

Substantial Compliance

HHA

The date when all condition-level tags are corrected.

IJ Present

CLIA

Entered by the RO. Indicates Immediate Jeopardy is present on the survey. If IJ Present is checked, and the IJ Discovered on the Case Basics tab is blank, AEM populates the IJ Discovered date with the Exit Date of the Survey.

Conditions

CLIA

Shows the uncorrected condition-level tags that are on the survey. Click the button to open the Conditions List for more details.

2567 Issued

NH, HHA, CLIA

Date the CMS-2567 was sent to the facility. Can be entered by state or RO for NH and HHA. This field is shared with the SOD Sent field in Survey Properties; the date may be entered in either place.

2567 Issued must be filled in before you can upload an AEM case.

2567/B Entry Complete

NH, HHA, CLIA

Select the checkbox when all CMS-2567 or CMS-2567B data entry in ASPEN is complete. An audit record is created. The system retains the date the checkbox was first selected and the date it was last changed (selected or cleared). The audit date cannot be changed. These dates are used in national performance reports.

If applicable, the dates the checkbox is first selected and last selected are uploaded via the AEM Detail Upload process.

CLIA – Not applicable.

Track (POC)

NH, HHA

POC button is enabled when a 2567 Issued date is entered. For surveys not posted to ePOC, opens the POC Tracking window, where you can enter dates and notices relevant to the POC tracking process. For ePOC-posted surveys, opens the POC Properties window.

Track (AOC/POC)

CLIA

AOC/POC button is enabled when a 2567 Issued date is entered. Opens the POC Tracking window, where you can enter dates and notices relevant to the AOC/POC tracking process.

Notice of POC Approval

NH, HHA

ACO: Date the POC was accepted, as entered in POC Status Date in the POC Tracking window.

ePOC: Set to the date the final POC for the tag is approved.

Notice of AOC/POC Approval

CLIA

Date the AOC/POC was accepted, as entered in AOC/POC Status Date in the POC Tracking window.

IDR Requested

NH, HHA

Read-only. Date the IDR was requested. ASPEN enters this date from the Informal Dispute Resolution … window.

IDR Completion

NH, HHA

Read-only. Date the IDR was completed. ASPEN enters this date from the Informal Dispute Resolution … window.

IIDR Requested

NH

Read-only. Date the Independent IDR was requested. ASPEN enters this date from the Informal Dispute Resolution … window.

IIDR Completion

NH

Read-only. Date the Independent IDR was completed. ASPEN enters this date from the Informal Dispute Resolution … window.

Surveys: Buttons

Add Survey to Cycle

Enables you to link an additional survey to the case, in cases where the survey is not added automatically. The button opens the Enforcement Cycle window, which lists all applicable surveys for the provider that are not already attached to an enforcement case.

Highlight the survey you want and click OK to add it to the case. If the date of the selected survey is outside of the 7-day window, you are asked to confirm that the addition is in accordance with CMS policy.

If there are currently two enforcement tracks for the provider, a Health and an LSC, the window lists only health surveys for the Health enforcement track, and LSC surveys for the LSC track.

Change Cycle Start

NH, HHA

Changes the cycle starting survey for the case.

Survey Details

Opens the Survey Properties window, which is read-only in AEM. Changes to the survey can be made only in ACO.

Citation Mgr

Opens the Citation Manager window, which is read-only in AEM. You can view citations, their properties and text, but can make changes only in ACO/ARO.

Survey Forms

Opens the Select Forms to Print window. From this window, you can print the CMS-2567, CMS-2567B, CMS-670, CMS-1539, CMS-1557, the S/S Grid, ASPEN Quick Reports and CMS-1557. You can also enter 670 workload information.

Remove from Cycle

Highlight a survey in the grid and click the button to remove the survey from the cycle. You are asked to confirm. The action removes the link between the survey and the enforcement case so that it is no longer part of the case. It does not delete the survey from ACO.

You cannot delete the survey that initiated the case. If the starting survey is incorrect, you must delete the case record and create a new one.

When this button is used to delete a survey from an enforcement case, an audit record captures date and time the survey was removed, who removed it, and the survey event ID.

POC Tracking

This window appears for surveys that are not ePOC-posted. For information about ePOC, see the ePOC guides for facilities and CMS.

POC Due

Date the Plan of Correction is due from the provider. AEM supplies a date that is 10 days from the 2567 Issued date, but you can change it.

Received POC

Date the POC was received from the provider.

POC Status

Options are: 1 Accepted, 2 Not Accepted.

POC Status Date

Date the POC was either Accepted or Not Accepted.

POC Revised Due Date

If the POC is not accepted, the field is activated for entry of a due date for the revised POC. This becomes the POC Due date on the next row in the grid.

Letter button

Opens the Notices History window, from which you can generate a new letter or other communication related to the POC.

POC Notes

A text editor where you can enter relevant comments about the POC. The buttons at the top permit you to add bold, italic, underline attributes to selected text, and check spelling. Click the Import button to import a TXT or RTF file.

Delete button

Deletes the selected POC record.

Informal Dispute Resolution - IDR/IIDR for Survey

For NH cases with associated CMP(s) and/or an enforcement cycle start date on or after 01/01/2012, this section on the Surveys subtab of the Surveys & IDR/IIDR tab displays read-only IDR/Independent IDR information (if any) for the survey selected in the grid.

For all HHA cases and NH cases with no associated CMP and/or an enforcement cycle start date prior to 01/01/2012, this section is called Informal Dispute Resolution - IDR for Survey and it does not have tabs.

IDR, IIDR

Both tabs have the same data fields except for IDR vs. IIDR in the field name.

Request Received

Date the IDR/Independent IDR request was received.

Scheduled

Date the IDR/Independent IDR is scheduled to be conducted.

Conducted

Date the review occurred.

Conducted by

Name of the individual or entity conducting the IDR/Independent IDR. This is an open field that allows entry of any text.

Withdrawn

If the request for IDR/Independent IDR was withdrawn, the date the withdrawal was received.

Completion

Date the results of the IDR/Independent IDR were formally sent to the facility.

IDR/IIDR Type

Options are: 01 Desk Review, 02 Phone Review, 03 Face to Face Review.

Additional Doc. Rec'd from Provider

If the provider submits additional documentation, enter the date that documentation is received.

Revised 2567

If the IDR/Independent IDR results in issuance of a revised CMS-2567, enter its date here.

Show Attendees button

Opens the Select Attendees window, where you can select or view who attended the review. Options are:

01 Administrator

02 DON/Facility nurse

03 Other Facility Staff

04 Facility Lawyer

05 Corporate/Owner Representatives

06 Surveyor

07 Survey Manager

08 State Survey Director/Deputy Director

09 State Lawyer

10 Resident/Family Member/Advocate

11 Ombudsman

12 CMS Representatives

13 Other

The selected attendees are specific to IDR or IIDR, depending on the current tab.

POC Required

Select if a new POC is required as a result of the IDR/Independent IDR. In ASPEN Scheduling & Tracking, this lists the survey under Waiting for Acceptable POC until the POC Received date is filled in.

POC Received

Enter the date the new POC was received.

Survey Citation IDR/IIDR Status

The grid shows current IDR/IIDR status for each tag cited in the selected survey.

Citation

Tag number and description.

Cert

Select if the tag was cited as part of a certification survey or revisit (Certification is selected in Citation Properties).

CmpInt

Select if the tag was cited as part of a complaint survey or revisit (Complaint is selected in Citation Properties).

IDR Status, IIDR Status

Options are:

01 None - no IDR/Independent IDR requested.

02 Requested - a request for IDR/Independent IDR has been received.

03 No Change - the IDR/Independent IDR was completed, with no change to the tag.

04 Tag Change - tag number was changed as a result of IDR/Independent IDR. The tag has a line through it, and the replacement tag number is listed in the Changed To column.

05 Tag Removed - tag was removed as a result of IDR/Independent IDR. The tag has a line through it.

06 S/S Change - the Scope and Severity level was changed as a result of the IDR/Independent IDR. The old and new SS levels are shown in the Current SS and Original SS columns.

07 Examples Removed/Other Wording Change - changes were made to the evidence as a result of IDR/Independent IDR.

08 SS Change/Examples Removed/Other Wording Change - changes were made to both evidence and SS as a result of IDR/Independent IDR. The old and new SS levels are shown in the Current SS and Original SS columns.

10 Request Withdrawn - IDR/Independent IDR request for the tag was withdrawn.

11 Result of Tag Change - Status assigned to tag that replaced a tag with IDR/IIDR Status = 04.

Citations with an IDR/IIDR status of 01, 03, 06, 07, 08, 09, 10, or 11 (HHA IDR only), or 12 (Hearing/Settlement only) are included in uploads to national. Citations with an IDR/IIDR status of 02, 04, or 05 are not uploaded.

Citations moved to another tag or removed due to IDR/Independent IDR are excluded from a number of printed forms/reports:

- CMS-2567 and CMS-2567B (both removed or changed tags excluded)
- Quick Report (draft CMS-2567)
- Severity/Scope Grid
- Severity/Scope Summary (SSS) and Detail (SSD)
- Administrator Survey Performance (ASP)
- Owner Survey Performance (OSP)

Curr SS

Current Scope and Severity level for the tag.

Orig SS

When Scope and Severity level changes as a result of IDR/Independent IDR, the original level is stored in this column.

Changed to

If the tag was changed to a different tag as a result of IDR/Independent IDR, this column shows the new tag number.

Evidence

Opens a read-only view of the surveyor's findings concerning the tag.

Request Reason

Show the primary reason given by the facility for requesting IDR/Independent IDR. If new information is offered for a tag, always show 05 New Information Available as the primary reason.

Options are:

01 Errors in Citation Details

02 Incorrect Scope

03 Incorrect Severity

04 Wrong tag/code

05 New Information Available

06 Code Interpretation

07 Other

Corrected

The Correction Date entered in Citation Properties in ACO/ARO.

IDR Decision Reason

Indicates the primary reason for the IDR/Independent IDR decision. Check 01 No Change when there is no change to the citation. If there is more than one reason for any change, and if 02 Additional Information Provided is one of them, always indicate the other primary reason.

Options are:

01 No Change

02 Additional information provided after the survey

03 Facility found non-culpable for incident

04 Insufficient evidence/facts do not support def.

05 Inaccurate facts

06 Wording/grammar change

07 Other

IJ Situation - NH, HHA

First Day of IJ

First day the Immediate Jeopardy situation occurred. Entered from the Define IJ Situation window.

Last Day of IJ

Last day on which the Immediate Jeopardy situation was present. Entered from the Define IJ Situation window.

Event ID of IJ Discovery

Event ID of the visit at which the IJ was discovered. The survey is selected in the Survey Date of IJ Discovery field in the Define IJ Situation window.

Survey Date of IJ Discovery

Exit date of the visit at which the IJ was discovered. Entered from the Define IJ Situation window.

Event ID of IJ Removal

Event ID of the visit at which the IJ was found to be removed. The survey is selected in the Survey Date of IJ Removal field in the Define IJ Situation window.

Survey Date of IJ Removal

Exit date of the visit at which the IJ was found to be removed. Entered from the Define IJ Situation window.

Tag List

Tags selected in the Define IJ Situation window as being related to the IJ situation.

Add IJ button

Opens the Define IJ Situation window, where you can enter information about a new IJ situation.

Modify IJ button

Opens the Define IJ Situation window for the selected IJ, so you can make changes.

Delete IJ button

Deletes the selected IJ record. You are asked to confirm.

IJ Call from State

Date the Regional Office received the call from the SA notifying them of the IJ situation.

Define IJ Situation - NH, HHA

IJ Situation

First Day of IJ

First day of the IJ situation. Earliest of the Start Dates entered for selected tags in the grid below.

Last Day of IJ

Last day of the Immediate Jeopardy situation. Latest of the Last Dates entered for selected tags in the grid below.

Survey Date of IJ Discovery

Select the survey that discovered the IJ. All surveys associated with the enforcement case are listed.

Survey Date of IJ Removal

Select the survey at which the IJ was found to be removed. All surveys associated with the enforcement case are listed.

Select Citations Related to IJ Situation

Select

Select the box next to each citation that is part of the IJ situation. This enables the Start Date and Last Date fields.

NH only - All tags cited at S/S level J, K, or L on surveys associated with the enforcement case are available for selection.

HHA only - Condition-level tags are available for selection.

Start Date

Day the IJ situation began. This field is enabled once the deficiency is selected.

Last Date

Last day of the IJ situation. This field is enabled when the deficiency is selected.

Track ID

Four character identifier (assigned by ASPEN) of the certification or complaint survey event in which the deficiency was cited. This is not a tracking ID for the IJ situation.

Citation Description

Reg set, tag number, and brief description of the deficiency.

S/S

Scope and Severity level of the deficiency.

Cert

Select if the deficiency was cited during a certification survey or revisit.

CmpInt

Select if the deficiency was cited during a complaint survey or revisit.

First Cited

If this tag was cited on more than one survey in the cycle, this is the survey with the earliest exit date.

Citations: All Surveys

Bld

NH

An LSC tag is indicated by a 2-character Building/Wing ID for the building. Health survey tags are indicated by 00.

Tag

NH, HHA, CLIA

Tag number.

Type

NH, HHA, CLIA

Tag Type as defined in Tag Properties. Types for NHs are A-Level A, B-Level B, C-Condition, E-Element, L-Licensure, M-Memo, R-Requirement, S-Standard. Nursing home health deficiencies always have a tag Type of R.

Types for HHA: C-Condition, M-Memo (for 0000-Initial Comments and 9999-Final Observations), S-Standard and L-Licensure.

Types for CLIA: C-Condition, M-Memo and S-Standard.

Description

NH, HHA, CLIA

Tag description.

SS

NH, HHA

Scope and severity level. For HHAs, this is for State Licensure only.

Cert

NH, HHA, CLIA

Select if the tag was cited as part of a certification survey or revisit.

CmpInt

NH, HHA, CLIA

Select if the tag was cited as part of a complaint investigation or revisit.

First Cited

NH, HHA, CLIA

Exit date of the first survey in the cycle in which this tag was cited.

IDR Status, IIDR Status

NH, HHA

For HHA, only IDR Status applies.

Current IDR/IIDR status of this tag. IDR/IIDR status is entered in the Informal Dispute Resolution … window, which is opened from the tree or from Survey Properties.

Completion (X5)

NH, HHA, CLIA

Completion date for correction as submitted on the POC.

Corrected

NH, HHA, CLIA

Date the deficiency was corrected, as stated on the CMS-2567B.

Citation Waived

NH

The button in this column is blank if no waiver information is entered. Waivers that are not yet approved display Pending, a denied waiver displays Denied, and an approved waiver displays Waived.

Click the button to open the Waiver Detail window, where you can edit and view additional information.

Evidence HX

NH, HHA, CLIA

Click HX (medical abbreviation for history) for a read-only view of the surveyor’s findings.

Status

NH, HHA, CLIA

Current tag status. ASPEN assigns tag status as follows:

FSES (NH). Applies only to specific LSC tags.

Not Corrected (NH, HHA, CLIA). A tag has been cited and no CMS-2567B Corrected date has been entered.

Accepted (NH, HHA, CLIA). A Completion date (X5) has been entered, but not a Corrected date. The Completion date (X5) is the date by which the facility says correction will be completed.

Corrected (NH, HHA, CLIA). A date has been entered for Corrected, or the Completion date (X5) is the same as the Exit date of the survey, which indicates the correction was made during the survey.

Waived (NH). Applies only to specific tags. Tag status is Waived when an Approval Date is entered in the Waiver Detail window.

Pending (NH). Applies only to tags eligible for waiver. Tag status is Pending when waiver information is entered in the Waiver Detail window, but the waiver information does not include an Approval Date.

Waiver Detail - NH

The entry of Federal waivers on enforcement cases is limited to Federal LSC tags and the following Federal health tags: F0353, F0354, F0457, and F0458.

Type

Required. Options are: 01 Federal Waiver, 02 State Waiver.

Duration

Required. Options are: 01 Temporary, 02 Continuing.

Request Date

Date the waiver was requested.

Sent to CMS

Date the waiver was sent to CMS.

Decision

Required. Options are: 01 Approved, 02 Denied, 03 Pending.

Decision Date

Date the decision was made.

Last Day in Effect

Required for Temporary waivers. The last day the waiver is to be in effect. This field is not required if Temporary waiver is Denied.

Comments

Text entry box for notations about the waiver.

POC Text button

Opens the POC Details window and provides a read-only view of text that was entered by right-clicking the tag in the ACO or AEM tree and selecting POC Text.

Evidence button

Opens a read-only view of the citation text as entered in Citation Manager for the waived tag.

Remedies - NH

Remedy Master List

IC Enhance Enforcement

Read-only. Automatically selected when tag F880 (Infection Prevention & Control) is cited at a Scope/Severity level of D or higher on any survey on the case to point out the need for enhanced enforcement of infection control. Indicates the necessity for immediate imposition of remedies and transfer of the case to CMS.

Remedy Master List: Grid

Read-only. Information displayed here is entered from the Remedy Input window.

Remedy

Name of the remedy that has been added to this case. For Federal cases for which the Beginning Case Type is either Opportunity to Correct, or No Opportunity to Correct, AEM automatically adds remedies 04B – Mand Deny Pay for New Admits-3 mo. and 11B – Mandatory Termination to this tab. AEM assigns them a Pending status, and inserts Effective Dates and State Recommended Effective Dates of 3 and 6 months from Cycle Start, as appropriate.

If the Beginning Case Type is Past Noncompliance (for Federal) or if it is a State Licensure case, remedies are not added automatically.

Remedy Type

Displays State or Fed (with the appropriate category), based on the remedy selected.

Remedy In Effect?

Options are:

01 - Yes

02 - No

03 - Pending

04 - Recommended

CMP Remedy 07 has the additional option 05 - Awaiting Appeal Outcome.

Effective Date

Effective date of the remedy, whether or not it actually goes into effect.

Last Day in Effect

Last day on which the remedy was *actually* in effect.

Reason Not in Effect

Enabled and required when No is selected for In Effect?:

01 - State changed its recommendation

02 - State changed its own decision

03 - RO didn't accept State's recommendation

04 - RO changed its own decision

05 - Compliance prior to effective date

06 - IDR removed associated level of noncompliance

07 - Adjudicated hearing decision

08 - Hearing settlement

09 - Voluntary termination prior to effective date

10 - Mand. DPNA not imposed because Discrete.

Recommend By

Options are: State, RO. The field defaults to the current user’s mode, but can be changed.

State Reco Effect Date

Effective date for the remedy recommended by the state agency.

Revised State Reco Effect Date

Becomes available once a State Recommended Effective Date is entered. If the state's recommended date changes, enter it here.

Next Licensure Letter

Applies to letters dealing exclusively with State Licensure. If the next letter that the state sends uses the Next Licensure Letter Remedies macro to list remedies, place a check here to include this remedy on the list.

Next T18 and/or T19 Letter

Applies to letters sent by the state or CMS RO that deal with Medicare and/or Medicaid issues (and can also include Licensure issues). If the next letter to be sent by either state or RO uses the Next T18 and/or T19 Letter Remedies macro to list remedies, place a check here to include this remedy on the list.

Remedy Master List: Buttons

New

Opens the Remedy Input window, so you can add a remedy to the case.

Modify

Opens the Remedy Input window for the selected remedy, so you can make changes.

Delete

Deletes the selected remedy after displaying a confirmation message. You cannot delete a remedy that is being appealed.

IC Enforcement History

Enabled only if tag F880 is cited on any survey on the case. Opens the IC Enforcement History window, which displays a history of tag F880 cites for the facility within two years or on the two most recent certification kits, whichever is sooner.

Remedy Input - NH

Remedy

Name of the remedy that has been added to this case. For Federal cases for which the Beginning Case Type is either Opportunity to Correct, or No Opportunity to Correct, AEM automatically adds remedies 04B – Mand Deny Pay for New Admits-3 mo. and 11B – Mandatory Termination to this tab. AEM assigns them a Pending status and inserts Effective Dates and State Recommended Effective Dates of 3 and 6 months from Cycle Start, as appropriate.

If the Beginning Case Type is Past Noncompliance (for Federal) or if it is a State Licensure case, remedies are not added automatically.

Next Licensure Letter

Applies to letters dealing exclusively with State Licensure. If the next letter that the state sends uses the Next Licensure Letter Remedies macro to list remedies, select this checkbox to include this remedy on the list.

Next T18 and/or T19 Letter

Applies to letters sent by the state or CMS RO that deal with Medicare and/or Medicaid issues (and can also include Licensure issues). If the next letter to be sent by either state or RO uses the Next T18 and/or T19 Letter Remedies macro to list remedies, select this checkbox to include this remedy on the list.

Recommended By

Options are: State, RO. The field defaults to the current user’s mode.

State Recommended Effective Date

Effective date for the remedy recommended by the state agency.

Revised State Recommended Effective Date

Enabled once a State Recommended Effective Date is entered. If the state's recommended date changes, enter it here.

Remedy in Effect?

Options are:

01 - Yes

02 - No

03 - Pending

04 - Recommended

CMP Remedy 07 has the additional option 05 - Awaiting Appeal Outcome.

If a CMP is assigned to the case on the CMP tab, Remedy in Effect is disabled in the Remedy Input window and displays the status from the CMP tab.

Effective Date

Effective date of the remedy, whether or not it actually goes into effect.

Last Day in Effect

Last day on which the remedy was *actually* in effect.

Reason not in Effect

Enabled and required when No is selected for Remedy In Effect?:

01 - State changed its recommendation

02 - State changed its own decision

03 - RO didn't accept state's recommendation

04 - RO changed its own decision

05 - Compliance prior to effective date

06 - IDR removed associated level of noncompliance

07 - Adjudicated hearing decision

08 - Hearing settlement

09 - Voluntary termination prior to effective date

10 - Mand. DPNA not imposed because Discrete.

Sanctions - HHA

Sanction Master List

Read-only. Information displayed here is entered from the Sanction Input window.

Sanction

Sanctions name. Options are:

02 – Directed Plan of Correction

03 – Temporary Management

06 – Directed Inservice Training

07 – Civil Money Penalty

08 – CMS Approved Alternative or Additional State Remedy

12 – Suspension of Payment for New Admissions

13 – Transfer of Patients and Closure of Agency

14 – Termination at 23 days - IJ

15 – Termination at 90 days

16 – Termination at 6 Months

In Effect?

Sanction status. Options are:

01 – Yes

02 – No

03 – Pending

04 - Recommended

The Sanction, 07 – Civil Money Penalty, has an additional option – 05 Awaiting Appeal outcome.

Effective Date

Effective date of the sanction, whether or not it actually goes into effect.

Last Day in Effect

Last day the sanction was actually in effect.

Reason Not in Effect

Enabled and required when No is selected for In Effect?. Options are:

01 – State changed its recommendation

02 – State changed its own decision

03 – RO did not accept state's recommendation

04 – RO changed its own decision

05 – Compliance prior to effective date

06 – IDR removed associated level of noncompliance

07 – Adjudicated hearing decision

08 – Hearing settlement

09 – Voluntary termination prior to effective date

11 – IJ Abated, Condition Not Met

Recommend By

Defaults to the current user's mode, but can be changed. Options are: State, RO.

State Reco Effect Date

Effective date for the sanction as recommended by the state agency.

Revised State Reco Effect Date

Becomes available once the State Reco Effect Date is entered. If the State Reco Effect Date changes, enter it here.

Next Licensure Letter

Applies to letters dealing exclusively with State Licensure. A checkmark indicates that this sanction should be included in the list of sanctions on the next letter the state sends that uses the Next Licensure Letter Remedies macro.

Next T18 and/or T19 Letter

Applies to letters sent by the state or CMS RO that deal with Medicare and/or Medicaid issues (and can also include Licensure issues). A checkmark indicates that this sanction should be included in the list of sanctions on the next letter sent by the state or RO that uses the Next T18 and/or T19 Letter Remedies macro.

Sanctions - HHA: Buttons

New

Opens the Sanction Input window so you can add a new sanction to the case.

Modify

Opens the Sanction Input window for editing the selected sanction.

Delete

Deletes the selected sanction after displaying a confirmation message. You cannot delete a sanction that is being appealed.

Sanction Input - HHA

Sanction

Sanction name. Options are:

02 – Directed Plan of Correction

03 – Temporary Management

06 – Directed Inservice Training

07 – Civil Money Penalty

08 – CMS Approved Alternative or Additional State Remedy

12 – Suspension of Payment for New Admissions

13 – Transfer of Patients and Closure of Agency

14 – Termination at 23 days - IJ

15 – Termination at 90 days

16 – Termination at 6 Months

Next Licensure Letter

Applies to letters dealing exclusively with State Licensure. A checkmark indicates that this sanction should be included in the list of sanctions on the next letter the state sends that uses the Next Licensure Letter Remedies macro.

Next T18 and/or T19 Letter

Applies to letters sent by the state or CMS RO that deal with Medicare and/or Medicaid issues (and can also include Licensure issues). A checkmark indicates that this sanction should be included in the list of sanctions on the next letter sent by the state or RO that uses the Next T18 and/or T19 Letter Remedies macro.

Recommended by

Options are: State, RO. The field defaults to the current user’s mode.

State Recommended Effective Date

Effective date for the sanction as recommended by the state agency.

Revised State Recommended Effective Date

Enabled once a State Recommended Effective Date is entered. If the state's recommended date changes, enter it here.

Remedy In Effect?

Options are:

01 - Yes

02 - No

03 - Pending

04 - Recommended

The Sanction, 07 – Civil Money Penalty, has an additional option – 05 Awaiting Appeal outcome.

If a CMP is assigned to the case on the CMP tab, Remedy in Effect is disabled in the Sanction Input window and displays the status from the CMP tab.

Effective Date

Effective date of sanction, whether or not it actually goes into effect.

Last Day in Effect

Last day the sanction was *actually* in effect.

Reason not in Effect

Enabled and required when No is selected for Remedy in Effect?. Options are:

01 – State changed its recommendation

02 – State changed its own decision

03 – RO did not accept state’s recommendation

04 – RO changed its own decision

05 – Compliance prior to effective date

06 – IDR removed associated level of noncompliance

07 – Adjudicated hearing decision

08 – Hearing settlement

09 – Voluntary termination prior to effective date

11 – IJ Abated, Condition Not Met

Sanctions - CLIA

Training and Technical Assistance

Proposed Date

Date that TTA is proposed.

Begin Date

Date that TTTA begins. Must be:

- On or after Enforcement Date
- On or after TTA Proposed Date
- On or before today's date

End Date

Date that TTA ends. Must be:

- On or after Enforcement Date
- On or after TTA Begin Date
- On or before today's date

Analyte(s)

Enter the analytes associated with the TTA. 100 characters maximum. Cannot be entered until Proposed Date, Begin Date, or End Date has been entered.

Completed

Select if TTA has been completed for the lab. Cannot be selected until Proposed Date or Begin Date is entered.

Completion

Date AOC was accepted by the SA. Disabled until the Completed box is selected; required once Completed is selected.

Must be:

- TTA Proposed Date
- On or after TTA Proposed Date

Sanction Master List

Read-only. Information displayed here is entered from the Sanction window.

Sanction

Sanction being proposed/imposed.

Sanction Type

Type associated with the sanction. Options are: Alternative, Principal.

Sanction Final?

Indicates sanction is finalized.

Proposed Notice Date

Date sanction was proposed.

Proposed Effective Date

Date proposed for sanction to take effect.

Imposed Effective Date

Date sanction took effect.

Imposed Notification Date

Date notice of imposed sanction was sent.

Last Day in Effect

Last day the sanction was in effect.

Compliance Date

Compliance date of the sanction.

Revoked?

Selected if sanction was revoked.

Sanction Status

Options are:

01 – Sanction Not Imposed

02 – Rescinded

03 – Settlement

Determination Date

Date that Sanction Status was set to Rescinded.

Appeal Expiration

Expiration date of appeal.

Notification From Lab About Appeal

Date the lab responded to its appeal rights for the sanction.

Appealed

Selected if the sanction was appealed.

Sanctions - CLIA: Buttons

New

Allows the RO/CO to add a new sanction to the enforcement case.

Modify

Allows the RO/CO to view/modify an existing sanction on the enforcement case.

Delete

Allows the RO/CO to delete a sanction from the enforcement case. A sanction that is being appealed cannot be deleted.

Finalize All Sanctions

Finalizes all sanctions on the enforcement case. Pressing this button checks the Sanction Final checkbox for all sanctions on the enforcement case.

The Civil Money Penalty sanction is maintained by entries on the CMP tab of the enforcement case.

Sanction window - CLIA

Sanction

Select sanction being proposed/imposed.

Sanction Type

Type associated with the sanction. Options are: Alternative, Principal.

Proposed Notice Date

Required. Enter date the sanction was proposed. Or, select the Envelope button to generate a letter proposing the sanction, and the Sent Date will be entered here. Must be on or before today’s date.

Proposed Effective Date

Required. Enter date proposed for sanction to take effect. Must be after the Enforcement Date.

Imposed Effective Date

Enter date the sanction took effect. Cannot be entered until Proposed Effective Date and Imposed Notice Date are entered. Date must be on or after Proposed Effective Date and Enforcement Date.

Imposed Notice Date

Required if the sanction is imposed. Enter sent date of imposed sanction notice. Or, select the Envelope button to generate the notice and the Sent Date will be entered here.

Cannot be entered until Proposed Notice Date, Proposed Effective Date, and Imposed Effective Date are entered.

Last Day in Effect

Enter the date of the last day the sanction was in effect.

Compliance Date

Enter the compliance date of the sanction. Cannot be entered until Proposed Notice Date and Proposed Effective Date are entered.

Revoked?

Select if sanction was revoked.

Sanction Status

Options are:

01 – Sanction Not Imposed

02 – Rescinded

03 – Settlement

Determination Date

Required when Sanction Status is rescinded. Enter date the sanction was rescinded. Cannot be entered until Proposed Effective Date and Imposed Effective Date are entered. Must be on or after Imposed Effective Date and Enforcement Date.

Sanction Final?

Select if sanction is finalized.

Appeal Expiration

Expiration date of appeal. AEM automatically enters a date 65 days after the Imposed Notice Date, but it can be changed.

Notification From Lab About Appeal

Enter date the lab responded to its appeal rights for the sanction. Must be on or after Enforcement date and on or before today's date.

Appealed

Selected if the sanction was appealed.

CMP

The CMP tab is divided into three sections: Case CMP Detail, Civil Money Penalties (CMP), and Detail for highlighted CMP.

Case CMP Detail - NH, HHA

The Case CMP Detail section shows summary information about all of the CMPs related to the case.

All fields in this section are identical for NHs and HHAs except the Residents subsection and Escrow Outcome Notice date are shown only for NHs, and the Disbursement of CMPs subsection is shown only for HHAs.

Referred to DOJ

Date the CMP was referred to the Department of Justice by CMS.

DOJ Response Due

Date by which the response from the DOJ should be received by CMS.

DOJ Response NOT Received/Received

This field tracks whether or not the response has been received. If no date is entered, the field label reads DOJ Response NOT Received. Once the receipt date is entered, the label changes to DOJ Response Received.

Financial Condition Assessment Completed and Documented

Enter the date the imposing agency, CMS or the state, completes its documentation of the required assessment of the facility's financial condition.

First CMP Imposition Notice

Date of the first written notice, during this case, of an imposition of a CMP by the Regional Office or the state. In a case/cycle with more than one imposed CMP, each CMP has its own Imposition Notice Date. The earliest of those dates is entered in this field.

Escrow Outcome Notice - NH only

Date the provider was notified about the disposition of money placed in escrow. When an RO user changes Collection Status from In Escrow to some other option and the CMP is associated with a CMPTS case, this field is required.

AEM propagates this date to the Escrow Tracking section of the CMPTS case as the Final Decision Date (on the Installments & Payments tab). You can override it by manually entering the Final Decision Date in the Escrow Detail (RO Mode) window, which is accessed from the Escrow Tracking section.

Note: This field appears for cases with a cycle start date that is on or after January 1, 2012.

Current Total Across All CMPs

These columns combine amounts from all CMPs that are either in effect or awaiting appeal:

First column - Separate totals for Federal CMPs and State Licensure CMPs. These figures total the CMPs that are in effect and those that are awaiting appeal, as indicated by In Effect? status = Yes or Awaiting Appeal Outcome, and a Last Day in Effect is entered.

Amt. Due - Separate amount due totals for Federal CMPs and State Licensure CMPs. These figures include only CMPs that are in effect, as indicated by In Effect? status = Yes and a Last Day in Effect is entered.

Note: When Federal Amt Due changes after any payment amount is collected (partial, full, and payments to escrow), ASPEN automatically sends OFM an email.

Pmts. Rec'd - Separate totals for Federal CMPs and State Licensure CMPs. These figures include all payments entered for the CMPs. This includes payments made in Payment History (if it is available for the case), through the Apply Full Payment button, entered in Payments Rec'd in the CMP Payment Status section, or entered in the Installments section in CMPTS Detail.

Escrow Pmts. Rec'd - NH Only - Total escrow payments received from the facility. The number populates from the Escrow Collected field in the associated CMPTS case. If the Escrow Collected value changes, it carries forward to Escrow Pmts Rec'd.

Apply Full Payment button

Note: This button is disabled for Federal CMPs that have been uploaded from AEM to CMPTS.

Separate buttons for Federal and State Licensure CMPs. Opens the Payment Input window where you can enter date and check information. This is a convenience feature used when there is a single payment for all of the CMPs in effect.

When you enter the payment here, AEM creates a record in Payment History (if it is available for the case), fills in the appropriate payment fields in the CMP Payment Status section, and changes the Payment Status to Paid - Closed.

CMPTS #

Tracking number for the Civil Monetary Penalty Tracking System (CMPTS). The CMS Regional Office tracks the CMPs it imposes via the CMPTS number; the state does not use CMPTS for either Medicaid-only or State Licensure CMPs.

The RO generates this number from the CMPTS Detail screen when all of the CMPs associated with the case are due and payable.

There is one CMPTS number assigned per cycle/case.

CMPTS Detail button

Enabled when appropriate for ROs and SAs. Opens AEM's CMPTS Detail window where ROs can create a CMPTS number for the enforcement case and enter and upload CMPTS information. The information is read-only for SAs.

Disabled if the CMPTS # was assigned prior to ASPEN 8.7.

NF Only

The CMPTS Detail button is enabled and a CMPTS case can be created for a Medicaid only NH (024) if either:

- The facility is state-owned, i.e., F12 on the 671 = 07–State on the last uploaded certification kit.

Note: When an RO user initially presses this button for a state-owned NF Only provider, a message asks for confirmation that the user really wants to assign a CMPTS #.

-or-

- There is at least one all RO/CO survey on the enforcement case.

Residents - NH

Medicare (F75) with percentages and dollar amounts

Medicaid (F76) with percentages and dollar amounts

AEM supplies the counts of Medicare and Medicaid residents from items F75 and F76 on the most recent CMS-672 Resident Census form. You can change these numbers here if they are no longer accurate. AEM updates the fields if they are both equal to 0 and new numbers are entered on the latest associated CMS-672 after the case is opened.

This section also shows the calculated percentage of total residents for T18 and T19 and the dollar amounts that result by applying that percentage to the Federal Amt. Due.

More ...

Fields: "CMPTS Detail tab", on page 266

Disbursement of CMPs - HHA

This section displays the breakdown of the Federal CMPs into its Medicare and Medicaid portions.

Medicare %/amount

63% of the Federal CMP Amount Due for the enforcement case shown as percent and amount (current regulation at the time of this writing is a 63/37% Medicare/Medicaid split).

Medicaid %/amount

37% of the Federal CMP Amount Due for the enforcement case shown as percent and amount (current regulation at the time of this writing is a 63/37% Medicare/Medicaid split).

Case CMP Detail - CLIA

Financial Condition Assessment Completed and Documented

Date the imposing agency completes its documentation of the required assessment of the facility's financial condition.

First CMP Notice

Date of the first written notice, during this case, of an imposition of a CMP by the Regional Office. In a case/cycle with more than one imposed CMP, each CMP has its own Imposition Notice Date. The earliest of those dates is entered in this field.

CMP Due/Appealed

Displays the total CMPs that are imposed and those that are awaiting appeal for the enforcement case (CMP In Effect Status = Imposed or Awaiting Appeal Outcome).

Amt. Due

Displays the total of CMPs that are imposed for the enforcement case (CMP In Effect Status = Imposed).

Pmts. Rec'd

Displays the total payments received by OFM for the enforcement case.

CMPTS#

Tracking number for the Civil Monetary Penalty Tracking System (CMPTS).

CMPTS Detail button

Opens AEM's CMPTS Detail window where ROs can create a CMPTS number for the enforcement case and enter and upload CMPTS information.

Civil Money Penalties (CMP) - Per Instance

Federal Totals

Per Instance Total

NH, HHA, CLIA

Total of all the Federal Per Instance CMPs that are either In Effect or Awaiting Appeal Outcome.

NH, HHA - This total and the combined amount of all Federal CMPs (Per Instance and Per Day) depend on provider type and may be adjusted annually for inflation by CMS.

CLIA - This total may be adjusted annually for inflation by CMS.

Day Total

NH, HHA, CLIA

Total of the Federal (Medicare or Medicaid) Per Instance CMPs (In Effect or Awaiting Appeal Outcome) for the selected day.

NH, HHA - This total and the combined amount of all Federal CMPs (Per Day and Per Instance) depend on provider type and may be adjusted annually for inflation by CMS.

CLIA - This total may be adjusted annually for inflation by CMS.

Survey Total

NH, HHA, CLIA

Total of the Federal (Medicare or Medicaid) Per Instance CMPs (In Effect or Awaiting Appeal Outcome) for the selected survey.

Civil Money Penalties (CMP) - Per Instance: Grid

Survey Date

NH, HHA

ASPEN Event ID, and beginning and ending dates of the visit during which the instance was cited. Enter here or in Per Instance CMP window.

For NHs, this field includes the health or LSC indicator.

Survey

CLIA

ASPEN Event ID, and beginning and ending dates of the visit during which the instance was cited. Enter here or in Per Instance CMP window.

Instance Date

NH, HHA

Date when the instance occurred that resulted in citation of CMP-related tags. Enter here or in Per Instance CMP window.

Per Instance Date

CLIA

Date when the instance occurred that resulted in citation of CMP-related tags. Enter here or in Per Instance CMP window.

Amount Per Instance

NH, HHA

Amount to be imposed for this instance. Not required when you first add the CMP to the case. You must enter Amount Per Instance once you select Yes for CMP in Effect. Enter here or in Per Instance CMP window.

Multiple Per Instance CMPs are allowed. Minimum, maximum, and increment amounts as well as the total amount of Per Instance CMPs and the combined amount of all CMPs (Per Instance and Per Day) depend on provider type and may be adjusted annually for inflation by CMS.

Note: For tag F880 only (NH), the minimum Per Instance CMP amount is $5000.

Proposed Amount Per Instance

CLIA

Amount to be proposed for each instance. Cannot enter an Imposed Amount Per Instance without first entering a Proposed Amount Per Instance.

Proposed # of Instances

CLIA

The number of instances proposed.

Imposed Amount Per Instance

CLIA

Amount to be imposed for each instance. Cannot exceed Proposed Amount.

Minimum, maximum, and increment amounts may be adjusted annually for inflation by CMS.

Imposed # of Instances

CLIA

The number of instances imposed.

CMP In Effect

NH, HHA

Options are:

- Yes
- No
- Recommended

Awaiting Appeal Outcome

Only amounts for CMPs marked Yes and Awaiting Appeal Outcome are included in the Federal Totals section above. Defaults to Recommended for new CMPs. Enter here or in Per Instance CMP window.

Note: If you change from Yes to another option after a payment has been applied to the CMP (Payments Rec'd > 0.00), a warning message notifies you that if you continue, the payment information will be cleared. To prevent this, select No in the message and Yes in the field.

CLIA

The status of this Per Instance CMP. Options are:

- Proposed
- Imposed
- Awaiting Appeal Outcome
- Rescinded

If set to Proposed, Proposed Amount Per Instance is required.

If set to Awaiting Appeal Outcome, Imposed Amount Per Instance is required.

Fed or State

NH, HHA

Indicates whether the CMP is imposed under the authority of the Federal Medicare or Medicaid programs (Fed) or the State Licensure program (State). Enter here or in the Per Instance CMP window.

Your selection determines the list of citations displayed when you open the Tags in Survey window to specify the related citation either from this tab (via the Citation button) or the Per Instance CMP window. If Fed, Federal tags (if any) from the linked survey are displayed; if state, state tags (if any) are displayed.

When the state agency imposes Medicaid CMPs at a Medicaid-only Nursing Home, the CMP should be entered as Fed, since Federal tags are being cited.

High S/S

NH

Read-only. Scope/Severity rating of the tag (Citation here, Related Citation in the Per Instance CMP window) for which the Per Instance CMP is being imposed.

S/S

HHA

Applies to state tags only. Read-only. Scope/Severity rating of the tag (Citation here, Related Citation in the Per Instance CMP window) for which the Per Instance CMP is being imposed.

Entity Reported

NH

Read-only. Yes if the tag associated with the CMP is linked to an allegation on an entity-reported incident in ACTS. Must be Yes for the CMP to potentially qualify for a 50% reduction.

Note: This field appears for Nursing Home cases with a cycle start date that is on or after January 1, 2012.

Citation

NH, HHA

Tag number and S/S of the deficiency for which the CMP is being imposed. In accordance with CMS policy, you can select only one tag for each Per Instance CMP.

Click button to open the Tags in Survey window with a list of all tags (NH or licensure HHA) or condition-level tags (HHA) cited in the survey to view/select the relevant tag. You can also access Tags in Survey from the Per Instance CMP window.

Civil Money Penalties (CMP) - Per Instance: Buttons

New

NH, HHA, CLIA

Opens the Per Instance CMP window, so you can provide details about a new CMP.

Modify

NH, HHA, CLIA

Opens the Per Instance CMP window for the selected CMP, so you can view or update details.

Delete

NH, HHA, CLIA

Deletes the selected CMP. You are asked to confirm.

Per Instance CMP - NH, HHA

Survey Date

NH, HHA

Select the visit during which the CMP-related tags were cited. Enter here or on the Per Instance tab.

Related Citation, Choose

NH, HHA

NH only - Related Citation field shows tag number and S/S of the deficiency for which the Per Instance CMP is being imposed.

HHA only- Related Citation field shows condition-level tag or state tag (may have S/S) for which the Per Instance CMP is being imposed.

You can select only one tag for each Per Instance CMP.

Click the Choose button to open the Tags in Survey window with a list of all tags (NH or licensure HHA) or condition-level tags (HHA) cited in the survey to view/select the relevant tag. You can also access Tags in Survey from the Citation column on the Per Instance tab.

Scope/Severity

NH

Scope/Severity rating of the tag (Related Citation here, Citation on the Per Instance tab) for which the Per Instance CMP is being imposed.

Instance Date

NH, HHA

Enter or select date when the instance occurred that resulted in citation of CMP-related tags. Enter here or on the Per Instance tab.

Recommended Amount

NH, HHA

Amount recommended for the Per Instance CMP. Not required when you first add the CMP to the case.

Amount Per Instance

NH, HHA

Amount to be imposed for this instance. Not required when you first add the CMP to the case. You must enter Amount Per Instance once you select Yes for CMP in Effect. Enter here or on the Per Instance tab.

Minimum, maximum, and increment amounts as well as the total amount of Per Instance CMPs and the combined amount of all CMPs (Per Instance and Per Day) depend on provider type and may be adjusted annually for inflation by CMS.

Note: For tag F880 only (NH), the minimum Per Instance CMP amount is $5000.

Calculator button

NH

ARO - Click to open the Per Instance CMP Calculator, which ROs use to determine CMP type and amount.

ACO - Click to open a read-only version of the Per Instance CMP Calculator.

CMP In Effect

NH, HHA

Options are:

Yes

No

Recommended

Awaiting Appeal Outcome

Only amounts for CMPs marked Yes and Awaiting Appeal Outcome are included in the Federal Totals section above. Defaults to Recommended for new CMPs. Enter here or on the Per Instance tab.

Note: If you change from Yes to another option after a payment has been applied to the CMP (Payments Rec'd > 0.00), a warning message notifies you that if you continue, the payment information will be cleared. To prevent this, select No in the message and Yes in the field.

Fed or State

NH, HHA

Indicates whether the CMP is imposed under the authority of the Federal Medicare or Medicaid programs (Fed) or the State Licensure program (State). Enter here or on the Per Instance tab.

Your selection determines the list of citations displayed when you open the Tags in Survey window either from this window (via the Choose button) or the Per Instance tab. If Fed, Federal tags (if any) from the linked survey are displayed; if state, state tags (if any) are displayed.

When the state agency imposes Medicaid CMPs at a Medicaid-only Nursing Home, the CMP should be entered as Fed, since Federal tags are being cited.

Per Instance CMP - CLIA

Survey

ASPEN Event ID, and beginning and ending dates of the visit during which the instance was cited.

Per Instance Date

Date when the instance occurred that resulted in citation of CMP-related tags. Enter here or in Per Instance CMP window.

Proposed Amount Per Instance

Amount to be proposed for each instance. Cannot enter an Imposed Amount Per Instance without first entering a Proposed Amount Per Instance.

Required when CMP in Effect is set to Proposed.

Proposed # of Instances

The number of instances proposed.

Prop. Total

Total amount of proposed instances.

Imposed Amount Per Instance

Amount to be imposed for each instance. Required when CMP in Effect is set to Awaiting Appeal Outcome. Cannot exceed Proposed Amount.

Minimum, maximum, and increment amounts may be adjusted annually for inflation by CMS.

Imposed # of Instances

The number of instances imposed.

Imp. Total

Total amount of imposed instances.

CMP In Effect

The status of this Per Instance CMP. Options are:

- Proposed
- Imposed
- Awaiting Appeal Outcome
- Rescinded

Per Instance CMP Calculator - NH

Note: The AEM calculator feature has been temporarily disabled, and will be enabled in a future release.

Factors checkboxes

Select all applicable factors. They are intended to determine amounts for each CMP to be imposed. Also, if an LSC deficiency is the basis for the CMP, all calculations apply to the LSC deficiencies, not the health deficiencies.

CMP Base Amount

Select the highest S/S level and associated CMP amount from the drop-down list.

Abated IJ

Select this checkbox if an IJ situation has abated.

Facility Noncompliance

If the facility has a history of noncompliance, enter/select a dollar amount (amounts listed on the screen) to add to the Calculated CMP Amount.

Substandard Quality of Care

If SQC was cited, select the applicable highest SQC S/S level and associated amount to add to the Calculated CMP Amount.

Base Culpability Amount

If facility culpability is a factor, enter/select a dollar amount based on highest S/S level (S/S levels and amounts listed on the screen) to add to the Calculated CMP Amount.

Failure to Act Culpability

If failure to act is documented, enter/select a dollar amount (amounts listed on the screen) to add to the Calculated CMP Amount.

Facility Culpability Rationale

If a Base and/or Failure to Act Culpability amount is entered, a rationale is required.

Calculated CMP Amount

Read-only. Automatically calculated from amounts entered in fields above.

Reduced Calculated CMP Amount

If Calculated CMP Amount exceeds the maximum regulatory amount, select the maximum allowed amount from the drop-down.

Lower Calculated Amount

If facility financial condition is a factor, enter a CMP amount in dollars to lower the Calculated CMP amount.

Enter in multiples of $50 if CMP is calculated using ASPEN 10.6 or later.

The facility lacks sufficient assets ...

CMS reviewed the financial information and determined that facility documentation proves either:

- The facility lacks sufficient assets to pay the CMP without having to go out of business. (Select if applicable.)

  -or-

- The facility does not lack sufficient assets to pay the CMP without having to go out of business.

Discounts Applied to Final

From the drop-down list options are: 0, 35%, 50%.

Appeal Waiver Received

Required if the 35% discount is selected. Enter date the waiver of appeal was received.

Final Calculated CMP Amount

Read-only. The lower of:

- Calculated CMP Amount
- Reduced Calculated CMP Amount
- Lower Calculated CMP

minus discount applied.

Adjusted Final Calculated CMP Amount

If warranted, enter an adjusted final amount in dollars and select the Use Adjusted checkbox. Refer to guidance on the screen.

Adjusted Final Calculated CMP Amount Rationale

If an adjusted final amount is entered, provide the rationale here.

Additional Information

Enter any other information relevant to determining the CMP amount.

Civil Money Penalties (CMP) - Per Day

Civil Money Penalties (CMP) - Per Day: Grid

Survey Date

NH, HHA

ASPEN Event ID and beginning and ending dates of the visit during which the instance was cited. Enter here or in Per Day CMP window.

NH - Includes health or LSC indicator.

Survey

CLIA

ASPEN Event ID and beginning and ending dates of the visit during which the instance was cited. Enter here or in Per Day CMP window.

Amount per Day

NH, HHA

Daily amount of the CMP to be imposed. Not required when you first add the CMP to the case. Amount Per Day is required once CMP in Effect is Yes. Enter here or in Per Day CMP window.

Multiple Per Day CMPs are allowed. Minimum, maximum, and increment amounts as well as the total amount of Per Day CMPs and the combined amount of all CMPs (Per Day and Per Instance) depend on provider type and may be adjusted annually for inflation by CMS.

Proposed Amount Per Day

CLIA

Amount proposed per day. Cannot enter an Imposed Amount Per Day without first entering a Proposed Amount Per Day.

Required when CMP in Effect is set to Proposed. Multiple Per Day CMPs are allowed.

Imposed Amount Per Day

CLIA

Amount imposed per day. Required when CMP in Effect is set to Awaiting Appeal Outcome or Imposed. Cannot exceed Proposed Amount.

Minimum, maximum, and increment amounts may be adjusted annually for inflation by CMS.

First Day

NH, HHA, CLIA

The first day the CMP is in effect. The default is the Exit date of the selected survey. Dates entered cannot overlap dates entered for other CMPs for this case, either Per Instance or Per Day. Enter here or in Per Day CMP window. Refer to "Determining PD CMP Date" on page 65.

Last Day

NH, HHA, CLIA

The last day the CMP is in effect. For a CMP that is running at the end of a cycle, this is the day before the date the facility is in substantial compliance. Refer to “Determining PD CMP Date” on page 65.

Days

NH, HHA, CLIA

Total number of days from the First Day through the Last Day, inclusive; calculated by AEM.

CMP In Effect

NH, HHA

Options are:

- Yes
- No
- Recommended
- Awaiting Appeal Outcome

Note that CMPs marked Yes and Awaiting Appeal Outcome are included in the Totals figures above the grid if a Last Day has been entered. This field defaults to Recommended for new CMPs. Enter here or in Per Day CMP window.

Note: If you change from Yes to another option after a payment has been applied to the CMP (Payments Rec’d > 0.00), a warning message notifies you that if you continue, the payment information will be cleared. To prevent this, select No in the message and Yes in the field.

CLIA

Status of this Per Day CMP. Options are:

- Awaiting Appeal Outcome
- Imposed
- Proposed
- Rescinded

Fed or State

NH, HHA

Indicates whether the CMP is imposed under the authority of the Federal Medicare or Medicaid programs (Fed) or the State Licensure program (State). Enter here or in Per Day CMP window.

Your selection determines the list of citations displayed when you open the Tags in Survey window to specify related citations either from this tab (via the Citation/s button) or the Per Day CMP window. If Fed, Federal tags (if any) from the linked survey are displayed; if state, state tags (if any) are displayed.

When the state agency imposes Medicaid CMPs at a Medicaid-only Nursing Home, the CMP should be entered as Fed, since Federal tags are being cited.

High S/S

NH

Read-only. Highest Scope/Severity value of related tags listed on the Citations button here and in Related Citations in the Per Day CMP window.

S/S

HHA

Applies to state tags only. Read-only. Highest Scope/Severity rating of the related tags (Citation here, Related Citation in the Per Day CMP window).

Entity Reported

NH

Read-only. Yes if the survey associated with the CMP has one or more tags linked to an allegation on a self-reported incident in ACTS. Must be Yes for the CMP to potentially qualify for a 50% reduction.

Note: This field appears for Nursing Home cases with a cycle start date that is on or after January 1, 2012.

Citation/s

NH, HHA

Button lists tag number(s) and S/S level(s)–as applicable–of the deficiency or deficiencies for which the CMP is being imposed.

Note: Only one tag is fully visible on the button.

NH

Label is Citations. Click button to open the Tags in Survey window with a list of all tags cited in the survey to view/select the relevant tags. You can also access Tags in Survey from the Per Day CMP window.

HHA

Label is Citation. Only one related Federal tag is allowed, but there can be multiple related state tags. Click button to open the Tags in Survey window with a list of condition-level tags (or all tags if licensure HHA) cited in the survey to view/select the relevant tag(s). You can also access Tags in Survey from the Per Day CMP window.

Civil Money Penalties (CMP) - Per Day: Buttons

New

NH, HHA, CLIA

Opens the Per Day CMP window, so you can provide details about a new CMP.

Modify

NH, HHA, CLIA

Opens the Per Day CMP window for the selected CMP, so you can view or update details.

Delete

NH, HHA, CLIA

Deletes the selected CMP. You are asked to confirm.

Per Day CMP

Survey Date

NH, HHA

Select the visit during which the CMP-related tags were cited. Enter here or on Per Day tab.

Survey

CLIA

ASPEN Event ID and beginning and ending dates of the visit during which the instance was cited. Enter here or in Per Day CMP window.

Related Citation/s, Choose

NH

Label is Related Citations. Shows tag numbers and S/S levels of the deficiencies for which the CMP is being imposed. Click the Choose button to open the Tags in Survey window with a list of all tags cited in the survey to view/select the relevant tags. You can also access Tags in Survey from the Citations column on the Per Day tab.

HHA

Label is Related Citation. Shows tag number(s) and S/S levels (state tags only) of the deficiency or deficiencies for which the CMP is being imposed. Only one related Federal tag is allowed, but there can be multiple related state tags. Click the Choose button to open the Tags in Survey window with a list of condition-level tags (or all tags if licensure HHA) cited in the survey to view/select the relevant tag(s). You can also access Tags in Survey from the Citation column on the Per Day tab.

First Day

NH, HHA, CLIA

Required. The first day the CMP is in effect. The default is the Exit date of the selected survey. Dates entered cannot overlap dates entered for other CMPs for this case, either Per Instance or Per Day. Enter here or on Per Day tab. Refer to "Determining PD CMP Date" on page 65.

Last Day

NH, HHA, CLIA

The last day the CMP is in effect. For a CMP that is running at the end of a cycle, this is the day before the date the facility is in substantial compliance. Refer to "Determining PD CMP Date" on page 65.

Recommended Amount

NH, HHA

Amount recommended for the Per Day CMP. Not required when you first add the CMP to the case.

Days

NH, HHA, CLIA

Total number of days from the First Day through the Last Day, inclusive; calculated by AEM.

Amount per Day

NH, HHA

Daily amount of the CMP to be imposed. Not required when you first add the CMP to the case. Amount Per Day is required once CMP in Effect is Yes. Enter here or on Per Day tab.

Multiple Per Day CMPs are allowed. Minimum, maximum, and increment amounts as well as the total amount of Per Day CMPs and the combined amount of all CMPs (Per Day and Per Instance) depend on provider type and may be adjusted annually for inflation by CMS.

Proposed Amount Per Day

CLIA

Amount proposed per day. Cannot enter an Imposed Amount Per Day without first entering a Proposed Amount Per Day.

Imposed Amount Per Day

CLIA

Amount imposed per day. Cannot exceed Proposed Amount.

Minimum, maximum, and increment amounts may be adjusted annually for inflation by CMS.

Calculator button - temporarily disabled

NH

ARO - Click to open the Per Day CMP Calculator, which ROs use to determine CMP type and amount.

ACO - Click to open a read-only version of the Per Day CMP Calculator.

CMP In Effect

NH, HHA

Options are:

- Yes
- No
- Recommended
- Awaiting Appeal Outcome

Only amounts for CMPs marked Yes and Awaiting Appeal Outcome are included in the Federal Totals section above. Defaults to Recommended for new CMPs. Enter here or on Per Day tab.

Note: If you change from Yes to another option after a payment has been applied to the CMP (Payments Rec'd > 0.00), a warning message notifies you that if you continue, the payment information will be cleared. To prevent this, select No in the message and Yes in the field.

CLIA

Status of this Per Day CMP. Options are:

- Awaiting Appeal Outcome
- Imposed
- Proposed
- Rescinded

Fed or State

NH, HHA

Indicates whether the CMP is imposed under the authority of the Federal Medicare or Medicaid programs (Fed) or the State Licensure program (State). Enter here or on Per Day tab.

When the state agency imposes Medicaid CMPs at a Medicaid-only Nursing Home, the CMP should be entered as Fed, since Federal tags are being cited.

For a State Per Day CMP, you can specify relevant tags via Related Citations in this window or Citations on the Per Day tab.

Per Day CMP Calculator - NH

Note: The AEM calculator feature has been temporarily disabled, and will be enabled in a future release.

CMP Base Amount

Select the highest S/S level and associated CMP amount (per day) from the drop-down list.

Abated IJ

Select this checkbox if an IJ situation has abated.

Facility Noncompliance

If the facility has a history of noncompliance, enter/select a dollar amount (amounts listed on the screen) to add to the Calculated CMP Amount (per day).

Repeated Deficiencies

If there are repeated deficiencies, select the applicable highest S/S level and associated amount to add to the Calculated CMP Amount.

Substandard Quality of Care

If SQC was cited, select the applicable highest SQC S/S level and associated amount to add to the Calculated CMP Amount.

Total Number of Tags Cited

Select the applicable number of tags/highest S/S level and associated amount to add to the Calculated CMP Amount. Do not include deficiencies for which the S/S set the base amount—use the next highest S/S level.

Base Culpability Amount

If facility culpability is a factor, enter/select a dollar amount based on highest S/S level (S/S levels and amounts listed on the screen) to add to the Calculated CMP Amount.

Failure to Act Culpability

If failure to act is documented, enter/select a dollar amount (amounts listed on the screen) to add to the Calculated CMP Amount.

Facility Culpability Rationale

If a Base and/or Failure to Act Culpability amount is entered, a rationale is required.

Calculated CMP Amount

Read-only. Per day CMP amount automatically calculated from amounts entered in fields above.

Reduced Calculated CMP Amount

If Calculated CMP Amount (per day) exceeds the maximum regulatory amount, select the applicable maximum allowed amount from the drop-down.

Lower Calculated CMP

If facility financial condition is a factor, enter a CMP amount in dollars to lower the Calculated CMP amount.

Enter in multiples of $50 if CMP is calculated using ASPEN 10.6 or later.

The facility lacks sufficient assets ...

CMS reviewed the financial information and determined that facility documentation proves either:

- The facility lacks sufficient assets to pay the CMP without having to go out of business. (Select if applicable.)

  -or-

- The facility does not lack sufficient assets to pay the CMP without having to go out of business.

Discounts Applied to Final

From the drop-down list options are: 0, 35%, 50%.

Appeal Waiver Received

Required if the 35% discount is selected. Enter date the waiver of appeal was received.

Final Calculated CMP Amount Per Day/Days/Final Calculated CMP Amount

Read-only. Final Calculated CMP Amount Per Day multiplied by number of Days gives the Final (total) Calculated CMP Amount.

Final Calculated CMP Amount Per Day is the lower of:

- Calculated CMP Amount
- Reduced Calculated CMP Amount
- Lower Calculated CMP

times number of days minus discount applied.

Adjusted Final Calculated CMP Amount

If warranted, enter an adjusted final (total) amount in dollars and select the Use Adjusted checkbox.

Adjusted Final Calculated CMP Amount Rationale

If an adjusted final amount is entered, provide the rationale here.

Additional Information

Enter any other information relevant to determining the CMP amount.

Detail for highlighted CMP

The fields in this section are similar for NH and HHA, but HHA does not have subsections for IIDR Dates and Entity Reported Reduction.

Imposition Notice Date

NH, HHA, CLIA

Date of the written Notice of Imposition of Civil Money Penalty. If you use the envelope icon next to the field to generate the Notice, AEM inserts its Sent Date here. You can edit the date as needed.

Envelope button

NH, HHA, CLIA

Opens the Select Letters and Distribution List window, where you can generate new or view existing letters and notices. Also appears to the right of the Collection Notice Date in the CMP Payment Status section and Date Sent To MAC/Medicaid/Treasury fields in the Sent to Offset or Treasury section.

The default list shows only letters related to the field next to the envelope button, if the letters were categorized using the Enf Letter Class option in Letter Management. If you don't see the letter you want to send, select Show All for a list of all letters in the database.

When you create a letter using the envelope icon, AEM inserts its Sent date in the adjacent field, and opens the Notice Detail window, so you can supply tracking, contents, and appeal information.

Appeal/Appeal Waiver Due

NH, HHA

Date defaults to 70 days from the Imposition Notice Date (5 days for mail to the facility, plus 60 days for its response, plus 5 days mail from the facility). However, you can change the date to suit your specific circumstances.

Note: Notices are also maintained on the Notices tab. If a different Due Date for the waiver is entered there, that change does not show here.

Appeal Due

CLIA

Date defaults to 70 days from the Imposition Notice Date (5 days for mail to the facility, plus 60 days for its response, plus 5 days mail from the facility). However, you can change the date to suit your specific circumstances.

Note: Notices are also maintained on the Notices tab. If a different Due Date for the waiver is entered there, that change does not show here.

Appeal Waiver Received

NH, HHA

When the waiver request is received, enter the received date here. If the date you enter is on or before the Appeal/Appeal Waiver Due date, a 35% reduction is applied to the amount due for the CMP.

If the Appeal Waiver Received date is *after* the Appeal/Appeal Waiver Due date, you will see a warning message when you enter the received date. You still have the option of applying the 35% reduction, if applicable.

Appeal Received

CLIA

When the waiver request is received, enter the received date here. If the date you enter is on or before the Appeal/Appeal Waiver Due date, a 35% reduction is applied to the amount due for the CMP.

If the Appeal/Appeal Waiver Received date is *after* the Appeal/Appeal Waiver Due date, you will see a warning message when you enter the received date. You still have the option of applying the 35% reduction, if applicable.

Calculated CMP Amount

Apply Reduction

CLIA

The 35% Reduction is applied when this checkbox is checked by the RO. The Apply Reduction checkbox defaults to checked when the Appeal Received date is on or before the Appeal Due date.

CMP Total

NH, HHA, CLIA

Total amount calculated for this CMP. For a Per Instance CMP, this is the Amount Per Instance. For a Per Day CMP, AEM calculates the Amount Per Day times the Number of Days. AEM makes the per-day calculation after the Last Day in effect is entered.

Less 35% Reduction

NH, HHA, CLIA

AEM applies the 35% reduction automatically to the CMP Total when the Appeal Waiver Received date is on or before the Appeal/Appeal Waiver Due date.

If the Appeal Waiver Received date is after the Appeal/Appeal Waiver Due date, you will see a message when you enter the received date, offering you the option of applying the 35% reduction.

CLIA - The 35% reduction is also applied when the Apply Reduction checkbox is checked by the user.

Note: A Nursing Home that gets the 35% reduction cannot also receive a 50% reduction for a CMP associated with an entity-reported incident.

Net Amount

NH, HHA, CLIA

CMP Total minus the 35% reduction, if applied. This is the amount that would be due without any hearing order or settlement, or bankruptcy settlement in place.

Entity Reported Reduction - NH

Section appears for Nursing Home cases with a cycle start date that is on or after January 1, 2012.

Qualifies for Reduction

RO selects this checkbox if the CMP qualifies for a 50% reduction, and is asked to confirm. Hover Guidance specifies qualifying criteria (move cursor over the gray circle to display). When selected, the 50% reduction is automatically applied.

Note: A Nursing Home that gets the 50% reduction cannot also receive a 35% reduction for waiving its right to a hearing.

Less 50% Reduction

Amount of the 50% reduction. Calculated by AEM when Qualified for Reduction is selected.

Net Amount

CMP Total minus the 50% reduction. Calculated by AEM when Qualified for Reduction is selected.

Hearing Order/Settlement

Type

CLIA

Options are: Hearing, Settlement.

Hearing/Settlement Finalized

NH, HHA, CLIA

Checking this box activates the Hearing Order/Settlement Amount field.

Hearing Order/Settlement Amount

NH, HHA, CLIA

If the provider requests a hearing and the case is either settled or completed with the ALJ (Administrative Law Judge) issuing a decision, enter the resulting final amount of the CMP here (even if it is equal to the original, full calculated amount). This amount becomes the TOTAL AMOUNT DUE in the Payment section (overriding what was previously there).

If there is a subsequent bankruptcy settlement, that amount would override this one.

IIDR Dates - NH

Section appears for NH cases with a cycle start date that is on or after January 1, 2012.

Request Received

Read-only. Date the IIDR request was received from the provider. Entered from the IIDR tab of the Informal Dispute Resolution … window.

Completion

Read-only. Date the results of the review were formally sent to the provider. Entered from the IIDR tab of the Informal Dispute Resolution … window.

Expiration

Entered by AEM, but you can change it. Calculated as 100 calendar days after the date of the CMP imposition notice.

Bankruptcy

Bankruptcy

NH, HHA, CLIA

Select this box if the CMP collection is affected by bankruptcy. Marking the box enables the other fields in the Bankruptcy section.

If this box is checked, the bankruptcy Settlement Amount, even if $0, is the amount used for AMOUNT DUE in the Payment section.

Petition Date

NH, HHA, CLIA

Date of the bankruptcy petition.

End Date

NH, HHA, CLIA

Date of the final bankruptcy court order.

Settlement Amount Finalized

NH, HHA, CLIA

Check this box when the settlement amount is finalized.

Settlement Amount

NH, HHA, CLIA

CMP amount due as a result of the bankruptcy settlement. An amount entered here has precedence over any other amounts due for this CMP.

Write-off section

Write-off

NH, HHA

Check this box and provide a Write-off Reason when it is determined that the Amount Due should be written off. Checking this box inserts the Payments Rec'd amount in the Total Amount Due field, which allows the case to be closed.

Write-off Reason

NH, HHA

Select a reason for the write-off from the drop-down list.

Options are:

01 Voluntary Termination

02 Involuntary Termination

03 Low Outstanding Amount

04 Referral to Treasury

05 Other

Federal Collection Information

NH, read-only for HHA

Collection Status

Options vary by provider type.

HHAs do not have subsections for IIDR Dates and Entity Reported Reduction.

- To Be Retained

  Default value for Collection Status. It can be changed as needed for cases with a cycle start date that is on or after January 1, 2012. For cases prior to January 1, 2012, it cannot be changed.

  For non-escrow CMP cases (all cases prior to January 1, 2012, most cases after), To Be Retained indicates that money collected from the facility is not going to an escrow account. For CMP payments that go to escrow, when the appeals process is over, choose To Be Retained if CMS wins the final appeal and retains the money in escrow.

- In Escrow

  Select for CMP payments in escrow pending outcome of appeal.

- Returned to Facility

  Select if provider wins final appeal and money in escrow is returned.

- Split

  Select when the appeals process is over and the money in escrow is split between CMS and the provider.

  When you change Collection Status, AEM creates new CMPTS allocation records with revised amounts.

Note: When an RO user changes Collection Status from In Escrow to some other option and the CMP is associated with a CMPTS case, the Escrow Outcome Notice date in the Case CMP Detail section is required.

If the total distribution amount is less than the amount that went into escrow, the Collection Status field in the Installment Detail dialog is set by ASPEN to either of two options:

- Escrow Reduction

  Selected if money was distributed only to the facility.

- Partial Settlement

  Selected if some (or all) of the money was distributed to Medicare/Medicaid.

CMP Payment Status section

Payment Status

Options are:

- None Yet - NH, HHA, CLIA
- Awaiting CMP Payment - NH, HHA, CLIA
- Pending Appeal - NH, HHA, CLIA
- Paid – Closed - NH, HHA, CLIA
- Extended Payments - NH, HHA, CLIA

  Choose Extended Payments to enable Payment Terms and Payments Rec'd. - NH

- Overdue CMP - NH, HHA, CLIA
- Offset to FI - NH, HHA
- Offset to T19 Agency - NH, HHA
- Offset to FI + T19 Agency - NH, HHA
- Awaiting Bankruptcy Outcome - NH, HHA, CLIA
- IDR Removed CMP - NH, HHA
- IIDR Removed CMP - NH

- Settlement Removed - NH, HHA, CLIA
- Hearing Removed - NH, HHA, CLIA
- Other – see Case Notes - NH, HHA, CLIA

State Collection #

NH, HHA

If this is a State Licensure imposed CMP, or if your state has its own numbering system for Federal CMPs, enter the state number here.

Collection Notice Date

NH, HHA, CLIA

Date of the first notice to the facility that informed it of the actual payment due date of this CMP. If you use the letter button next to the field to generate the notice, AEM inserts its Sent Date here. You can edit the date as needed.

Payment Due

NH, HHA, CLIA

Date the payment is due. When Collection Notice Date is entered, AEM calculates Payment Due as 25 days after the Collection Notice date. If you change the Collection Notice Date, you will be asked if you want to recalculate the Payment Due date.

Payment Terms

NH, HHA

This field is enabled when Extended Payments is selected for Payment Status. Options are: Up to 6 months, 6 – 12 months, Over 12 months.

Medicare Interest Due

NH, HHA

Medicare portion of interest due. When entered, is added to the TOTAL AMOUNT DUE.

Medicaid Interest Due

NH, HHA

Medicaid portion of interest due. When entered, is added to the TOTAL AMOUNT DUE.

Interest Due

CLIA

When entered, is added to the TOTAL AMOUNT DUE.

Int.Calc. button

NH, HHA, CLIA

Opens the CMP Interest Calculator.

TOTAL AMOUNT DUE

NH, HHA, CLIA

The CMP Amount Due, plus any interest that has been applied. Total Amount Due for each CMP is calculated as follows:

- Total Amount Due starts as the Amount (Per Instance or per Day) entered for the CMP.
- If an Appeal Waiver Received date is entered, and is on or before the Appeal/Appeal Waiver Due date, the Net Amount from the 35% reduction is used.
- NH only. If the Entity Reported Reduction - Qualifies for Reduction checkbox is selected, the Net Amount (50% of original CMP) is used.

Note: 50% reduction functionality is available for Nursing Home cases with a cycle start date that is on or after January 1, 2012.

- If the Hearing/Settlement Finalized checkbox is selected, the Hearing Order/Settlement Amount is used.
- If the Bankruptcy and Settlement Amount Finalized checkboxes are selected, the Bankruptcy - Settlement Amount is used.
- NH and HHA. If the Write-off checkbox is selected, the Payments Received value is used.

Note: If multiple conditions above are met, the one furthest down on the list is used to determine Total Amount Due.

AEM recalculates the 35% reduction and Total Amount Due if the original CMP amount changes. For a Nursing Home case, the 50% reduction will also be recalculated with any change to the original CMP amount.

Payments Rec'd

NH, HHA, CLIA

This field shows the total of all amounts received for all the entries made in Payment History (if it is available for the case) and in the Installments section in CMPTS Detail. The field is enabled when Extended Payments is selected for Payment Status.

Balance Due

NH, HHA, CLIA

Remaining balance: Total Amount Due minus Payments Rec'd.

This CMP Fully Paid

NH, HHA, CLIA

Date on which the CMP was fully paid. If you use the Apply Full Payment feature, AEM fills in this field.

T19 Portion Rec'd by State

NH, HHA

Date the T19 amount was received by the state. Entered manually by the SA.

T19 Portion Amount Rec'd

NH, HHA

Amount received for the T19 portion. Entered manually by the SA.

More ...

Fields: "CMP Interest Calculator", on page 263

Sent to Offset or Treasury section - NH, HHA

Only RO/CO users can enter or modify data in this section.

Sent To MAC

Select if notice was sent to the Medicare Administrative Contractor (MAC) instructing them to withhold the CMP amount due from the facility's Medicare reimbursement. Provide date and amount.

Date Sent To MAC

Enabled if Sent To MAC is selected. Enter date notice was sent. Defaults to today’s date. If you use the envelope button next to the field to generate the notice, AEM inserts its Sent Date here. You can edit the date as needed.

Amount Sent To MAC

Enabled if Sent To MAC is selected. Defaults to Balance Due from the CMP Payment Status section; can be adjusted as needed.

Sent To Medicaid

Select if notice was sent to the Medicaid agency instructing them to withhold the CMP amount due from the facility's Medicaid reimbursement. Provide date and amount.

Date Sent To Medicaid

Enabled if Sent To Medicaid is selected. Enter date notice was sent. Defaults to today’s date. If you use the envelope button next to the field to generate the notice, AEM inserts its Sent Date here. You can edit the date as needed.

Amount Sent To Medicaid

Enabled if Sent To Medicaid is selected. Defaults to Balance Due from the CMP Payment Status section; can be adjusted as needed.

Sent To Treasury

Select if notice was sent to the Department of the Treasury instructing them to withhold the CMP amount due from the facility's reimbursement. Provide date and amount.

Date Sent To Treasury

Enabled if Sent To Treasury is selected. Enter date notice was sent. Defaults to today's date. If you use the envelope button next to the field to generate the notice, AEM inserts its Sent Date here. You can edit the date as needed.

10 Year Anniversary

Read-only. Calculated by AEM to be 10 years after Date Sent To Treasury.

Amount Sent To Treasury

Enabled if Sent To Treasury is selected. Defaults to Balance Due from the CMP Payment Status section; can be adjusted as needed.

Payment History (Optional) - NH, HHA

Note: Beginning with AEM 8.7, this section can only be used for Federal CMPs entered in CMPTS prior to 8.7, or State Licensure CMPs. It is hidden for Federal CMPs when a related CMPTS case has been created in AEM or a CMPTS case can be created in AEM (no CMPTS # is present and the facility type allows CMPTS creation).

Check Date

Date the check was written.

Date Payment Received

Date the payment was received by the RO or the state.

Check Number

Check number.

Amount Received

Amount of the check.

Principal

Amount applied to principal, if applicable.

T18 Interest

Amount applied to T18 interest, if applicable.

T19 Interest

Amount applied to T19 interest, if applicable.

Title 18

T18 portion of the principal amount paid.

Title 19

T19 portion of the principal amount paid.

New button

Opens the Edit Pay History window, so you can enter a new payment for this selected CMP.

WARNING! Make sure the highlighted CMP is the one for which you are recording a payment.

Modify button

Opens the Edit Pay History window for the selected payment record, so you can make additions or changes.

Delete button

Deletes the selected payment record. You are asked to confirm.

CMP Interest Calculator

CMP Amount Before Interest

NH, HHA, CLIA

AEM inserts this amount as calculated from entries on the CMP tab.

Note: You can change the CMP Amount Before Interest and adjust the rate, if necessary. When you click OK, the calculator inserts the new results into the interest due fields in the CMP Payment Status section.

Those changes are not retained. The next time you open the calculator, CMP Amount Before Interest reverts to the AEM-calculated amount.

Medicare Allocation %

NH, HHA

NH - Medicare Allocation percent as determined by number of Medicare residents (F75) on the CMP tab.

HHA - Entered by AEM. 63% of the Federal CMP Amount Due for the enforcement case.

Medicare Portion of CMP

NH, HHA

Entered by AEM. Medicare Allocation % multiplied by CMP Amount Before Interest.

CMP Amount

CLIA

Populated from CMP Amount Before Interest.

Medicare Interest Rate (%)

NH, HHA

Required. Enter the interest rate as a percentage: for 7.5%, enter 7.5 (three decimal places are allowed)

Medicare Interest for Full Year

NH, HHA

Calculated by AEM. Amount of Medicare interest that accrues over a one-year period. Interest Rate multiplied by Medicare Portion.

Daily Medicare Interest Amount

NH, HHA

Calculated by AEM. Amount of Medicare interest that accrues each day.

Medicaid Allocation %

NH, HHA

NH - Medicaid Allocation percent as determined by number of Medicaid residents (F76) on the CMP tab.

HHA - Entered by AEM. 37% of the Federal CMP Amount Due for the enforcement case.

Medicaid Portion of CMP

NH, HHA

Calculated by AEM. Medicaid Allocation % multiplied by CMP Amount Before Interest.

Medicaid Interest Rate (%)

NH, HHA

Defaults to interest rate entered in Medicare Interest Rate. If Medicaid Interest Rate is different, enter the interest rate as a percentage: for 7.5%, enter 7.5 (three decimal places are allowed).

Interest Rate

CLIA

Enter interest rate as a percentage.

Interest For Full Year

CLIA

Calculated by AEM. Amount of interest that accrues over one year.

Medicaid Interest for Full Year

NH, HHA

Calculated by AEM. Amount of Medicaid interest that accrues over a one-year period. Interest Rate multiplied by Medicaid Portion.

Daily Medicaid Interest Amount

NH, HHA

Calculated by AEM. Amount of Medicaid interest that accrues each day.

Daily Interest Amount

CLIA

Calculated by AEM. Amount of interest that accrues each day.

Day Calculation

NH, HHA, CLIA

Choose Use Dates when you want AEM to use dates to calculate the number of days the CMP is overdue.

Choose Type # of Days when you want to type in the number yourself.

Original Due Date

NH, HHA, CLIA

Original Due Date for this CMP. Activated when you choose Use Dates for Day Calculation.

New Due Date with Interest

NH, HHA, CLIA

New Due Date for payment of the CMP and interest. Activated when you choose Use Dates for Day Calculation.

Days CMP is Overdue

NH, HHA, CLIA

If Use Dates is selected for Day Calculation, AEM calculates the number of days.

If Type # of Days is selected, you can enter the number here.

This field must be complete for AEM to calculate the total Medicare and Medicaid Interest Due.

Total Medicare Interest Due

NH, HHA

Calculated by AEM. Daily Medicare Interest Amount multiplied by Days CMP is Overdue.

When you click OK in the calculator, AEM inserts this result into the Medicare Interest Due field in the CMP Payment Status section.

Total Medicaid Interest Due

NH, HHA

Calculated by AEM. Daily Medicaid Interest Amount multiplied by Days CMP is Overdue.

When you click OK in the calculator, AEM inserts this result into the Medicaid Interest Due field in the CMP Payment Status section.

Total Interest Due

CLIA

Calculated by AEM. Daily Interest Amount multiplied by Days CMP is Overdue.

When you click OK in the calculator, AEM inserts this result into the Interest Due field in the CMP Payment Status section.

Total CMP Amount Due (Including Interest)

NH, HHA, CLIA

Calculated by AEM. CMP Amount Before Interest + Total Medicare Interest Due + Total Medicaid Interest Due.

CMPTS Detail

CMPTS Detail tab

All information on this tab is read-only for OFM users.

CMPTS ID

Supplied by AEM. ASPEN system tracking ID for the CMPTS case.

CMPTS #

Tracking number for the Civil Monetary Penalty Tracking System (CMPTS). There is one CMPTS number assigned per cycle/case. The RO uses the Generate CMPTS # button (below) to generate this number.

Generate CMPTS # button

Click to generate a CMPTS # for the case and enter it in the CMPTS # field (above) when all of the CMPs associated with the case are due and payable. The CMS Regional Office tracks the CMPs it imposes via the CMPTS number. The state does not use CMPTS for either Medicaid-only or State Licensure CMPs, but it has read-only access to CMPTS information.

Once you generate the CMPTS #, the button is disabled.

Cross-ref to Other Case

If this CMPTS record is related to another CMPTS record, enter the CMPTS # of the other record here.

Survey Date

Supplied by AEM. Cycle start date. Not required for CLIA lab CMPTS cases.

Date Entered

Date the CMPTS case was created.

Facility

Supplied by ASPEN. Facility Name, Address, City, State, Zip, and Phone number.

Provider #

Supplied by AEM. The Federal provider number (aka CCN or Medicare number/ID or, for CLIA, CLIA number/ID).

Category

Supplied by ASPEN. National facility category number.

TIN/EIN

Supplied by ASPEN. Tax Identification Number/Employer Identification Number.

Director

Enter First Name, Middle Initial, and Last Name of the facility director. First Name and Last Name are required for upload.

RO Contact

Enter First Name, Last Name, and Phone number of the RO contact for the case. All are required for upload.

Print button

Prints the CMPTS Case Profile report.

Installments & Payments - NH, HHA

Applies to the Installments & Payments tab of the CMPTS Detail screen for LTC and HHA CMPTS cases in RO mode.

The fields enabled for RO users on the Installments & Payments tab are: Proposed # of Installments, Proposed Installment Amount, Deduct CMP From Sums Owed, Provider Terminated, Termination Date (if Provider Terminated is selected), and, in the Installment Detail window, Payment Due Date.

OFM users enter payment received information - Check #, Deposit Ticket #, Interest Amount, Medicaid Amount, Medicare Amount, Payment Collection Date and Report Receipt # - in the Installment Detail window. The OFM cannot enter payment received data until the RO enters the Payment Due Date.

Current CMP Allocation

Medicare # Residents

NH

Number of Medicare Residents (F75) on the CMP tab.

Medicare %

HHA

Medicare % in Disbursement of CMPs section on the CMP tab.

Medicare Amount

NH, HHA

Entered from the CMP tab. Medicare portion of CMP as calculated by AEM: Medicare Allocation % multiplied by CMP Amount Before Interest.

Medicaid # Residents

NH

Number of Medicaid Residents (F76) on the CMP tab.

Medicaid %

HHA

Medicaid % in Disbursement of CMPs section on the CMP tab.

Medicaid Amount

NH, HHA

Entered from the CMP tab. Medicaid portion of CMP as calculated by AEM: Medicaid Allocation % multiplied by CMP Amount Before Interest.

Escrow Amount

NH

Read-only. Same as the Escrow Amount for the latest CMP Allocation History record, which is calculated by ASPEN as the total amount of CMP payments to be placed into an escrow account for the case.

Note: This field appears for cases with a cycle start date that is on or after January 1, 2012.

CMP Totals

NH, HHA

Interest

Entered from the CMP tab: Medicare Interest Due + Medicaid Interest Due.

Total Due

TOTAL AMOUNT DUE from the CMP tab: CMP amount due plus interest.

Payments Received

Total of all amounts received for all entries in the Enter All Installments Due section on this tab.

Balance

Remaining balance: Total Due minus Payments Received.

Offset and Treasury Totals

Fields in this section are automatically populated from the Sent to Offset or Treasury section on the CMP tab.

NH, HHA

Date Sent to Offset

Read-only. Earliest Date Sent To MAC or Date Sent To Medicaid for Federal CMP(s) on the enforcement case.

Amount Sent to Offset

Read-only. Amount Sent To MAC plus Amount Sent To Medicaid total for the Federal CMP(s) on the enforcement case.

Date Sent To Treasury

Read-only. Earliest Date Sent To Treasury for the Federal CMP(s) on the enforcement case.

Amount Sent To Treasury

Read-only. Amount Sent To Treasury total for the Federal CMP(s) on the enforcement case.

W9 Received

NH

Entered by OFM, read-only for others. Date the W-9 was received from the provider. Must be on or before today's date.

Note: This field appears for cases with a cycle start date that is on or after January 1, 2012.

Escrow Account Totals - NH

Note: This section appears for cases with a cycle start date that is on or after January 1, 2012.

Escrow Collected

Read-only. Calculated by AEM. Total amount of CMP payments collected and placed into an escrow account for the case. Amount Into Escrow entered by OFM in the Escrow Tracking section.

Escrow Interest Accrued

Read-only. Calculated by AEM. Same as Total Interest Accrued in the Escrow Tracking section.

Principal Returned to Facility

Read-only. Same as Principal Returned to Facility amount entered by OFM in the Escrow Tracking section.

Interest Returned to Facility

Read-only. Same as Interest Returned to Facility amount entered by OFM in the Escrow Tracking section.

Medicare / Medicaid Escrow Interest Accrued

Read-only. Sum of Medicare and Medicaid Interest Accrued amounts entered by OFM in the Escrow Tracking section.

Amount Retained

Read-only. Sum of Medicare and Medicaid Amount Retained values entered by OFM in the Escrow Tracking section.

Escrow Balance

Read-only. Calculated by AEM as (Amount Into Escrow+Total Interest Accrued)-Retained and Returned amounts in the Escrow Tracking section.

CMP Allocation History

The CMP Allocation History is generated by AEM for LTC and HHA providers. When changes are made to CMPs for cases, the CMP Allocation History is automatically updated. For cases created prior to ASPEN 8.7, the RO manually enters the CMP Allocation History via the CMP Allocation window. If the CMP allocation is changed, it may be necessary to update fields in the Installments section as well.

Change Date

NH, HHA

Date the CMP allocation change was entered.

Medicare Amount

NH, HHA

Medicare portion of the sum of Total Amount Due values from Federal CMPs that are in effect and have a Collection Status value of To Be Retained. Entered by OFM in the Installment Detail window and carried in here.

Medicaid Amount

NH, HHA

Medicaid portion of the sum of Total Amount Due values from Federal CMPs that are in effect and have a Collection Status value of To Be Retained. Entered by OFM in the Installment Detail window and carried in here.

Interest Amount

NH, HHA

Current amount of interest on the CMP; updated as needed by AEM.

Escrow Amount

NH

Read-only. Calculated by AEM as the total amount of CMPs on the enforcement case with Collection Status = In Escrow (in Detail for highlighted CMP). Propagated to Escrow - Amount field under Current CMP Allocation.

Note: This field appears for cases with a cycle start date that is on or after January 1, 2012.

Total Amount

NH, HHA

Total CMP amount due plus interest; updated as needed by AEM.

Status

NH, HHA

Current CMP status/reason for change, e.g., Initial, Additional CMP.

Note: New, Modify, and Delete buttons appear under the CMP Allocation History grid for NH CMPTS cases created prior to ASPEN 8.7, but not for cases created in ASPEN 8.7 and later.

Installments

Proposed # of Installments

NH, HHA

Enter the number of proposed installments, up to 49.

Proposed Installment Amount

NH, HHA

Enter the dollar amount of each proposed installment. This amount may be changed as needed.

Deduct CMP From Sums Owed

NH, HHA

Box is checked when a CMP has not been paid in a timely manner, and the RO decides to have it offset through the MAC. Continue to use whatever notification procedures you are currently using.

Provider Terminated

NH, HHA

Read-only. Selected if Federal Program Participation Status on the Case Basics tab is not Active.

Termination Date

NH, HHA

Read-only. Populated if Provider Terminated (above) is selected; same as Status Date on the Case Basics tab. Blank if Provider Terminated is not selected.

Installment Due Dates grid

Payment Due Date

NH, HHA

Entered by the RO. At least one Payment Due Date is required. When creating a new installment, click New and enter the Payment Due Date in the Installment Detail window.

Payment Due Date cannot be earlier than Cycle Start, or later than Cycle Start + 8 years. The OFM cannot enter payment received data until the RO enters this date.

The RO can change Payment Due Date until any payment received data is recorded by the OFM for that installment due date.

Check #

NH, HHA

Number on check used to make the CMP installment payment. Entered by OFM in the Installment Detail window and carried in here.

Deposit Ticket #

NH, HHA

Number on deposit ticket accompanying the CMP installment payment. Entered by OFM in the Installment Detail window and carried in here.

Interest Amount Retained

NH, HHA

Amount of interest included in the CMP installment payment. Entered by OFM in the Installment Detail window and carried in here.

Medicaid Amount Retained

NH, HHA

Medicaid portion of the CMP installment payment for a provider. Entered by OFM in the Installment Detail window and carried in here.

Total Medicare Amount Retained

NH, HHA

Medicare portion of the CMP installment payment for a provider. Entered by OFM in the Installment Detail window and carried in here.

Program Use Retained

NH

When the OFM enters the Total Medicare Amount Retained in the Installment Detail window, AEM calculates the 90% / 10% split, and displays 90% in the Program Use Retained field. If the AEM calculation for the 90% / 10% split happens to split the money to .005, then the extra penny is entered into the Trust Fund Retained field.

Trust Fund Retained

HHA

When the OFM enters the Total Medicare Amount Retained in the Installment Detail window, AEM calculates the 90% / 10% split, and displays 10% in the Trust Fund Retained field. If the AEM calculation for the 90% / 10% split happens to split the money to .005, then the extra penny is entered into the Trust Fund Retained field.

Escrow Amount Collected

NH

Entered by OFM in Installment Detail when they receive a check that is to be deposited in escrow, and carried in here. Amount of payment to be placed in escrow.

Collection Status

NH

Entered by OFM in Installment Detail when they receive a check and carried in here.

If the total distribution amount is less than the amount that went into escrow, the Collection Status field in the Installment Detail dialog is set by ASPEN to either of two options:

- Escrow Reduction

  Selected if money was distributed only to the facility.

- Partial Settlement

  Selected if some (or all) of the money was distributed to Medicare/Medicaid.

Payment Collection Date

NH, HHA

Date the CMP installment payment was received. Entered by OFM in the Installment Detail window and carried in here. Must be on or before today’s date.

Report Receipt #

NH, HHA

Number on receipt ticket for the CMP installment payment. Entered by OFM in the Installment Detail window and carried in here.

Totals

NH, HHA

Calculated by AEM. Total amount of the CMP installment payment: Interest Amount Retained + Medicaid Amount Retained + Total Medicare Amount Retained.

Escrow Tracking - NH

All fields in this grid are read-only. Most reflect the values entered in the Escrow Detail window.

Note: This section appears for cases with a cycle start date that is on or after January 1, 2012.

Date Into Escrow

Date OFM moved the CMP payment into escrow. Must be on or before today's date.

Amount Into Escrow

Amount of the CMP payment placed in escrow.

Final Decision Date

Date the provider was notified about the disposition of money placed in escrow. Same as Escrow Outcome Notice in the Case CMP Detail section on the CMP tab.

Date Out Of Escrow

Date OFM moved the money out of escrow.

Medicaid Amount Retained

Medicaid portion of CMP payment retained in escrow.

Medicaid Interest Accrued

Amount of interest accrued on Medicaid portion of the CMP payment while in escrow.

Medicare Amount Retained

Medicare portion of CMP payment retained in escrow.

Medicare Interest Accrued

Amount of interest accrued on Medicare portion of the CMP payment while in escrow.

Principal Returned To Facility

Amount of principal returned to facility from escrow.

Interest Returned To Facility

Amount of accrued interest returned to facility.

Total Interest Accrued

Sum of Medicare and Medicaid Interest Accrued amounts.

Total Moved Out Of Escrow

Total amount of money moved out of escrow.

Print button

Prints the CMPTS Case Profile report.

Installment Detail window - NH, HHA

Payment Due Date

NH, HHA

Entered by the RO. At least one Payment Due Date is required.

Payment Due Date cannot be earlier than Cycle Start, or later than Cycle Start + 8 years. The OFM cannot enter payment received data until the RO enters this date.

The RO can change Payment Due Date until any payment received data is recorded by the OFM for that installment due date.

Check #

NH, HHA

Number on check used to make the CMP installment payment. Entered by the OFM.

Received from MAC

NH, HHA

The OFM will select this checkbox when a CMP installment payment has been sent by MAC. The field is read-only for ROs.

Deposit Ticket #

NH, HHA

Number on deposit ticket accompanying the CMP installment payment. Entered by the OFM.

Interest Amount

NH, HHA

Amount of interest included in the CMP installment payment. Entered by the OFM.

Medicaid Amount

NH, HHA

Medicaid portion of the CMP installment payment for a provider. Entered by the OFM.

Total Medicare Amount Retained

NH, HHA

Medicare portion of the CMP installment payment for a provider. Entered by the OFM.

Program Use Retained

NH

When the OFM enters the Total Medicare Amount Retained, AEM calculates the 90% / 10% split, and displays 90% in the Program Use Retained field. If the AEM calculation for the 90% / 10% split happens to split the money to .005, then the extra penny is entered into the Trust Fund Retained field.

Trust Fund Retained

NH

When the OFM enters the Total Medicare Amount Retained, AEM calculates the 90% / 10% split, and displays 10% in the Trust Fund Retained field. If the AEM calculation for the 90% / 10% split happens to split the money to .005, then the extra penny is entered in this field.

Escrow Amount Collected

NH

Entered by the OFM when they receive a check that is to be deposited in escrow. Amount of payment to be placed in escrow.

Collection Status

NH

Entered by the OFM when they receive a check.

If the total distribution amount is less than the amount that went into escrow, the Collection Status field is set by ASPEN to either of two options:

- Escrow Reduction

  Selected if money was distributed only to the facility.

- Partial Settlement

  Selected if some (or all) of the money was distributed to Medicare/Medicaid.

Payment Collection Date

NH, HHA

Date the CMP installment payment was received. Entered by the OFM. Must be on or before today’s date.

Report Receipt #

NH, HHA

Number on receipt ticket for the CMP installment payment. Entered by the OFM.

Total CMP Amount

NH, HHA

Calculated by AEM. Total amount of the CMP installment payment: Interest Amount + Medicaid Amount + Total Medicare Amount Retained.

Installments & Payments - CLIA

Applies to the Installments & Payments tab of the CMPTS Detail screen and the CMP Allocation window for CLIA enforcement cases in RO mode.

Fields enabled for RO users on the Installments & Payments tab are: Proposed # of Installments, Proposed Installment Amount, Certificate Revoked, Revocation Date (if Certificate Revoked is selected), and all fields in CMP Allocation except Total Amount.

OFM users enter payment received information, Check #, Deposit Ticket #, Interest Amount, CLIA Amount, Payment Collection Date, and Report Receipt #, in the Installment Detail window. The OFM cannot enter payment received data until the RO enters the Payment Due Date.

Current CMP Allocation

Medicaid Amount

Entered from the CMP tab. Medicaid portion of CMP as calculated by AEM: Medicaid Allocation % multiplied by CMP Amount Before Interest.

Interest

Entered from the CMP tab: Medicare Interest Due + Medicaid Interest Due.

Total Due

TOTAL AMOUNT DUE from the CMP tab: CMP amount due plus interest.

Payments Received

Total of all amounts received for all entries in the Enter All Installments Due section on this tab.

Balance

Remaining balance: Total Due minus Payments Received.

CMP Allocation History

The CMP Allocation History is generated by AEM. When changes are made to CMPs for CLIA cases, the CMP Allocation History is automatically updated. For CLIA CMPTS cases created prior to 8.7, the RO manually enters the CMP Allocation History via the CMP Allocation window. If the CMP allocation is changed, it may be necessary to update fields in the Installments section as well.

Change Date

Date the CMP allocation change was entered.

CLIA Amount

CLIA CMP amount after the CMP change.

Interest Amount

Amount of interest after the CMP change.

Total Amount

Total CMP amount due plus interest after the CMP change.

Status

Reason for change to CMP, e.g., Additional CMP, Modification.

Note: New, Modify, and Delete buttons appear under the CMP Allocation History grid for CLIA CMPTS cases created prior to 8.7, but not for cases created in ASPEN 8.7 and later.

Installments

Proposed # of Installments

Enter the number of proposed installments, up to 49.

Proposed Installment Amount

Enter the dollar amount of each proposed installment. This amount may be changed as needed.

Certificate Revoked

Select if CLIA lab certificate was revoked.

Revocation Date

Enter the date the CLIA lab certificate was revoked.

Enter All Installment Due Dates grid

Payment Due Date

Entered by the RO. At least one Payment Due Date is required. When creating a new installment, click New and enter the Payment Due Date in the Installment Detail window.

Payment Due Date cannot be earlier than Cycle Start, or later than Cycle Start + 8 years. The OFM cannot enter payment received data until the RO enters this date.

The RO can change Payment Due Date until any payment received data is recorded by the OFM for that installment due date.

Check

Number on check used to make the CMP installment payment. Entered by OFM in the Installment Detail window.

Deposit Ticket

Number on deposit ticket accompanying the CMP installment payment. Entered by OFM in the Installment Detail window.

Interest Amount Retained

Amount of interest included in the CMP installment payment. Entered by OFM in the Installment Detail window.

CLIA Amount

Amount of the CMP installment payment made by a CLIA lab. Entered by OFM in the Installment Detail window.

Payment Collection Date

Date the CMP installment payment was received. Entered by OFM in the Installment Detail window. Must be on or before today’s date.

Report Receipt

Number on receipt ticket for the CMP installment payment. Entered by OFM in the Installment Detail window.

Totals

Calculated by AEM. Total amount of Interest paid and CLIA paid.

Print button

Prints the CMPTS Case Profile report.

Installment Detail - CLIA

Payment Due Date

Entered by the RO. At least one Payment Due Date is required.

Payment Due Date cannot be earlier than Cycle Start, or later than Cycle Start + 8 years. The OFM cannot enter payment received data until the RO enters this date.

The RO can change Payment Due Date until any payment received data is recorded by the OFM for that installment due date.

Check

Number on check used to make the CMP installment payment.

Deposit Ticket

Number on deposit ticket accompanying the CMP installment payment.

Interest Amount

Amount of interest included in the CMP installment payment.

CLIA Amount

Amount of the CMP installment payment made by a CLIA lab. Entered by the OFM.

Payment Collection Date

Date the CMP installment payment was received. Must be on or before today’s date.

Report Receipt

Number on receipt ticket for the CMP installment payment.

Total CMP Amount

Calculated by AEM. Total amount of the CMP installment payment: Interest Amount + CLIA Amount.

CMPTS Remarks

New

Button opens the CMPTS Remarks window, where the RO or OFM can enter notes about the CMP, up to 76 characters. You can create as many new remarks as you need.

New remarks are required when you change the status of a CMPTS record.

Modify

Button opens the CMPTS Remarks window for the selected Remarks. Changes you make are uploaded with an update transaction.

Delete

Button deletes the selected Remarks. You are asked to confirm.

Print

Button prints the CMPTS Case Profile report.

CMPTS Upload

Action

Type of actions for CMPTS Detail are:

Code	Action	Description
01	Delete	Delete a case. This action deletes the case from the national server, and once that deletion is successful, deletes the case from the state server.
03	Add	Upload a new case.
04	Update	Upload changes to an existing case.

Date

Date of the transaction.

Status

Code	Status	Description
-1	Failed	Invalid or missing data detected, transaction terminated
00	Pending	Transaction successful, but case is not yet uploaded to national.
05	Uploaded	Case uploaded to national.
10	Successful	Case accepted by national.
15	Failed	Transaction failed at the national level.

By

If the transaction was initiated in ACO, this is the name and Federal ID of the person who initiated the upload. If the transaction was initiated in ARO, Regional Office is displayed here.

Error

Type of error.

Transaction ID

Identifier assigned by CASPER to each upload transaction.

Sender Type

R (Region) or S (State)

CASPER Status

CASPER (national) status codes are the same as those for Status.

Prevalidate and Upload button

Click to prevalidate, and initiate an upload transaction.

AEM checks the CMPTS record to make sure required information is present and in the appropriate formats.

If the prevalidation is successful, you will see an Upload Transaction Pending message, and AEM issues a CMPTS number for the case.

If the prevalidation fails, you see a message listing the reasons for failure (usually missing data).

This button is disabled after the first successful upload.

Refresh List button

Returns the list to the original sort order.

Print Entire List button

Prints a Transaction Report listing all upload transactions in ascending or descending order.

Upload Transaction Errors

This section appears when the transaction you select in Prior Enforcement Case Uploads contains errors. It will list the errors. You can copy and paste this information.

Upload Transaction Pending

This message appears when you click Prevalidate and Upload and AEM confirms that the required minimum data is present. It also appears when changes are made to previously uploaded CMPTS information. After the nightly CMPTS upload, this message goes away, and you will see a description of the transaction on the Upload tab.

Print button

Prints the CMPTS Case Profile report.

CMPTS List

Fiscal Year

Choose to list CMPTS cases for all fiscal years (the default) or a particular fiscal year (1999-current).

Region

Choose to list CMPTS cases for all regions or a particular region. For OFM users, the default is All, which lists all unpaid cases for all regions. For RO users, the default is the user’s region, for which all cases are listed.

Payment Status

Choose to list CMPTS cases for all payment statuses (the default) or either Paid or Unpaid cases.

Provider Type

Choose to list CMPTS cases for LTC (the default), LAB, or HHA providers; or COV (COVID, i.e., CMPTS cases related to CDC Reporting Enforcement). LTC is the default regardless of facility type(s) specified in the active selection set.

Find

Opens the Find window for the CMPTS List. Specify search criteria and click Find to display cases in the CMPTS List that match the specified criteria.

Clear Results

Returns list of cases to those matching criteria specified in the Filter Options section.

CMPTS #

Tracking number for the Civil Monetary Penalty Tracking System (CMPTS). The CMS Regional Office tracks the CMPs it imposes via the CMPTS number.

Provider #

The Federal provider number (aka CCN or Medicare number/ID or, for CLIA laboratories, CLIA number/ID). All providers requiring certification must have a provider number.

Cycle Start

Start date of the case enforcement cycle. It is the Exit Date of the survey used to create the case.

Balance

Total remaining CMP balance.

11A CMPTS Key/11B CMPTS Key (ASPEN ID)

CMPTS ID from the CMPTS Detail tab of the CMPTS Detail screen.

Modify

Opens the CMPTS Detail screen for the selected CMPTS case.

Delete

Button is available and visible to CMPTS Super users only. When pressed, AEM checks to see if collection information was entered for the case.

Collection information includes: Check #, Deposit Ticket #, Interest Amount, Medicaid Amount, Medicare Amount, Escrow Amount Collected, Payment Collection Date, Report Receipt #, Total CMP Amount, and CLIA Amount. Collection information for LTC CMPTS cases also includes escrow collection information.

If collection information has been entered, a warning message displays and the case cannot be deleted. If collection information has not been entered, a confirmation message displays asking if you want to delete the CMPTS case.

New (CLIA only)

Opens the New CMPTS Case screen.

Case #

Alphanumeric, three characters.

Find

Click to list the cases matching the search criteria.

Clear Results

Click to return to the original list of CMPTS cases matching the criteria in the Filter Options section.

Print button

Prints the list of CMPTS cases and details in report.

Find CMPTS

Fiscal Year

Choose to list CMPTS cases for all fiscal years (the default) or a particular fiscal year (1999-current).

Region

Choose to list CMPTS cases for all regions or a particular region. For OFM users, the default is All, which lists all unpaid cases for all regions. For RO users, the default is the user's region, for which all cases are listed.

Payment Status

Choose to list CMPTS cases for all payment statuses (the default) or either Paid or Unpaid cases.

Provider Type

Choose to list CMPTS cases for LTC (the default), LAB, or HHA providers. LTC is the default regardless of facility type(s) specified in the active selection set.

Provider #

The Federal provider number (aka CCN, Medicare number/ID or, for CLIA laboratories, CLIA number/ID). All providers requiring certification must have a provider number.

Cycle Start

Start date of the case enforcement cycle. It is the Exit Date of the survey used to create the case.

11B CMPTS Key (ASPEN ID)

CMPTS ID from the CMPTS Detail tab of the CMPTS Detail screen.

Case #

Alphanumeric, three characters.

Find

Click to list the cases matching the search criteria.

Clear Results

Click to return to the original list of CMPTS cases matching the criteria in the Filter Options section.

NATCEP - NH

The NATCEP tab stores NATCEP loss triggers and relevant NATCEP prohibition and waiver dates.

NATCEP Loss

Options are: No, Yes, Potential. Selecting Yes or Potential activates the NATCEP Triggers grid and the effective date fields.

You cannot close a case that has Potential selected here.

NATCEP Loss Triggers

483.151(b)(2)

This grid lists the circumstances that trigger loss of the ability to offer NATCEP. In the Check All Applicable column, select as many triggers as apply to this case. In the Is Primary column, select the single circumstance that is the primary reason for NATCEP loss.

NATCEP Loss Effective Date from Primary Trigger

Date the 2-year NATCEP loss period begins, based on the Primary Trigger.

Last Day

Last day that NATCEP prohibition is in effect. AEM calculates Last Day as two years from the Effective Date. It cannot be overridden.

State NATCEP Loss Waiver

Select this box if the state is granting a waiver of NATCEP loss. This activates the waiver date fields.

State Waiver Notice Date

Date of the state’s waiver notice letter.

Last Day of Waiver

AEM supplies the NATCEP **Last Day** loss for this date, but you can change it to an earlier date if the waiver is terminated early. You cannot enter a date later than the Last Day.

Waiver Withdrawn Reason

When a waiver is withdrawn, enter a brief description of the reason for withdrawing the waiver.

Restored Based on CHOW Date

If NATCEP loss is canceled because of a change of ownership, enter the change of ownership effective date.

Most Recent Actual NATCEP Loss

This read-only section is shared with an identical section on the Other tab in Facility Properties. When NATCEP Loss = Yes, this section supplies dates of the most recent actual NATCEP loss (including the current case):

NATCEP Loss - may be Yes or blank.

Last Day - Last Day of the most recent NATCEP loss.

Last Day of Waiver - Last day of any waiver applied to the NATCEP loss.

Restored Based on CHOW date - If the most recent NATCEP was restored following a change of ownership, the date the NATCEP was restored.

NATCEP - HHA

NATCEP Loss

Options are:

- No
- Yes
- Potential
- Not Provided

Selecting Yes or Potential activates the Triggered column and the NATCEP Loss Effective Date.

You cannot close a case that has Potential selected here.

NATCEP Loss Trigger

Condition Out Of Compliance is the only option.

When NATCEP Loss is Yes or Potential, the NATCEP Loss Trigger, Condition Out Of Compliance, is selected by ASPEN. When NATCEP Loss is No or Not Provided, the NATCEP Loss Trigger, Condition Out Of Compliance, is deselected by ASPEN.

Triggered

Checked by AEM if NATCEP Loss is Yes or Potential.

NATCEP Loss Effective Date

First day the HHA lost its NATCEP.

Last Day

Ending date of the NATCEP Loss – 2 years from the NATCEP Loss Effective Date. Calculated by AEM.

Most Recent Actual NATCEP Loss

Displays the most recent loss of NATCEP information for this HHA. If this is the first enforcement case that had loss for the HHA, it shows the NATCEP Loss information from this case. If there was a previous enforcement case where NATCEP was lost and it has not been lost for this case, the previous case's NATCEP loss information is displayed. Calculated by AEM.

Note: This is the most recent loss of NATCEP - Potential and non-loss values (No and Not Provided) are not shown here.

Specialties - CLIA

When a CLIA enforcement case is created, all active and closed specialties are loaded onto the Specialties tab from the 1557 Specialties tab in the certification kit. All fields in the grid are read-only.

Specialty Code

Specialty code number. Brought forward from 1557 Specialties in the certification kit.

Specialty

Name of specialty. Brought forward from 1557 Specialties in the certification kit. Multiple instances of a specialty may be listed if there are varying Status and Effective and Expiration dates and/or multiple analytes entered for the same specialty.

Status

Specialty status. Brought forward from 1557 Specialties in the certification kit.

Effective Date

Effective date for specialty. Brought forward from 1557 Specialties in the certification kit.

Expiration Date

Expiration date for specialty; entered to close out the specialty. Brought forward from 1557 Specialties in the certification kit.

AO

AO that accredits the specialty. Brought forward from 1557 Specialties in the certification kit.

Analyte

Analyte selected in the Specialty Detail window. Each row in the grid can include one analyte for a specialty with its own Action, Start Date, and Reinstate Date.

Action

Limited or Vol. Withdrawal as selected in the Specialty Detail window. Entered only if the case includes a Limitation of CLIA Certificate sanction.

Start Date

Entered only if an Action is specified in the Specialty Detail window. Begin date for the limitation or withdrawal of testing in the specialty/subspecialty/analyte.

Reinstate Date

Entered only if a Start Date is specified in the Specialty Detail window. Date the lab can begin testing again in that specialty/subspecialty/analyte.

New button

Opens the Specialty Detail window where you can add an analyte to a specialty.

Modify button

Opens the Specialty Detail window where you modify details about the selected specialty/analyte.

Delete button

Deletes the selected specialty/analyte.

Denial Date of CLIA Certificate or New Spec/Subspec

Enter a date for:

- Denial of a CLIA certificate for a prospective lab (493.2)

  -or-

- Denial of lab's addition of specialty or subspecialty

If entered, must be on or after Enforcement Date and on or before today's date.

Specialty Detail - CLIA

Specialty

Name and status of specialty. Read-only if modifying an analyte. Enabled if entering a new analyte; select applicable specialty. List includes all active and closed specialties brought forward from 1557 Specialties in the certification kit. Multiple instances of a Specialty may be listed.

Status

Specialty status: Active or Closed. Read-only if modifying an analyte; brought forward from 1557 Specialties in the certification kit. If adding a new analyte, populated when a Specialty is selected.

Effective Date

Effective date for specialty. Read-only. Brought forward from 1557 Specialties in the certification kit.

Expiration Date

Expiration date for specialty; entered to close out the specialty. Read-only. Brought forward from 1557 Specialties in the certification kit.

AO

AO that accredits the specialty. Read-only. Brought forward from 1557 Specialties in the certification kit.

Analyte

Select applicable analyte. If you clicked New to add an analyte, a new row for the specialty will be added to the grid; if you clicked Modify, the analyte is entered in the selected specialty (row).

If the Specialty has an Expiration Date, you will receive a warning message when you select an Analyte.

Action

Enabled only if the case includes a Limitation of CLIA Certificate sanction. Select Limited or Vol. Withdrawal. A warning is issued if you select an Action when the specialty has an Expiration Date.

If there is a Limitation of CLIA Certificate sanction, you must specify an action for at least one specialty/analyte.

Start Date

Required if Action is entered. Begin date for the limitation or withdrawal of testing in the specialty/subspecialty/analyte. Must be on or after the Enforcement Date and on or before today's date.

Reinstate Date

Date the lab can begin testing again in that specialty/subspecialty/analyte. If entered, must be after the Start Date and on or before today's date.

Cannot be entered if Start Date is not specified.

Notices

Date Sent

Date the notice (letter) is sent. You can enter this date in the Select Letters and Distribution List window when you create the letter, or you can supply the date later.

Letter ID

The 4-character ID number that AEM assigns to the letter template. The actual specific letter does not have a separate ID number.

Letter Description

Title of the letter template that was the basis for the actual letter.

Locked

Indicates whether or not the letter is locked against further editing.

Draft

Indicates whether this letter is a draft.

Associated Survey

If the letter refers to a specific survey, that survey is listed here. If the template has Requires Specific Visit Information selected in the Letter Desc window, then you specify the visit in Select Letters and Distributions Lists when you create the letter.

Origin

SA or RO.

Create Notice/Letter button

Opens the Notices History window, where you add new letters and record Other Communications, which can be relevant notes, emails, and telephone conversations between state and CMS offices.

Remove Notice/Restore Notice button

If the letter is a draft, click Remove Notice to remove the letter entirely from Letter History. If the letter is not a draft, the button marks the Notice as Removed in Notices History, and puts a strikethrough on the letter in the list.

When you select a letter that has been removed, the button label switches to Restore Notice, so you can restore the letter if necessary.

Add Action Item button

Opens the Define Activity window so you can assign a new activity. The button is placed on the Notices tab as a convenience. Activities you create here are added to the list on the Case Basics tab.

Notices History

Letter History

Created

AEM supplies the date the letter was first created. This can be changed in the Notices History window by clicking Modify Date.

Date Sent

Date the letter was sent as entered either in the Select Letters and Distributions Lists window, or in Letter Details. This date can be changed in Letter Details, or in the Notices History window by clicking Modify Date.

Letter ID

The 4-character identifier for the letter template.

Description

Descriptive name of the letter template.

Draft

Yes/No. Indicates whether this letter is a draft version.

Removed

Yes/No. Indicates whether this letter has been removed.

Locked

Yes/No. Indicates whether this letter is locked.

Notices History: Buttons

View/Print

Button opens the selected letter in the letter or ASPEN word processor depending on the WP version of its template (New or Old respectively), so you can view, edit, and print it.

New

Opens the Select Letters and Distribution List window so you can select a template, choose recipients, and generate a new letter.

Modify Date

Opens the Modify Letter History Date window, where you can change the Created date and Date sent, as needed.

Delete

Deletes the selected letter. You are asked to confirm. The letter stays on the list; the indicator in the Removed column changes from No to Yes. You cannot delete a locked letter.

Deleting a letter (even a draft) here does not remove it from history. To remove draft letters entirely, use Remove Notice on the Notices tab.

Lock/Unlock

Locks/unlocks the selected letter. Locked letters may not be modified or deleted. Lock a letter when it goes in the mail or has been faxed to a recipient.

Add Action

Opens the Define Activity window so you can assign a new activity. The button is placed here as a convenience. Activities you create here are added to the Activities section on the Case Basics tab.

Other Communication History

To

The recipient of the Other Communication. Options are: 01 State Central Office, 02 Field Office (State), 03 CMS Regional Office.

From

The sender. Options are: 01 State Central Office, 02 Field Office (State), 03 CMS Regional Office.

Method

Method of communication. Options are:

01 Telephone

02 Written

03 E-Mail

04 In Person

Date

Date of the communication as entered in the Other Communications window.

Buttons

New

Opens the Other Communications window, so you can add a new communication.

Modify

Opens the Other Communications window, so you can change the selected communication.

Delete

Deletes the selected communication. You are asked to confirm. Unlike letters, deleted communications disappear from the list.

Letter/Notice Details

Tracking

This section provides fields for storing useful information about each letter.

Created

The date the letter or notice was first created in AEM. Read-only at this location, you can change it in the Notices History window (click Create Notice/Letter) by selecting the letter and clicking Modify Date.

Letter Sent

AEM supplies the Date Sent from the letter/notice record. You can edit the date as necessary in this field, and AEM updates the letter record accordingly.

Method

Delivery method. Options are:

01-Certified Mail

02-US Postal Standard

03-Overnight UPS

04-Overnight FedEx

05-Overnight-Airborne

06-Overnight-Other

07-Other

08-Email

Tracking #

Use this field to record a delivery service tracking number.

Email

Use this field to record the email address of the recipient when you select 08-Email as Method.

Fax

If you fax this letter or notice, use the checkbox to indicate this, even if you also send it by mail or some other means. Checking the box activates the Fax Sent field.

Fax Sent

Date the notice was faxed, if applicable.

Lock/Unlock button

Locks/Unlock the selected letter. Locked letters cannot be edited or deleted. Lock a letter when it goes in the mail or has been faxed.

Delivered Date

Date the letter or notice was delivered, if known.

Appeal Rights Based on this notice

Select this box if the provider has a right to appeal the findings contained in the notice. This activates the Due Date field.

Recalculate button

Recalculates the Due Date for appeals/waivers according to the rules described in Due Date. Use Recalculate as appropriate if you change the Letter Sent, Fax Sent or Delivered Date fields.

Due Date

Date by which the provider must submit an appeal. AEM uses a default date that is the earliest of: 70 calendar days from the Letter Sent, 65 days from Fax Sent, or 65 days from Delivered Date. You can adjust this date as needed.

Letter Contents

This area lists all of the contents categories selected in the Letter Contents window.

Choose Contents button

Opens the Letter Contents window, where you can select the subject matter that is included in this letter. Your selections show in the Letter Details area.

Note: You must choose at least one Letter Contents item for a letter.

Hearing/Appeal

Use the Hearing/Appeal tab to store information about all the appeals and hearings for this cycle/case, including Medicare, Medicaid and State Licensure.

Class (on grid) or Medicare/Medicaid/Licensure (in window)

NH, HHA

Type of appeal. Options are: Medicare, Medicaid, Licensure.

Appealed By

CLIA

Entered by the RO. Entity that is Appealing.

Options are:

- Director
- Owner
- Operator
- Other

Initial Hearing Request Received By

NH, HHA, CLIA

Entity who received the initial request for the hearing. Options are: DAB (Departmental Appeals Board), RO (Regional Office), State.

Acknowledged to Facility

NH, HHA, CLIA

Date an acknowledgement of the request is sent to the facility.

CLIA only - Required if the Initial Hearing Request Received By is set to RO. Not required, but can be entered, if the Initial Hearing Request Received By is set to DAB.

Date Initial Request Received

NH, HHA, CLIA

Date the initial request for a hearing is received.

CLIA only - Required if the Initial Hearing Request Received By is set to RO. Not required, but can be entered, if the Initial Hearing Request Received By is set to DAB.

Forwarded to DAB

NH, HHA, CLIA

Date the hearing request is forwarded to the Departmental Appeals Board.

CLIA only - Required if the Initial Hearing Request Received By is set to RO. Not required, but can be entered, if the Initial Hearing Request Received By is set to DAB.

Latest Appeal Information

NH, HHA, CLIA

Begins by displaying the original hearing request, then its outcome. If the hearing has been appealed, this area shows to whom it is being appealed, by whom, and the date the appeal is filed. Once an outcome is entered, the outcome date is shown.

New button

NH, HHA, CLIA

Opens the Hearing/Appeal window, where you can create a record for a new appeal.

Modify button

NH, HHA, CLIA

Opens the Hearing/Appeal window for the selected appeal, so you can make changes and updates.

Delete button

NH, HHA, CLIA

Deletes the selected appeal. You are asked to confirm.

Hearing/Appeal window

Class (on grid) or Medicare/Medicaid/Licensure (in window)

NH, HHA

Type of appeal. Options are: Medicare, Medicaid, State Licensure.

Appealed By

CLIA

Entered by the RO. Entity that is Appealing. Options are:

- Director
- Owner
- Operator
- Other

Initial Hearing Request Received By

NH, HHA, CLIA

Entity who received the initial request for the hearing. Options are: DAB (Departmental Appeals Board), RO (Regional Office), State.

Acknowledged to Facility

NH, HHA, CLIA

Date an acknowledgement of the request is sent to the facility.

CLIA only - Required if the Initial Hearing Request Received By is set to RO. Not required, but can be entered, if the Initial Hearing Request Received By is set to DAB.

Date Initial Request Received

NH, HHA, CLIA

Date the initial request for a hearing is received.

CLIA only - Required if the Initial Hearing Request Received By is set to RO. Not required, but can be entered, if the Initial Hearing Request Received By is set to DAB.

Forwarded to DAB

NH, HHA, CLIA

Date the hearing request is forwarded to the Departmental Appeals Board.

CLIA only - Required if the Initial Hearing Request Received By is set to RO. Not required, but can be entered, if the Initial Hearing Request Received By is set to DAB.

Related Notification Letter

NH, HHA, CLIA

Select the letter that initially advised of remedies/sanctions to be imposed and the right to appeal them. The list includes any notices sent concerning this case that have the Appeal Rights Based on this notice box checked. The letters are identified by their 4-character letter template ID, and the appeal Due Date (from the Notices tab) of the letter.

Survey Description

NH, HHA

Event ID, type, and survey dates of surveys that are being appealed. Surveys are added to this list with the Add Survey button. At least one appealed survey must be entered.

Survey/Action Description

CLIA

Event ID and survey dates of surveys or non-survey action. A non-survey action appears in the drop-down if Basis For Adverse Action, on the Case Basics tab, includes any of the following:

- Misrepresentation
- Testing without appropriate CLIA certificate
- Violation of any provisions of CLIA or implementing regulations
- Failure to comply with alternative sanction(s)
- 2-year CLIA prohibition at 493.1840(a)(8)
- Improper PT referral activities
- OIG Medicare Exclusion

At least one appealed survey/action must be entered.

Basis for Appeal

NH, HHA

For Federal citations, the options are: Noncompliance and SQC with NATCEP Loss. When you select Noncompliance, you must also specify the Applicable Remedy.

For state citations, the options are defined by the state in Lookup Values.

Choose Appealed Citations

NH, HHA

Click to open a list of tags cited on this survey, where you can select the specific tags that are being appealed.

Hearing/Settlement Info

NH, HHA

The button in this column opens the Hearing/Settlement window.

Add Survey button

NH, HHA, CLIA

Opens the Select Survey window, where you can select the survey with the findings that are being appealed. The list contains all surveys that are associated with this enforcement case.

Remove button

NH, HHA, CLIA

Removes the selected survey from the appeal.

Select Applicable Remedies

NH

The list displays all remedies that are currently in effect for this case/cycle or have a status of awaiting appeal outcome. Use the checkboxes to indicate which of the remedies are applicable to this appeal.

When Basis for Appeal is Noncompliance, at least one remedy must be selected here.

If Basis for Appeal is SQC with NATCEP Loss, that is the sole basis of the appeal and remedies should not be selected.

Select Applicable Sanctions

HHA

The list displays all sanctions that are currently in effect for this case/cycle, or have a status of awaiting appeal outcome. Use the checkboxes to indicate which of the sanctions are applicable to this appeal. At least one Sanction must be chosen. Any HHA sanction can be appealed.

Choose Appealed Actions

CLIA

The list displays all alternative and principal sanctions that are currently selected for this enforcement case, and Denial Date of CLIA Certificate, Deny/Cancel Medicare Pmt, and Other. Use the checkboxes to indicate which of the sanctions are applicable to this appeal. At least one sanction must be selected here.

Appealed To

NH, HHA

The entity that will be hearing the appeal. Options are:

- Federal ALJ (Administrative Law Judge)
- Federal Departmental Appeals Board
- U.S. District Court
- U.S. Circuit Court
- U.S. Supreme Court
- State Admin Levels 1&2
- State Court Levels 1-3

CLIA

The entity that will be hearing the appeal. Options are:

- Federal ALJ (Administrative Law Judge)
- Federal Departmental Appeals Board
- U.S. District Court
- U.S. Circuit Court
- U.S. Supreme Court

Note: Except for U.S. District Court, the other courts must be appealed to in the above order. U.S. District Court may be appealed at any time.

Appealed By

NH, HHA

The entity that is appealing. Options are: Facility, CMS, State.

CLIA

The entity that is appealing. Options are:

- Director
- Owner
- Operator
- CMS
- Other

Appeal Date

NH, HHA, CLIA

Date the hearing appeal request is first received by the state (if an appeal of a Licensure or Medicaid case), or by the RO, DAB or higher reviewing entity (for Medicare and Medicare/Medicaid cases).

Add Appeal button

NH, HHA, CLIA

Opens the Appeal To window, where you can add basic information about a new appeal.

Modify button

NH, HHA, CLIA

Opens the Appeal To window for the selected appeal, so you can make changes as needed.

Remove button

NH, HHA, CLIA

Deletes the appeal record from the case. You are asked to confirm.

Sought Federal Injunction

NH, HHA, CLIA

Select this box when the facility goes to Federal Court to obtain an injunction.

Injunction Granted

NH, HHA, CLIA

If a Federal injunction is granted, enter the effective date here. This enables the Last Date of Injunction field.

Last Date of Injunction

NH, HHA, CLIA

Enter the last day the injunction is (or was) in effect.

Government Attorney

Government attorney assigned to the appeal that is selected in the Appeals selection above. The list is of individuals added to the Distribution List (System menu | Lookup Values | Distribution Lists) who have a Distribution Type of 01 Attorney.

New button

Opens the Distribution window, so you can add an attorney to the Distribution List.

Docket/Case Number

Appeal Docket or Case number. 12-character alphanumeric. Use as many or as few characters as are necessary.

Settle/Withdraw Date

If the appeal is settled or withdrawn, enter the date of the hearing entity's official acknowledgment of the settlement or withdrawal. Mutually exclusive with Final Decision Date. This field is uploaded for hearings that are settled or withdrawn.

Begin Date

First day of the hearing. Prior to the hearing, this can be the date the hearing is scheduled to begin. When it begins, enter the known beginning date.

Final Decision Date

NH, HHA, CLIA

If the hearing proceeds to its conclusion without a settlement or withdrawal, enter the date of the hearing entity's decision. Mutually exclusive with Settle/Withdraw Date.

CLIA only

This date must be entered if Outcome is entered. This date cannot be earlier than the corresponding Appeal Date.

Outcome

NH, HHA, CLIA

Select the outcome from the list.

Options for NH and HHA:

01 Dismissal

02 Facility Upheld

03 Government Upheld

04 None Yet

05 Remedy Change

06 Settle Before Hearing

07 Settle During Hearing

08 Withdraw Before Hearing

09 Withdraw After Hearing

Options for CLIA:

01 Dismissal

02 Facility Upheld

03 Government Upheld

04 None Yet

05 Sanction Change

06 Settle Before Hearing

07 Settle Before Hearing Decision

08 Withdraw Before Hearing

09 Withdraw After Hearing

Hearing/Settlement for Survey - NH, HHA

Revised 2567 Date

Date a CMS-2567, revised due to the hearing process, was issued.

Citation

Description of tags cited in the selected survey.

Cert

This box is checked if the tag was cited as part of a certification survey.

Complnt

This box is checked if the tag was cited as part of a complaint investigation or revisit.

Hearing/Settlement Status

Options are:

01 None

02 Appealed

03 No Change

04 Tag Change

05 Tag Removed

06 S/S Change

07 Examples Removed/Other Wording Change

08 S/S Change/Examples Removed/Other Wording Change

10 Appeal Withdrawn

12 Correction Date Change (HHA only)

Hearing/Settlement Status is enabled in ACO for State Licensure and Medicaid-only hearings. It is enabled in ARO for Medicare-only and Medicare/Medicaid hearings.

Final SS

Final scope/severity level of this tag.

Orig SS

Original scope/severity level of this tag. Used when there has been an S/S change.

IDR Changed To

New tag number as a result of hearing. Used when Status is 04 Tag Change.

Evidence

Click to see the text of surveyor findings for this tag.

Corrected

Correction Date.

Undo

Click to undo changes to Status. Use Undo when changes to status have disabled the field (Tag Change or Tag Removed) or when S/S Change has been used incorrectly.

Undo is enabled in ACO for State Licensure and Medicaid-only hearings. It is enabled in ARO for Medicare-only and Medicare/Medicaid hearings.

Appeal To

Appealed To

NH, HHA

The entity that will hear the appeal. Options are:

- Federal ALJ (Administrative Law Judge)
- Federal Departmental Appeals Board
- U.S. District Court
- U.S. Circuit Court
- U.S. Supreme Court
- State Admin Levels 1&2
- State Court Levels 1-3

CLIA

The entity that will hear the appeal. Options are:

- Federal ALJ (Administrative Law Judge)
- Federal Departmental Appeals Board
- U.S. District Court

- U.S. Circuit Court
- U.S. Supreme Court

Note: Except for U.S. District Court, the other courts must be appealed to in the above order. U.S. District Court may be appealed at any time.

Appealed By

NH, HHA

The entity that is appealing. Options are: Facility, CMS, State.

CLIA

The entity that is appealing. Options are:

- Director
- Owner
- Operator
- CMS
- Other

Appeal Date

NH, HHA, CLIA

Date the hearing appeal request is first received by the state (if an appeal of a Licensure or Medicaid case), or by the RO, DAB or higher reviewing entity (for Medicare and Medicare/Medicaid cases).

Registry - CLIA

Lab Registry Category Key (493.1850)

Lab Registry Category Key(s) are entered and maintained by the RO/CO using the New, Modify and Delete buttons. Lab Registry Category Key(s) cannot be added until Imposed Effective Date is entered on the Sanctions tab, except for AO enforcement actions.

Sanction

Click the drop-down to select a sanction for the Registry Category Key.

Sanction Year

Click the drop-down to select the sanction year.

Sanction Year cannot be earlier than the earliest Imposed Effective Date.

Impose/Close AO Actions

CO only. Select this checkbox to change the Case Status to Imposed-Closed.

Enabled only for enforcement cases which have a Notification of Sanctions/AO Actions - Proposed By AO date entered.

Published to Registry

CO only. When selected, all fields in the case record (except this checkbox) are disabled. When deselected, all fields in the case record return to the state they were in before this checkbox was selected.

RO and CO users with full permissions can modify an existing enforcement case on a terminated lab (with operating status other than Pending or Active) when Published to Registry is *not* selected. Only CO personnel can create new enforcement cases for terminated labs.

Registry Reason/Status Key

Each Lab Registry Category Key has its own Registry Reason and Registry Status Key(s). At least one Registry Reason Key is required; Registry Status Key is optional.

Display to Registry

Comments about the enforcement case. Information entered is public.

Upload

Action

Code	Action	Description
01	Delete	Delete a case. This action deletes the case from the national server, and once that deletion is successful, deletes the case from the state server.
03	Add	Upload a new case.
04	Update	Upload changes to an existing case.

Date

Date of the transaction.

Action

Type of actions for CMPTS Detail are:

01 Delete - Delete a case. This action deletes the case from the national server, and once that deletion is successful, deletes the case from the state server.

03 Add – Upload a new case

04 Update – Upload changes to an existing case

Date

Date of the transaction.

Status

Code	Status	Description
-1	Failed	Invalid or missing data detected, transaction terminated
00	Pending	Transaction successful, but case is not yet uploaded to national.
05	Uploaded	Case uploaded to national.
10	Successful	Case accepted by national.
15	Failed	Transaction failed at the national level.

By

If the transaction was initiated in ACO, this is the name and Federal ID of the person who initiated the upload. If the transaction was initiated in ARO, Regional Office is displayed here.

Error

Type of error.

Transaction ID

Identifier assigned by national to each upload transaction.

Sender Type

R (Region) or S (State).

CASPER Status

CASPER (national) status codes are the same as those for #3 Status.

Upload Transaction Pending

This message appears when an upload (either manual or automatic) has been initiated, but has not been fully processed.

Prevalidate and Upload button

Click to prevalidate (check the case record to make sure required information is present and in the appropriate formats), and initiate an upload transaction.

This button is disabled after the first successful upload.

Refresh List button

Returns the list to the original sort order.

Print Entire List button

Prints a Transaction Report listing all upload transactions in ascending or descending order.

Upload Transaction Errors

This section appears when the transaction you select in Prior Enforcement Case Uploads contains errors. It will list the errors. You can copy and paste this information.

Letters Fields

Letters window

Show Views

Select this checkbox to include templates designated as “views” on the list (ISVIEW = 1). Views are not letter templates. CMS maintains all views except State Prompts, which SAs can modify as needed.

Letter Type

Select the type of letter templates to list in the grid. The default is All.

Columns in grid

Letter ID

Unique identifier generated by ACO.

Description

Brief description of the letter template.

WP Ver

Indicates whether the template and its content was created in ASPEN 6.5 or later using the letter word processor (New), or prior to ASPEN 6.5 using the ASPEN word processor (Old).

Letter Type

This field is required when you create a new letter template. When you generate custom letters, the default list displays Survey templates.

Federal

Yes/No. RO users can designate a letter template as Federal. Federal letter templates can be modified only in ARO.

Top/Bottom Margin

You can specify margins when creating the template.

Page Header/ Page Footer

Text of header and/or footer.

Page Num in Header/Page Num in Footer

Indicates whether or not page numbers are in the header and/or footer of the template.

Logo

Yes/No. Indicates whether an Old template contains a logo. Logos are added to Old templates via the Logo button in the Letter Desc window. Not applicable for New templates; value is always No.

HasOrigLett

If 1, letter was converted from the “old” ASPEN word processor to the “new” letter word processor and it can be rolled back to the original format, if desired.

ISVIEW

Indicates the item is a view rather than a letter template. Views are not letter templates. CMS maintains all views except State Prompts, which SAs can modify as needed.

Letters window: Buttons

New

Opens the Letter Desc window, where you specify the attributes of new letters.

Modify

Makes changes to letter attributes of selected template.

Delete

Deletes selected templates from the database. You are asked to confirm.

Use Shift+click to select a consecutive group of templates to delete, or Ctrl+click to select multiple non-sequential templates.

Text

Opens the letter or ASPEN word processor, depending on the WP version of its template (New or Old respectively), where you can add or modify text in the selected template.

Note: Federal letter templates (attributes and content) can be modified only in ARO.

Letter Desc

ID

Unique identifier generated by ACO.

Description

Brief description of the letter. 40 characters are permitted, but you may have to scroll to the right in the Letters screen to see the last several characters if the description is longer than 35 characters or so.

Tip: To group similar letters together, provide descriptions that sort together alphabetically. You could, for example, assign prefixes that will group and list the templates in the desired order.

Letter Templates

List of CMS templates available when creating a new enforcement template (Letter Type 04) only.

Top/Bottom margin

Enter a value in inches.

Disabled for New letter templates.

Page Number in Header

Checkbox to insert “Page x of x” in the header, left aligned.

Disabled for New letter templates.

Header Text

Button adds header text to Old letter templates and even inserts letter macros (merge codes). Font is 10 pt Times New Roman, and cannot be changed.

Disabled for New letter templates.

Start Header on Page

Specify the first page on which you want the header to print.

Disabled for New letter templates.

Page Number in Footer

Checkbox to insert “Page x of x” in the footer, left aligned.

Disabled for New letter templates.

Footer Text

Button adds footer text to Old templates and even inserts letter macros (merge codes). Font is 10 pt Times New Roman, and cannot be changed.

Disabled for New letter templates.

Requires Specific Visit Info

For enforcement templates (Letter Type 04) only, select if the letter contains references to a specific survey.

Requires Specific Intake Info

For enforcement templates (Letter Type 04) only, select if the letter contains references to a specific complaint/incident intake.

ENF Letter Class

For enforcement templates (Letter Type 04) only, select one or both options: Federal, State Licensure.

ENF Letter Class

For enforcement templates (Letter Type 04) only, select the applicable options. This enables AEM to put the letter on short lists in appropriate areas. You still have access to all enforcement letters.

Federal Letter

ARO - Regional Office staff can indicate whether the letter is a Federal letter and should be available only to RO personnel.

Letter Type

Required. Choices are: Survey, Complaint, Facility, Enforcement, CMS Enforcement.

When you send a letter from an intake, the default list shows only Complaint letters, from survey windows you will see Survey letters, and so on. You can select the Show All checkbox to display all letters if you need to.

Logo

Button inserts a file containing a bitmap of your agency's logo.

Disabled for New letter templates.

Notification Type

Enabled only for Complaint letters. Whenever a Complaint letter is generated from a template with Notification Type specified, a notification record is automatically added to the Notification History section in the Notices History window.

Facility Type tab

Assigns facility types to the letter template. Select the "Letter appears" checkbox, then select the desired facility types. When you generate a letter, only letters assigned to the current facility type will appear. Select the Show All checkbox to display all letters.

Distribution List

Contains the following information about each recipient:

Distribution List: Grid

Distribution

A user-defined description of the recipient.

Recipient

Recipient's name.

Recipient Address

Recipient's address.

Default CC

Yes or No. Indicates whether this recipient is set to receive a copy of all complaint correspondence by default. You can change this when you print individual letters.

Distribution Type

Entered in Distribution window. Options are:

01 Attorney

02 Media Contact

03 DOJ Contact

04 Fiscal Intermediary (i.e., MAC)

99 Other

Distribution List: Buttons

New

Adds a new recipient to the Distribution List.

Modify

Modifies information for selected recipient.

Delete

Deletes the selected recipient.

Distribution

ID

Required. 3 characters alphanumeric. Once the record is saved, this ID cannot be changed.

Type

Required. Options are:

01 Attorney

02 Media Contact

03 DOJ Contact

04 Fiscal Intermediary (i.e., MAC)

99 Other

Description

A brief description of the recipient.

Recipient

Recipient's full name.

Salutation

Salutation (title) you may want to use in letter macros (merge codes): Ms., Mr., Mrs., Miss.

Dept

Enter an agency Department, if applicable.

Address

Street Address, including Suite or Office number.

City, State, Zip

City, state, and Zip code for recipient.

E-mail

Recipient's email address.

Distribution Type

Required. Select the appropriate type. Options are:

1 Facility

2 Complainant

3 Representative

4 Other

CC by Default

Checkbox sets the default recipient (person or agency) to receive copies of all complaint correspondence. You can change the cc setting when you send individual letters.

Letter word processor

File menu

File menu options are:

- Save
- Save As
- Page Setup
- Print Preview
- Print
- Save & Exit
- Exit

The only format supported for Save As is RTF.

Edit menu

Standard editing tools such as cut and paste, find and replace.

View menu

Lets you choose among several view layouts, display headers and footers, choose toolbar display preferences, and set zoom level.

Insert menu

Options are:

- File
- Image
- Object
- Page Break
- Page Number

Format menu

Define and change character and paragraph formats, set tab stops, apply bullets, define and apply styles, and choose text and background color.

Table menu

Options for creating and customizing tables.

Tools menu

Access a spell checker and thesaurus.

Save & Exit

Button saves the document and exits.

Print icon

Opens the Print window.

Find icon

Opens the Find window.

Cut icon

Removes selected text from the letter and pastes it into the Windows clipboard.

Copy icon

Copies selected text to the Windows clipboard.

Paste icon

Pastes the contents of the Windows clipboard into your text at the insertion point.

Undo icon

Undoes the last action performed.

Spell Check icon

Opens the spell checker.

Thesaurus icon

Opens the Thesaurus window.

Bold/Italic/Underline icon

Applies bold/italic/underline attributes to the selected text.

Alignment icon

Applies left, right, centered, and justified alignment to the selected text.

Bullet icon

Inserts a bulleted paragraph.

Number icon

Inserts a numbered paragraph. Use to create numbered lists or steps.

Tab Stop icons

Sets left, right, decimal, and center tab stops.

Other Fields

Please Specify Transactions To List

Start Date

Enter desired start date of transaction date range.

End Date

Enter desired end date of transaction date range.

Facility Types

Click to open the Filter Select Dialog, which lists the facility types in your active My Selections setting. Select the ones you want; only transactions for the selected types will be displayed.

If you do not select any, you will receive a message, the checkbox will be cleared, and all facility types–not just those in your selection set–will be included.

Transaction Selection Options

Choose which group of transactions to display. Options are:

- All Transactions for Specified Period (Certifications)
- RO Quick List - Initials and Flagged Kits
- All Failed Transactions With No Following Success
- ODIE Overnight Failures (15s) with No Following Success
- All Failed Transactions For Current Work Unit
- All Transactions for Specified Period (Enforcements)
- All Failed AEM Transactions With No Following Success
- All Failed Transactions For Non-payment of Compliance Fee

Attachment Documents for Case

Case ID

The Event ID of the survey. Generated by ASPEN.

Description

User-defined description of the case-level attachment. A description is required before you can attach a file.

File Name

File name and extension of the case-level attachment.

Attach/View button

Click this button to add a new, or view an existing case-level attachment. When viewing an existing attachment, some attachment types open minimized, so check your Task bar if you do not see your attachment full screen.

When adding a new case-level attachment, specify the files of type you are attaching. The Open window defaults to opening Documents (.doc files). AEM does not limit the type or size of file that can be attached. There must be an application registered on your system that can open it. For example, .doc files are opened by Microsoft Word, .bmps are usually associated with Paint, .jpgs are usually associated with your web browser.

Attachment Date/time

Date and time of attachment are automatically entered.

Delete button

Deletes the selected case-level attachment. You will be asked to confirm the deletion.

Action Item Filter Settings

Date

Date range options for filtering the display of action item messages. You can show messages for all dates, for a specified number of days, or for a specified date range. The default is all dates.

Type

This section lists the various types of action item messages. Select the types you want to display.

No selection means the filter is not applied, and you will see both.

Staff

This section lists the recipients whose action item messages you will see when this filter is active. The action items will all be filtered according to the criteria specified for this filter.

Include Action Items for Current User displays only your action items. If you choose this option, you cannot select additional names.

Click Add to select the names of specific staff members whose action items you want to see. You can include yourself on this list.

Status

Select Open if you want to see only open action item messages. Select Closed to see only closed action item messages. By default, both open and closed action item messages are displayed.

Public

Select this checkbox to make the action item filter available to other users.

Filter Name

Required. Type a brief descriptive name for the action item filter.

Find

Text

Enter all or part of alphanumeric text (name, ID, street address, etc.) that you want ACO/ARO to locate.

Type options

Click an option to tell ACO/ARO which field to search to locate the text you entered. If you entered a county name, for instance, select County.

The initial Type default in ACO (when Find is accessed from all tabs except Directory) can be Name (of provider) or Provider Number (Medicare ID); there is not a default in ARO.

To change the default in ACO, go to System | System Configuration | State Customization and make the change. The default when Find is opened from the Directory tab is Search By Surveyor’s Name.

For subsequent searches, Type will default to the last option selected until you close the application.

You can choose whether to include closed facilities in Search Results.

Find Now button

Click to locate the matching records. Results are shown in the Search Results box.

Filter

This section appears in the Find window when accessed from the Alpha or Type tab in Tree view. The selected Filter option persists from session to session.

Select Filtered to include in Search Results only those items specified in your active selection set (e.g., facility type) and allowed by your facility type permissions (if you are searching for a provider).

Select Show-All to display all items meeting the search criteria. This is the initial default. However, if you select an "inappropriate" item in the Search Results list, e.g., a provider of a facility type not included in your active selection set, you will receive a message and be denied access.

Search Results

All records that match the search string and selected Filter option (see above) are listed in this area.

Go to Facility button

Highlight an item in the Search Results area and click this button to go to that item in the tree, as allowed by the current Filter option. Or, double-click an item and ACO/ARO will locate it in the tree for you.

Informal Dispute Resolution ...

NH, HHA

For NH surveys associated with a CMP and an enforcement cycle start date of 01/01/2012 or later, the title of the window is Informal Dispute Resolution - IDR/IIDR for Survey and it has two tabs: IDR and IIDR, which have the same data fields (except IDR vs. IIDR in the field name). Otherwise, the title of the window is Informal Dispute Resolution - IDR for Survey and it does not have tabs.

IDR/IIDR Information

Request Received

Date the IDR/Independent IDR request was received from the provider.

If you create a revisit survey and a Request Received date is found for a previous survey of the current survey type (Health/LSC) without a Withdrawn or Completion date, a warning message is issued.

Scheduled

Date the IDR/Independent IDR was scheduled to be conducted.

Conducted

Date the review occurred.

Conducted By

Name of the individual or entity conducting the IDR/Independent IDR.

Withdrawn

If the request for IDR/Independent IDR was withdrawn, date the request for withdrawal was received.

Completion

Date the results of the review were formally sent to the provider.

IDR/IIDR Type

Options are: 01 Desk Review, 02 Phone Review, 03 Face to Face Review.

Additional Doc. Rec'd from Provider

Date additional documentation was received from the provider.

Revised 2567 Date

Date a CMS-2567, revised due to the IDR/Independent IDR process, was issued.

POC Required

Select if applicable. Activates the POC Received field.

POC Received

Enter the date the new POC was received from the provider.

Show Attendees...

This button opens the Select Attendees window, which shows who attended the review. You can add or remove attendees.

The selected attendees are specific to IDR or IIDR, depending on the current tab.

IDR/IIDR Notes

Record resident and ombudsman input, dates, and other relevant information in the IDR/IIDR Notes text editor.

IDR Add Tag

This button opens the Select Team Member window, then the Select New Tag window to let you add a new tag when there is a determination that a new citation should be added as a result of IDR.

Note: You can add a tag as a result of IDR on either the IDR or IIDR tab. You cannot add a new tag as a result of Independent IDR.

Survey Citation IDR/IIDR Status grid

Shows current IDR/IIDR status and related information for each tag cited in the selected survey.

Citation

Tag number and description.

Cert

Selected if the tag was cited as part of a certification survey (Certification is selected in Citation Properties).

CmpInt

Selected if the tag was cited as part of a complaint survey (Complaint Investig. is selected in Citation Properties).

IDR Status, IIDR Status

Two drop-down lists of status options. This field indicates changes to a citation as a result of IDR/Independent IDR. Options are:

01 None - IDR/Independent IDR not requested for the citation. This is the default IDR/IIDR status.

02 Requested - IDR/Independent IDR requested but not completed for the citation.

03 No Change - IDR/Independent IDR performed, state determined no change warranted.

04 Tag Change - IDR/Independent IDR determined citation should be moved to different tag. No further changes can be made to a tag once this status is assigned The original tag is considered removed and a new tag cited. Original tag will not be printed on survey forms.

05 Tag Removed - IDR/Independent IDR determined tag should be removed. No further changes can be made to a tag once this status is assigned. The original tag is considered removed and a new tag cited. Original tag will not be printed on survey forms.

06 S/S Change - IDR/Independent IDR determined new Scope/Severity level warranted. New S/S value will be printed on survey forms.

07 Examples Removed/Other Wording Change - IDR/Independent IDR determined evidence should be changed.

08 SS Change/Examples Removed/Other Wording Change - Combines 06 & 07.

09 New Tag at IDR - IDR/Independent IDR determined a new citation is warranted.

10 Request Withdrawn - Provider withdrew IDR/Independent IDR request before review.

11 Result of Tag Change - Status assigned to tag that replaced a tag with IDR/IIDR Status = 04.

Citations with an IDR/IIDR status of 01, 03, 06, 07, 08, 09, 10, or 11 (HHA IDR only), or 12 (Hearing/Settlement only) are included in uploads to national. Citations with an IDR/IIDR status of 02, 04, or 05 are not uploaded.

Citations removed due to IDR/Independent IDR are excluded from a number of printed forms/reports:

- CMS-2567 and CMS-2567B
- Quick Report (draft CMS-2567)
- Severity/Scope Grid
- Severity/Scope Summary (SSS) and Detail (SSD)
- Administrator Survey Performance (ASP)
- Owner Survey Performance (OSP)

Final SS

Final Scope/Severity level for the tag. S/S changes due to IDR and Independent IDR are allowed on the same tag. The Final SS value defaults to the latest S/S change, but you can modify it. A warning is issued if Final SS does not match either SS After IDR or After IIDR.

Orig SS

When Scope/Severity level changes as a result of IDR/Independent IDR, the original level is stored in this column.

SS Before IDR

Scope/Severity level for the tag before IDR.

SS After IDR

Scope/Severity level for the tag after IDR.

SS Before IIDR

Scope/Severity level for the tag before IIDR.

SS After IIDR

Scope/Severity level for the tag after IIDR.

IDR Changed To

If the tag changes as a result of IDR, this shows the new tag number.

IIDR Changed To

If the tag changes as a result of IIDR, this shows the new tag number.

Evidence

Opens a read-only view of the surveyor's findings for the tag.

IDR Request Reason

Select the primary reason given by the provider for requesting IDR. If new information is offered for a tag, select 05 New Information Available as the primary reason.

IIDR Request Reason

Select the primary reason given by the provider for requesting Independent IDR. If new information is offered for a tag, select 05 New Information Available as the primary reason.

Corrected

The Correction Date entered in Citation Properties.

IDR Reason for Decision

Indicate the primary reason for the IDR decision. Select 01 No Change when there is no change to the citation. If there is more than one reason for a change, and if 02 Additional Information Provided is one of them, always indicate one of the others as the primary reason.

IIDR Reason for Decision

Indicate the primary reason for the Independent IDR decision. Select 01 No Change when there is no change to the citation. If there is more than one reason for a change, and if 02 Additional Information Provided is one of them, always indicate one of the others as the primary reason.

Undo IDR

Click this button to undo the assigned IDR Status and return it to the default 01 None.

Undo IIDR

Click this button to undo the assigned IIDR Status and return it to the default 01 None.

Print

Click button to print the IDR/IIDR details as a report. You can choose whether to include tags with IDR/IIDR Status = None.

Remedy Lookups

Remedy Code

State Remedy Codes always start with S, with two additional alphanumeric characters permitted. Remedies are listed in alphanumeric order by this code.

Remedy Description

Description of remedy.

Federal/State

Indicates whether this is a Federal or state remedy.

462L Code

Enter 2-digit code. 462L Code does not apply to state remedies.

State Category

Select A, B, or C. Used as a category breakdown.

Tip: To add categories for state remedies, select System | Lookup Values | Dictionary | REMEDY | STATECATEGORY. If you need assistance, call the QTSO Help Desk, 888-477-7876.

Inactive

Select checkbox to replace or eliminate a state remedy. Inactive remedies cannot be added to new enforcement cases, but are still available for historical reporting.

CMP Remedy Type

Indicates whether remedy is a CMP remedy. This is required before you can apply the remedy to a state CMP.

ASPEN word processor

File menu

File menu options are:

Save

Export

Import

Insert Backup File

Print

Page Setup

Print Preview

Complainant Prompts (when applicable)

Edit menu

Standard editing tools such as cut, paste, and search.

Format menu

Change fonts, apply bullets, adjust paragraph and tab settings.

Bold/Italic/Underline icon

Applies (respectively) bold, italic, and underline attributes to the selected text.

Font Color icon

Applies color to selected text.

Alignment icons

Apply left, center and right alignment to the selected text.

Spell Check icon

Opens the Check Spelling window, from which you can check your text.

Import icon

Opens the Import window, from which you can import a text or RTF file.

Save icon

Disabled. Click OK to save your notes.

Find icon

Opens the Find window.

Cut icon

Removes selected text from the letter and pastes it into the Windows clipboard.

Copy icon

Copies selected text to the Windows clipboard.

Paste icon

Pastes the contents of the Windows clipboard into your text at the insertion point.

Undo icon

Undoes the last action performed.

Tab Stop icons

Sets left, right, decimal, and center tab stops.

Regional Reports

Pending and Viewable Reports

Refresh button

Refreshes the Pending and Viewable Reports grid to show current report status.

Pending and Viewable Reports grid

Requested on

Date/time the report was requested (Eastern Time).

Report Name

Name of requested report.

Region

Report region. All indicates the report covers all states.

Status

Report status. Options are:

Queued - A new report has been requested, but has not yet been generated.

Generating - The ASPEN application server is in the process of generating the new report.

Delayed - Report generation was attempted but failed. The ASPEN application server periodically attempts to regenerate this report.

Complete - The report has been successfully generated and may be viewed.

Viewed - The report has been viewed and can be viewed again.

Failed - The report could not be generated. Failed report tasks are shown for two days after they failed before being removed from view.

Save

Select this checkbox to save the report. Unsaved reports are automatically deleted overnight. Unviewed reports are automatically deleted after seven days.

View

Select to view the completed report. A viewer opens where the user can view or save the report. The View button is only enabled for reports with Complete or Viewed status.

Generate Report

Application

Defaults to Enforcement, currently the only available option.

Region

Select from list of CMS regions.

States

Lists the states in the selected region. Select state(s) to include in the report. All selected by default; button toggles between De-Select All and Select All.

Select Report to Print

Select the report you want to print.

Report Description

Displays brief description of selected report.

Generate Report button

Click to generate the selected report, which will then be added to the Pending and Viewable Reports grid.

Supporting Materials

Transaction Status Codes

You can monitor all enforcement upload transactions from the ACO menu (Tracking|Transactions). The Transactions for … window lists AEM upload transactions, filtered as you specify, with status codes as well as other information. The status codes are briefly described below.

Code	Status	Description
-1	Failed	Invalid or missing data detected, transaction terminated
00	Pending	Transaction successful, but case is not yet uploaded to national.
05	Uploaded	Case uploaded to national.
10	Successful	Case accepted by national.
12	National Info	Transaction successful but national detected something irregular.
12	OSCAR Info	Transaction successful but OSCAR (national) detected something irregular.
15	Failed	Transaction failed at the national level.

More …

Procedure: "Monitoring AEM Upload Transactions" on page 86

AEM Reports

The following pages contain samples of finalized AEM reports, including Report Definitions sections, where applicable. These reports were developed for NH enforcement and then adapted for reporting on HHA and CLIA enforcement. Reports that are not applicable to HHA or CLIA enforcement cases will return no data.

Case Reports

AEM Enforcement Case Profile

The Enforcement Case Profile includes an option to exclude case notes. The report title indicates the provider type of the facility for which the report was generated.

Printed: 07/24/2012 10:08PM

AEM Nursing Home Enforcement Case Profile

State:

ALPINE CENTER
STREET

Phone: (515)
Fax: (515)
St. License #:

Fac ID:
AEM Case ID:

Provider Number:
Provider Type: SNF/NF
Medicaid ID:

CASE SUMMARY

Cycle Start: 03/02/2012 Federal Status: Open-Active State Status: N/A
Federal Type: No Op. to Correct Correction Due Date for Op. to Correct: Substantial Compliance: License Case: No

SURVEYS

Type - Dates	Category	Extent	SQC	IJ	IDR	Highest S/S and Tags
HLTH - 03/01/2012 - 03/02/2012	CMPIVT	STDSUR	Yes	None	None	H: 0323

IJ SITUATIONS

Survey Date of IJ Discovery	Survey Date of IJ Removal	First Day of IJ	Last Day of IJ	IJ Citations - (S/S)

REMEDIES

	Type	In Effect?	Effective Date	Last Day in Effect
04B - Mand. Deny Pay for New Admits-3 Mo.	Fed Cat 2	Pending	06/02/2012	
07 - Civil Money Penalty	Fed Cat 2	Yes	03/02/2012	03/02/2012
11B - Mandatory Termination	Fed Cat 3	Pending	09/02/2012	

NOTICES

Letter Sent	Origin	Locked	Letter ID	Local Template Description	Letter Contents

NATCEP

NATCEP Loss: No
Primary Trigger: None Effective Date from Primary Trigger: Last Day of Loss:
State NATCEP Loss Waiver: No State Waiver Notice Date: Last Day of Waiver:
Waiver Withdrawn Reason:
Restored Based on CHOW Date:

CASE WORKERS

Fed/State	Current Primary	Worker Name	Phone #	Date Began

AEM: EnfProfile.rpt 02/2012 Page 1 of 2

Figure 159: AEM Nursing Home Enforcement Case Profile sample - page 1

Printed: 07/24/2012 10:08PM

AEM Nursing Home Enforcement Case Profile

State:

	Phone: (515)	Fac ID:	Provider Number:
STREET	Fax: (515)	AEM Case ID:	Provider Type: SNF/NF
	St. License #:		Medicaid ID:

CMP DETAILS

CMPTS ID Number: 2012-07-LTC

Current Totals Across All CMPs

	Total	Amount Due	Payments Rec'd
Federal	$5,000.00	$5,000.00	$5,000.00
State	$0.00	$0.00	$0.00

Residents			
Medicare (F75)	2	100%	$5,000.00
Medicaid (F76)	0	0%	$0.00
N/A	N/A	N/A	N/A

Per Instance CMPs

Federal CMP HLTH - 03/02/2012 Citation (S/S): 0323(H) Instance Date: 03/02/2012 Amount Per Instance: $5,000.00
CMP In Effect: Yes Collection Status: In Escrow State Collection #:
Appeal Waiver Due: Reduced Amount: $5,000.00 Hearing Order/Settlement Amt: N/A
Appeal Waiver Rec'd: Bankruptcy Petition Date: Bankruptcy Settlement Amt: N/A
Qualifies for Entity Reported 50% Reduction: No Entity Reported 50% Reduction: $0.00
IIDR Req. Recd: IIDR Completion: IIDR Expiration:
TOTAL AMOUNT DUE: $5,000.00 Medicare Interest Portion of Total: $0.00 Medicaid Interest Portion of Total: $0.00
Payments Rec'd: $5,000.00 Payment Status: Paid/Closed Payment Due: This CMP Fully Paid: 03/15/2012

Federal CMP HLTH - 03/02/2012 Citation (S/S): 0309(G) Instance Date: 03/02/2012 Amount Per Instance: $2,000.00
CMP In Effect: No Collection Status: To Be Retained State Collection #:
Appeal Waiver Due: Reduced Amount: $2,000.00 Hearing Order/Settlement Amt: N/A
Appeal Waiver Rec'd: Bankruptcy Petition Date: Bankruptcy Settlement Amt: N/A
Qualifies for Entity Reported 50% Reduction: No Entity Reported 50% Reduction: $0.00
IIDR Req. Recd: IIDR Completion: IIDR Expiration:
TOTAL AMOUNT DUE: $2,000.00 Medicare Interest Portion of Total: $0.00 Medicaid Interest Portion of Total: $0.00
Payments Rec'd: $0.00 Payment Status: None Yet Payment Due: This CMP Fully Paid: Not Yet

HEARINGS

Hearing Class: Federal Injunction Granted: Last Day of Injunction:
Appeal Received Date:
Appealed By: Hearing Begin:
Gov't Attorney: Settle/Withdraw Date:
Docket #: Outcome: Final Decision Date:

AEM: EnfProfile.rpt 02/2012 Page 2 of 2

Figure 160: AEM Nursing Home Enforcement Case Profile sample - page 2

AEM Facility Enforcement History

The report title indicates the provider type for which the report was generated and the specified date range.

Printed: 11/05/2015 10:45AM

AEM Nursing Home Enforcement History

State:

Showing History from 10/01/2004 through 11/05/2015

ALPINE CENTER	Phone: (970)	Fac ID:	Provider Number:
STREET	Fax: (970)	Current Chain:	Provider Type: SNF/NF
	St. License #:	AEM History Begins 10/01/2004	Medicaid ID:

CYCLE SUMMARY

Cycle Started	Case ID	Health/LSC	Case Type	NAT Loss Thru	Subst Comply	Case Status	Date Closed
08/12/2014		LSC	Op. to Correct	None	09/02/2014	Closed	09/26/2014

SURVEYS

Event ID - Type - Exit Date	Category	Extent	IDR	SQC	IJ	Highest S/S and Tags	IJ Begin	IJ Last Day
- LSC - 08/12/2014	RECERT,LSC	STDSUR	None	No	None	D: 0029, 0147		
- LSC - 09/15/2014	RECERT,REV	STDSUR,O	None	No	None			

REMEDIES (only those in effect)

No remedies in effect for this case.

HEARINGS

No hearings present for this case.

Figure 161: AEM Nursing Home Enforcement History sample

AEM Enforcement Case Log

Printed: 08/26/2016 7:40AM

AEM Enforcement Case Log

State: Georgia

Provider # / Medicaid #	Fac ID / Case ID	State Lic. #	Provider Name City, State ZIP	Fed. Type / License	RO / State Prime Worker	Cycle Start /Enf Date	Initial Tx To RO / # Days Diff	RO / State 1st Notice	Federal Compliance Visit Date	RO / State Compliance Notice	State/Fed Case Status	Highest 1st Visit / Case S/S
			SPARTA,GA 31087	No Op. to Correct ---		10/02/2015	01/21/2016 111	01/27/2016 10/19/2015	01/25/2016	03/03/2016 02/25/2016	-- Closed	- E
			LAWRENCEVILLE,GA 3004	No Op. to Correct ---		10/08/2015	01/21/2016 105	01/27/2016 10/26/2015	02/04/2016	02/09/2016 02/08/2016	-- Closed	D E
			FORT OGLETHORPE,GA 30	Op. to Correct ---		10/08/2015	0	10/29/2015	12/15/2015		-- Closed	F F
			ATLANTA,GA 30318	Op. to Correct ---		10/08/2015	0	10/30/2015	12/10/2015	12/29/2015	-- Closed	F F

Figure 162: AEM Nursing Home Enforcement Case Profile sample

Note: Among other filters in the report customization window, you can choose to include, exclude, or include only CDC enforcement cases.

Printed: 07/09/2020 4:23PM

AEM Enforcement Case Log

State: New York

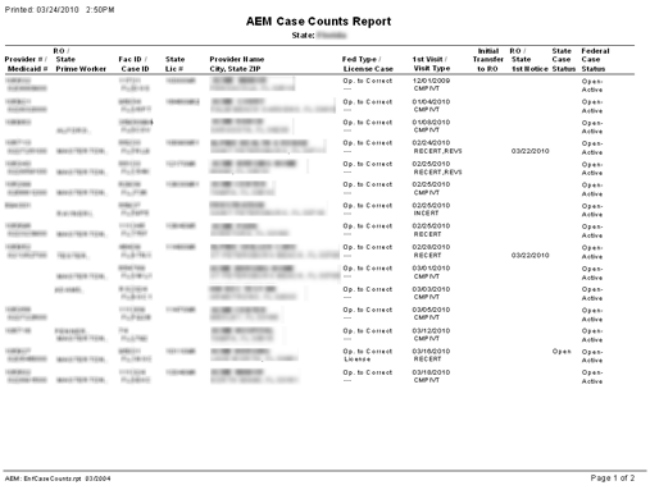
REPORT DEFINITIONS	
Report Order	Cycle Start Date
Federal Case Status	Open - Active
State Case Status	All
Chain ID	All
State Region	All
Initial Transfer to RO	All
SA Primary Worker	All
RO Primary Worker	All
Facility Type	All Facility Types
Additional Factors	No Additional Selection Factors
Case Type	All Case Types
Compliance Status	All
Date Range	10/04/2019 thru 07/09/2020
Date Range Based On	Cycle Start Date
CDC Cases	Include CDC Cases

REPORT SUMMARY
Total Number of Cases on This Report = 588
Number of Federal Open Cases = 588 Number of Federal Open - Active Cases = 588 Number of Federal Open - CMP Collection Cases = 0 Number of Federal Open - Hearing Cases = 0 Number of Federal Open - Hearing/CMP Collection Cases = 0 Number of Federal Proposed-Open Cases = 0 Number of Federal Imposed-Open Cases = 0 Number of Federal Closed Cases = 0 Number of Federal Proposed-Closed Cases = 0 Number of Federal Imposed-Closed Cases = 0
Number of State License Cases - All Cases = 0 Number of State License Cases - Open Cases = 0 Number of State License Cases - Closed Cases = 0
Number of Cases Transferred to RO = 9
Number of Opportunity To Correct Cases = 588 Number of No Opportunity To Correct Cases = 0 Number of Past Noncompliance Cases = 0 Number of State Licensed Cases = 0 Number of CLIA Cases = 0 Number of HHA Cases = 0
Number of Cases with a Fed. Compliance Visit Date = 577 Number of Cases with a RO Compliance Notice = 7 Number of Cases with a State Compliance Notice = 0
Number of CDC Cases on This Report = 572

AEM: EnfCaseLog.rpt - Version Date: 06/2020 * denotes CDC Enforcement Case Page 34 of 34

Figure 163: AEM Nursing Home Enforcement Case Log sample—report definitions, summary

AEM Case Counts Report



Printed: 03/24/2010 2:50PM

AEM Case Counts Report

State:

Provider # / Medicaid #	RO / State Prime Worker	Fac ID / Case ID	State Lic #	Provider Name City, State ZIP	Fed Type / License Case	1st Visit / Visit Type	Initial Transfer to RO	RO / State 1st Notice	State Case Status	Federal Case Status
					Op. to Correct ---	12/01/2009 CMP/VT				Open-Active
					Op. to Correct ---	01/04/2010 CMP/VT				Open-Active
					Op. to Correct ---	01/08/2010 CMP/VT				Open-Active
					Op. to Correct ---	02/04/2010 RECERT,REVS		03/22/2010		Open-Active
					Op. to Correct ---	02/05/2010 RECERT,REVS				Open-Active
					Op. to Correct ---	02/05/2010 CMP/VT				Open-Active
					Op. to Correct ---	02/05/2010 INCERT				Open-Active
					Op. to Correct ---	02/05/2010 RECERT				Open-Active
					Op. to Correct ---	02/09/2010 RECERT		03/22/2010		Open-Active
					Op. to Correct ---	03/01/2010 CMP/VT				Open-Active
					Op. to Correct ---	03/03/2010 CMP/VT				Open-Active
					Op. to Correct ---	03/05/2010 CMP/VT				Open-Active
					Op. to Correct ---	03/12/2010 CMP/VT				Open-Active
					Op. to Correct License	03/16/2010 RECERT			Open	Open-Active
					Op. to Correct ---	03/18/2010 CMP/VT				Open-Active

AEM: EnfCaseCounts.rpt 03/2004 Page 1 of 2

Figure 164: AEM Case Counts Report sample—page 1

Note: Among other filters in the report customization window, you can choose to include, exclude, or include only CDC enforcement cases.

Printed: 07/09/2020 4:49PM

AEM Case Counts Report

State: New York

REPORT DEFINITIONS	
Report Order	Cycle Start Date
Federal Case Status	All
State Case Status	All
Chain ID	All
State Region	All
Initial Transfer to RO	All
SA Primary Worker	All
RO Primary Worker	All
Facility Type	All Facility Types
Additional Factors	No Additional Selection Factors
Case Type	All Case Types
Compliance Status	All
Date Range	01/11/2020 thru 07/09/2020
Date Range Based On	Cycle Start Date
CDC Cases	Exclude CDC Cases

REPORT SUMMARY
Total Number of Cases on This Report = 13
Number of Federal Open Cases = 13 Number of Federal Open - Active Cases = 13 Number of Federal Open - CMP Collection Cases = 0 Number of Federal Open - Hearing Cases = 0 Number of Federal Open - Hearing/CMP Collection Cases = 0 Number of Federal Proposed-Open Cases = 0 Number of Federal Imposed-Open Cases = 0 Number of Federal Closed Cases = 0 Number of Federal Proposed-Closed Cases = 0 Number of Federal Imposed-Closed Cases = 0
Number of Opportunity To Correct Cases = 13 Number of No Opportunity To Correct Cases = 0 Number of Past Noncompliance Cases = 0 Number of State License Cases - All Cases = 0 Number of State License Cases - Open Cases = 0 Number of State License Cases - Closed Cases = 0 Number of CLIA Cases = 0 Number of HHA Cases = 0
Number of Transferred To RO Cases = 1
Number in Which First Visit Is Initial Certification = 1 Number in Which First Visit Is Recertification = 3 Number in Which First Visit Is Complaint Investigation = 3 Number in Which First Visit Is Life Safety Code = 1 Number in Which First Visit Is Follow-up/Revisit = 0
Number in Which First Visit Is State Licensure = 1 Number in Which First Visit Is Initial Licensure = 1 Number in Which First Visit Is Re-Licensure = 0 Number in Which First Visit Is Licensure Complaint = 0
Number of CDC Cases = 0

AEM: EnfCaseCounts.rpt 06/2020 * denotes CDC Enforcement Case Page 2 of 2

Figure 165: AEM Case Counts Report sample—report definitions, summary

AEM Action Items/Next Steps Report

Printed: 08/26/2016 9:40AM

AEM Action Items/Next Steps Report

State:

Responsible Party	Provider # / Medicaid #	Fac ID / Case ID	Provider Name City, State ZIP	Fed Type / License	Cycle Start /Enf Dt	Init. Trans. to RO	Next Step	Next Step Due	Step Completed Date	State Case Status	Federal Case Status
[illegible]	[illegible]	[illegible]	[illegible]	CLIA Case N/A	12/22/2014	N/A	Sanction Proposal Notice Sent	03/01/2015		N/A	Imp-Closed
[illegible]	[illegible]	[illegible]	[illegible]	CLIA Case N/A	09/30/2014	N/A	Sanction Proposal Notice Sent	03/01/2015		N/A	Imp-Closed
[illegible]	[illegible]	[illegible]	[illegible]	CLIA Case N/A	02/11/2015	N/A	Sanction Proposal Notice Sent	03/15/2015		N/A	Prop-Closed
[illegible]	[illegible]	[illegible]	[illegible]	CLIA Case N/A	09/30/2014	N/A	Sanction Imposition Notice Sent	03/16/2015		N/A	Imp-Closed
[illegible]	[illegible]	[illegible]	[illegible]	CLIA Case N/A	01/02/2015	N/A	Sanction Imposition Notice Sent	03/16/2015		N/A	Imp-Closed
[illegible]	[illegible]	[illegible]	[illegible]	CLIA Case N/A	12/22/2014	N/A	Sanction Imposition Notice Sent	03/31/2015		N/A	Imp-Closed
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Sanction Proposal	[illegible]		[illegible]	[illegible]

Figure 166: AEM Action Items/Next Steps Report sample—page 1

Printed: 03/24/2010 3:02PM

AEM Action Items/Next Steps Report

State: [illegible]

REPORT DEFINITIONS	
Report Order	Next Step Due Date
Federal Case Status	All
State Case Status	All
Chain ID	All
State Region	All
Initial Transfer to RO	All
SA Primary Worker	All
RO Primary Worker	All
Facility Type	All Facility Types
Additional Factors	No Additional Selection Factors
Case Type	All Case Types
Compliance Status	All
Fed. Next Step	Fed. Open Next Steps
Fed. Next Step	State Open Next Steps
Date Range	09/25/2009 thru 04/23/2010
Date Range Based On	Next Step Due Date

REPORT SUMMARY

Total Number of Items on This Report = 7

Number of Awaiting Appeal/Waiver = 1
Number of Awaiting CMP Payment = 1
Number of Awaiting Hearing = 1
Number of Awaiting Hearing Decision = 0
Number of Awaiting Owner Doc = 0
Number of Awaiting Settlement = 0
Number of Awaiting Visit Report = 1
Number of Awaiting Dismissal = 0
Number of Awaiting CMPTS Update = 0
Number of Need Case Hard Copies = 0
Number of Need DOJ Clearance = 0
Number of Need Financial Info = 0
Number of Need POC = 1
Number of Need Visit = 2
Number of None = 0
Number of Process CMP Off-Set = 0
Number of Requested Info from State = 0
Number of Review Survey = 0
Number of Send Notice = 0
Number of Time Pay/Interest Calc = 0
Number of Worker Correcting Letter = 0
Number of New Survey Added = 0
Number of Cases Sent to RO = 0
Number of Request 3rd Revisit = 0
Number of Approve 3rd Revisit = 0
Number of Deny 3rd Revisit = 0

AEM: EnfCaseNext.rpt 03/2004 Page 2 of 2

Figure 167: AEM Action Items/Next Steps Report sample—report definitions, summary

AEM Cases For Which No Letter Has Been Sent

Printed: 07/24/2012 7:16AM

AEM Cases For Which No Letter Has Been Sent

State: [illegible]

Provider # / Medicaid #	Provider Name City, State ZIP	Fac ID / Case ID	RO / State Prime Worker	Fed Type / License	Cycle Start Date	Initial Transfer To RO	RO / State 1st Notice	Cycle Start to Today
[illegible]	[illegible]	[illegible]		--- ---	02/01/2010			904
[illegible]	[illegible]	[illegible]	[illegible]	Op. to Correct ---	07/06/2012			18

AEM: EnfOpenCasesNoLetter.rpt 12/2011 L = Letter has been Locked D = Draft Letter Page 1 of 2

Figure 168: AEM Cases For Which No Letter Has Been Sent sample—page 1

Printed: 07/24/2012 7:16AM

AEM Cases For Which No Letter Has Been Sent

State: [illegible]

REPORT DEFINITIONS	
Report Order	Provider Number
Federal Case Status	All
State Case Status	All
Chain ID	All
State Region	All
Initial Transfer to RO	All
SA Primary Worker	All
RO Primary Worker	All
Facility Type	All Facility Types
Additional Factors	No Additional Selection Factors
Case Type	All Case Types
Letter Status	No State and No Fed Letters
Compliance Status	All
Cases with only Fed. Mon. Surveys	Include
Date Range	10/01/2004 thru 07/24/2012
Date Range Based On	Cycle Start Date

REPORT SUMMARY
Total Number of Cases on This Report = 2
Number In Which No Federal Letter Sent = 2 Number In Which No State Letter Sent = 2
Median Cycle Start to Today = 461
Number of Cases Transferred to RO = 0
Number of Opportunity To Correct Cases = 1 Number of No Opportunity To Correct Cases = 0 Number of Past Noncompliance Cases = 0 Number of State License Cases = 0

AEM: EnfOpenCasesNoLetter.rpt 12/2011 L = Letter has been Locked D = Draft Letter Page 2 of 2

Figure 169: AEM Cases For Which No Letter Has Been Sent sample—report definitions, summary

AEM: Surveys Not In An AEM Case

Printed: 05/02/2017 1:47PM

AEM: Surveys Not In An AEM Case

State:

Provider #: 00 -

Exit Date: 07/13/2015 Health Survey Type: CMPIVT High S/S: L
Exit Date: 09/07/2015 LSC Survey Type: CMPIVT,LSC High S/S: D
Exit Date: 08/17/2015 Health Survey Type: CMPIVT High S/S: D
Exit Date: 11/02/2016 LSC Survey Type: INCERT,LSC High S/S: H

Provider #: 00 -

Exit Date: 07/13/2015 Health Survey Type: CMPIVT High S/S: L

Provider #: -

Exit Date: 05/01/2013 Health Survey Type: RECERT,REVS CoPs: 2016, 6000
Exit Date: 07/24/2013 Health Survey Type: RECERT,REVS CoPs: 2016, 6000

Provider #: -

Exit Date: 03/20/2012 LSC Survey Type: FEDMON,LSC High S/S: F

Provider #: -

Exit Date: 08/19/2015 LSC Survey Type: RECERT,LSC High S/S: E

Provider #: -

Exit Date: 02/03/2011 LSC Survey Type: FEDMON,LSC High S/S: F
Exit Date: 03/23/2016 Health Survey Type: CMPIVT High S/S: D

Provider #: -

Exit Date: 10/22/2009 LSC Survey Type: FEDMON,LSC High S/S: E

Provider #: -

Exit Date: 05/27/2010 LSC Survey Type: FEDMON,LSC High S/S: F
Exit Date: 09/05/2016 Health Survey Type: CMPIVT High S/S: G
Exit Date: 10/03/2016 LSC Survey Type: CMPIVT,LSC High S/S: F
Exit Date: 10/01/2016 LSC Survey Type: CMPIVT,LSC High S/S: F
Exit Date: 10/02/2016 Health Survey Type: CMPIVT High S/S: F
Exit Date: 10/02/2016 LSC Survey Type: CMPIVT,LSC High S/S: F
Exit Date: 10/04/2016 Health Survey Type: CMPIVT High S/S: F
Exit Date: 09/05/2016 Health Survey Type: CMPIVT High S/S: D
Exit Date: 09/29/2016 Health Survey Type: CMPIVT High S/S: F

Figure 170: AEM: Surveys Not In An AEM Case sample—page 1

Printed: 06/15/2017 2:08PM

AEM: Surveys Not In An AEM Case

State:

REPORT DEFINITIONS	
Report Order	Provider Number
Survey Type	Fed. Surveys
Highest S/S	D + Above
Facility Type	All Facility Types
Date Range	10/02/2015 thru 06/15/2017
Date Range Based On	Survey Exit Date
CLIA/HHA CoP Tags	No

REPORT SUMMARY
Total Facilities = 39
Total Facilities with High S/S D or Above = 39
Total Facilities with High S/S A-C = 0
Total Facilities with CoP Tags = 0
Total Facilities without CoP Tags = 0
Total Federal Surveys = 65
Total Federal Surveys with High S/S D or Above = 65
Total Federal Surveys with High S/S A-C = 0
Total Federal Surveys with CoP Tags = 0
Total Federal Surveys without CoP Tags = 0
Total Federal Certification Surveys = 47
Total Federal Certification Surveys with High S/S D or Above = 47
Total Federal Certification Surveys with High S/S A-C = 0
Total Federal Certification Surveys with CoP Tags = 0
Total Federal Certification Surveys without CoP Tags = 0
Total Federal Complaint Surveys = 32
Total Federal Complaint Surveys with High S/S D or Above = 32
Total Federal Complaint Surveys with High S/S A-C = 0
Total Federal Complaint Surveys with CoP Tags = 0
Total Federal Complaint Surveys without CoP Tags = 0
Total Licensure Surveys = 8
Total Licensure Certification Surveys = 0
Total Licensure Complaint Surveys = 0

Figure 171: AEM: Surveys Not In An AEM Case sample—report definitions, summary

AEM Cases Not Transferred to RO Report

This report lists cases that have not been transferred to the RO.

Printed: 05/04/2017 1:39PM

AEM Cases Not Transferred to RO Report

State: [redacted]

Provider #	Provider Name	State Prime Worker	1st Visit Highest SS	1st Visit Survey Type	1st Revisit Highest SS	1st Revisit Survey Date	2nd Revisit Highest SS	2nd Revisit Survey Date	Highest SS
3[redacted]9	[redacted] HOME CARE, LLC			Cmplvt		01/12/2017		01/12/2017	
3[redacted]2	[redacted] REHABILITATION & NURSING	L[redacted]N	D	Cmplvt	D	02/01/2005	D	02/01/2005	D
3[redacted]2	[redacted] REHABILITATION & NURSING	L[redacted]N	E	Recert,Cmplvt		04/21/2005	E	06/17/2005	E
3[redacted]2	[redacted] NURSING & REHAB	L[redacted]N	G	Recert	B	05/18/2006	G	06/22/2006	G
3[redacted]9	[redacted] Y NURSING &	F[redacted]I	K	Cmplvt	E	10/18/2010	E	10/18/2010	K
3[redacted]5	[redacted] NURSING HOME	F[redacted]M.	G	Recert,Cmplvt	F	02/28/2011	G	05/05/2011	G
3[redacted]6	[redacted] REHABILITATION AND NURSING	V[redacted]M	L	Recert,Cmplvt	F	10/31/2007	G	11/13/2007	L

Figure 172: AEM Cases Not Transferred to RO Report sample—page 1

Printed: 03/24/2010 3:22PM

AEM Cases Not Transferred to RO Report

State: [redacted]

REPORT DEFINITIONS	
Report Order	Cycle Start Date
Federal Case Status	All
State Case Status	All
Chain ID	All
State Region	All
Facility Type	Nursing Home (nh)-Snf/nf Dual Cert, Nursing Home (nh)-Snf/nf Distinct Part, Nursing Home (nh)-Snf Only
Additional Factors	No Additional Selection Factors
Case Type	Opportunity to Correct, No Opportunity to Correct, Past Noncompliance
For Op. To Correct cases, show cases with	1st Revisit, No Compliance
Date Range	10/31/2008 thru 03/24/2010
Date Range Based On	Cycle Start Date

REPORT SUMMARY
Total Number of Cases on This Report = 10
Number of Opportunity To Correct Cases = 10 Number of No Opportunity To Correct Cases = 0 Number of Past Noncompliance Cases = 0
Number of Transferred To RO Cases = 0 Number of Cases with Substantial Compliance = 7
Number in Which First Visit Is Initial Certification = 0 Number in Which First Visit Is Recertification = 9 Number in Which First Visit Is Complaint Investigation = 1 Number in Which First Visit Is Life Safety Code = 6 Number in Which First Visit Is Follow-up/Revisit = 0
Number of Federal Open Cases = 10 Number of Federal Open - Active Cases = 10 Number of Federal Open - CMP Collection Cases = 0 Number of Federal Open - Hearing Cases = 0 Number of Federal Open - Hearing/CMP Collection Cases = 0 Number of Federal Closed Cases = 0

AEM: EnfCaseNotTxToRO.rpt 09/2005 Page 2 of 2

Figure 173: AEM Cases Not Transferred to RO Report sample—report definitions, summary

AEM Enforcement Cases Not Uploaded

This report lists cases that have never been uploaded successfully, cases that have their first upload pending tonight, and cases that were uploaded in the past but had a subsequent *Delete from National* and no following success.

Printed: 11/20/2015 9:06AM

AEM Enforcement Cases Not Uploaded

Provider # /	Case ID	Provider Name City, State ZIP	RO / State Prime Worker	Cycle Start /Enf Date	
[illegible]	[illegible]	[illegible]		08/04/2015	Total Upload Attempts: 0
[illegible]	[illegible]	[illegible]		10/02/2015	Total Upload Attempts: 16
[illegible]	[illegible]	[illegible]		08/01/2015	Total Upload Attempts: 0
[illegible]	[illegible]	[illegible]		08/01/2015	Total Upload Attempts: 0

Figure 174: AEM Enforcement Cases Not Uploaded—page 1

Printed: 11/20/2015 9:06AM

AEM Enforcement Cases Not Uploaded

REPORT DEFINITIONS	
Report Order	Facility Name
State Region	All
SA Primary Worker	All
RO Primary Worker	All
Facility Type	All Facility Types
Case Type	All Case Types
Date Range	05/24/2015 thru 11/20/2015
Date Range Based On	Cycle Start Date

REPORT SUMMARY
Total Number of Cases on This Report = 4
Number of Opportunity To Correct Cases = 4 Number of No Opportunity To Correct Cases = 0 Number of Past Noncompliance Cases = 0 Number of CLIA Cases = 0 Number of HHA Cases = 0

Figure 175: AEM Enforcement Cases Not Uploaded—report definitions, summary

Ancillary Reports

AEM Medicare Hearing Status Report

Printed: 03/24/2010 3:36PM

AEM Medicare Hearing Status Report

State: [illegible]

Provider #/ Medicaid #	Provider Name City, State ZIP	Fac ID / Case ID	RO / State Prime Worker	Government Attorney	First Visit	RO Rec'd Request / RO Ackn.	DAB Rec'd / Forward to DAB	Docket No.	Hearing Beginning Date	Settle/Wdrw/ Decision Date	Outcome	Federal Case Status
[illegible]	[illegible]	[illegible]			02/28/2010							Open-Active
[illegible]	[illegible]	[illegible]	TESTER,			03/22/2010						
[illegible]	[illegible]	[illegible]			02/24/2010	03/23/2010			03/23/2010		Remedy Change	Open-Active
[illegible]	[illegible]		[illegible]							04/20/2010		

AEM: EnfHearingStatus.rpt - 03/2004

Page 1 of 2

Figure 176: AEM Medicare Hearing Status Report sample—page 1

Printed: 03/24/2010 3:36PM

AEM Medicare Hearing Status Report

State: [illegible]

REPORT DEFINITIONS	
Report Order	Provider Number
Federal Case Status	All
State Case Status	All
Chain ID	All
State Region	All
Initial Transfer to RO	All
SA Primary Worker	All
RO Primary Worker	All
Facility Type	All Facility Types
Additional Factors	No Additional Selection Factors
Case Type	All Case Types
Compliance Status	All
Date Range	09/25/2009 thru 03/24/2010
Date Range Based On	Cycle Start Date

REPORT SUMMARY

Total Number of Cycles on This Report = 2
Total Number of Hearings on This Report = 2

Number of Hearings with a Docket Number = 0
Number of Hearings with a Hearing Beginning Date = 1
Number of Hearings with a Settle/Withdraw Date = 0
Number of Hearings with a Decision Date = 1
Number of Hearings with an Outcome = 1

Number of Federal Open Cycles = 2
Number of Federal Open - Active Cycles = 2
Number of Federal Open - CMP Collection Cycles = 0
Number of Federal Open - Hearing Cycles = 0
Number of Federal Open - Hearing/CMP Collection Cycles = 0
Number of Federal Closed Cycles = 0

AEM: EnfHearingStatus.rpt - 03/2004

Page 2 of 2

Figure 177: AEM Medicare Hearing Status Report sample—report definitions, summary

AEM NATCEP Loss Report

Printed: 03/24/2010 3:48PM

AEM NATCEP Loss Report

State: [illegible]

Provider # / Medicaid #	Provider Name City, State ZIP	Fac ID / Case ID	Cycle Start	NATCEP Loss Eff. Date	Loss Last Day	Primary Loss Trigger	State Waiver Eff. Date	CHOW Restore Date
[illegible]	[illegible]	[illegible]	11/20/2008	10/22/2008	10/21/2010	$5000 CMP Assessed	None	None
[illegible]	[illegible]		11/07/2008	11/04/2008	11/03/2010	$5000 CMP Assessed	None	None
[illegible]	[illegible]	[illegible]	02/24/2010	03/18/2010	03/17/2012	Subject to Extend or Part Extend Survey	03/22/2010	None

AEM: EnfNATCEPLoss.rpt 03/2004 P = Potential NATCEP Loss Page 1 of 2

Figure 178: AEM NATCEP Loss Report sample—page 1

Printed: 03/24/2010 3:41PM

AEM NATCEP Loss Report

State: [illegible]

REPORT DEFINITIONS	
Report Order	Provider Number
Federal Case Status	All
State Case Status	All
Chain ID	All
State Region	All
Initial Transfer to RO	All
SA Primary Worker	All
RO Primary Worker	All
Facility Type	All Facility Types
Additional Factors	No Additional Selection Factors
Case Type	All Case Types
Loss Status	Both
State Waiver Status	Both
CHOW Restored Status	Both
Compliance Status	All
Date Range	09/26/2008 thru 03/24/2010
Date Range Based On	Cycle Start Date

REPORT SUMMARY
Total Number of Cases on This Report = 3
Number of Actual Loss = 3 Number of Potential Loss = 0
Loss Due to Subject to Extend or Part Extend Survey (SQC) = 1 Loss Due to Deny Pay for All New Admissions = 0 Loss Due to $5000 CMP Assessed = 2 Loss Due to IJ Termination (T18) or Termination (T19) = 0 Loss Due to Transfer Residents (T19) = 0 Loss Due to Close Facility (T19) = 0 Loss Due to Temporary Manager = 0 Loss Due to RN Waiver = 0
Number Waived By State = 1
Number Restored Due to CHOW = 0

AEM: EnfNATCEPLoss.rpt 03/2004 P = Potential NATCEP Loss Page 2 of 2

AEM NATCEP Loss Report sample—report definitions, summary

IDR Processing Times

IDR Processing Times

Survey Date From: 10/01/2012 to 04/13/2014

Printed: 04/13/2014 Page 1 of 2

Facility	Eventid	Exit_Date	IDR Requested/ IIDR Requested	IDR Conducted /IIDR Conducted	Request to Conduct	IDR Decision/ IIDR Decision	Request to Decision	Total Processing days
[illegible]	[illegible]	10/03/2012	10/12/2012	11/14/2012	33	11/20/2012	39	48
[illegible]	[illegible]	01/31/2013	02/11/2013	03/13/2013	30		426*	437*
[illegible]	[illegible]	12/19/2012	12/28/2012		471*		471*	480*
[illegible]	[illegible]	10/25/2012	11/02/2012		527*		527*	535*
[illegible]	[illegible]	04/01/2013	04/09/2013	05/14/2013	35		369*	377*
[illegible]	[illegible]	04/16/2013	04/24/2013	04/25/2013	1	04/25/2013	1	9
[illegible]	[illegible]	05/14/2013	05/24/2013	06/12/2013	19	06/12/2013	19	29
[illegible]	[illegible]	03/26/2013	04/05/2013	05/14/2013	39		373*	383*
[illegible]	[illegible]	06/07/2013	06/18/2013	07/17/2013	29		299*	310*
[illegible]	[illegible]	10/17/2012	10/26/2012	11/14/2012	19		534*	543*
[illegible]	[illegible]	03/05/2014	03/11/2014	03/11/2014	0	03/11/2014	0	6
[illegible]	[illegible]	06/30/2013	07/16/2013 07/30/2013	08/01/2013 08/05/2013	16	08/01/2013 08/05/2013	16	32
[illegible]	[illegible]	10/09/2012	10/22/2012	11/14/2012	23		538*	551*
[illegible]	[illegible]	05/03/2013	05/24/2013 06/07/2013	06/12/2013 07/08/2013	19	06/12/2013	19	40
[illegible]	[illegible]	01/31/2014	03/19/2014 03/19/2014	03/19/2014 03/19/2014	0	03/19/2014 03/19/2014	0	47
[illegible]	[illegible]	04/30/2013	05/15/2013	06/12/2013	28	06/12/2013	28	43

* Indicates Today's date used in calculation.

IDRProcessingTime.rpt - Version Date: 01/04/2003

Figure 179: IDR Processing Times sample

AEM Waiver Report

Printed: 03/25/2010 8:08AM

AEM Waiver Report

State: [redacted]

Facility Name City, State ZIP	Medicare #	Survey Date	Tag	Waiver Type Duration	Last Day in Effect	Corrected Date	Request Date Sent to CMS	Decision Dec. Date
[redacted]	[redacted]	07/02/2008	Fed-K0038	Federal Temporary	01/02/2009			Approved 08/05/2008
[redacted]	[redacted]	06/03/2008	Fed-K0038	Federal Temporary	12/31/2008			Approved 06/30/2008
[redacted]	[redacted]	07/31/2008	Fed-K0027	Federal Temporary	11/30/2008	11/30/2008		Approved 08/28/2008
[redacted]	[redacted]	03/26/2008	Fed-K0011	Federal Temporary	11/01/2008		05/01/2008 05/07/2008	Approved 05/16/2008
[redacted]	[redacted]	03/26/2008	Fed-K0020	Federal Temporary	11/01/2008		05/01/2008 05/07/2008	Approved 06/09/2008
[redacted]	[redacted]	06/12/2008	Fed-F0458	Federal Temporary	06/12/2011	07/24/2008	06/18/2008 06/19/2008	Approved 06/24/2008
[redacted]	[redacted]	07/02/2008	Fed-K0012	Federal Temporary	07/22/2009			Approved 08/05/2008
[redacted]	[redacted]	07/02/2008	Fed-K0017	Federal Temporary	07/22/2009			Approved 08/05/2008
[redacted]	[redacted]	07/02/2008	Fed-K0018	Federal Temporary	08/22/2008			Approved 08/05/2008
[redacted]	[redacted]	05/22/2008	Fed-K0018	Federal Temporary	10/02/2008			Approved 08/28/2008
[redacted]	[redacted]	07/02/2008	Fed-K0029	Federal Temporary	07/22/2009			Approved 08/05/2008
[redacted]	[redacted]	07/02/2008	Fed-K0038	Federal Temporary	07/22/2009			Approved 08/05/2008
[redacted]	[redacted]	05/07/2008	Fed-K0073	Federal Temporary	05/07/2009			Approved 06/04/2008
[redacted]	[redacted]	06/03/2008	Fed-K0056	Federal Temporary	06/27/2009			Approved 07/16/2008

AEM: AEMWaivers.rpt 06/2006 Page 1 of 2

Figure 180: AEM Waiver Report sample - page 1

Printed: 03/25/2010 8:08AM

AEM Waiver Report

State: [redacted]

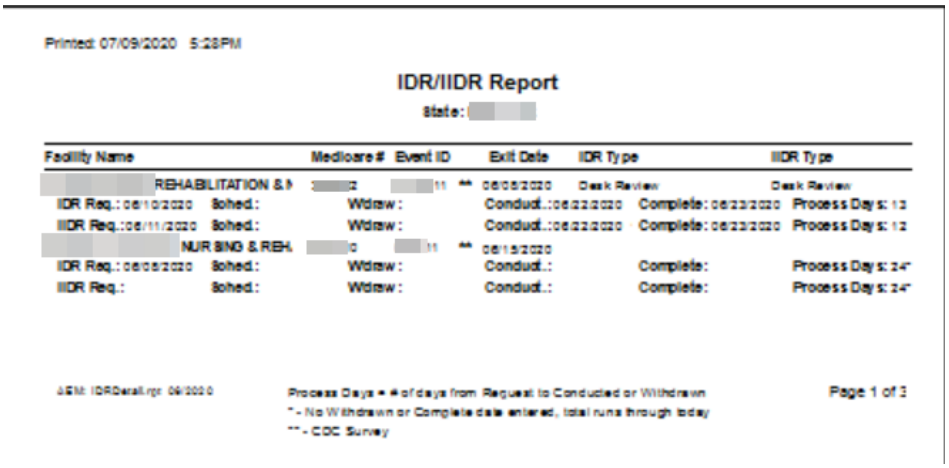
REPORT DEFINITIONS	
Report Order	Facility Name
State Region	All
Facility Type	All Facility Types
Waiver Type	Federal Waiver
Duration	All
Decision	All
Date Range	03/22/2008 thru 03/25/2010
Date Range Based On	Survey Date

REPORT SUMMARY
Total # of Waivers on This Report = 14
Total # of Federal Waivers on This Report = 14 **Total # of Licensure Waivers on This Report = 0**
Total # of Temporary Waivers on This Report = 14 **Total # of Continuing Waivers on This Report = 0**
Total # of Approved Waivers on This Report = 14 **Total # of Denied Waivers on This Report = 0** **Total # of Pending Waivers on This Report = 0**
Total # of Corrected Tags on This Report = 2 **Total # of Uncorrected Tags on This Report = 12**

AEM: AEMWaivers.rpt 06/2006 Page 2 of 2

Figure 181: AEM Waiver Report sample - report definitions, summary

IDR/IIDR Report



Printed: 07/09/2020 5:28PM

IDR/IIDR Report

State:

Facility Name	Medicare #	Event ID	Exit Date	IDR Type	IIDR Type
REHABILITATION &	2	11 **	06/05/2020	Desk Review	Desk Review
IDR Req.: 06/10/2020	Sched.:	Wdraw.:	Conduct.: 06/22/2020	Complete: 06/23/2020	Process Days: 13
IIDR Req.: 06/11/2020	Sched.:	Wdraw.:	Conduct.: 06/22/2020	Complete: 06/23/2020	Process Days: 12
NUR SING & REH.	0	11 **	06/15/2020		
IDR Req.: 06/05/2020	Sched.:	Wdraw.:	Conduct.:	Complete:	Process Days: 24*
IIDR Req.:	Sched.:	Wdraw.:	Conduct.:	Complete:	Process Days: 24*

AEM: IDRDetail.rpt 09/2020

Process Days = # of days from Request to Conducted or Withdrawn
* - No Withdrawn or Complete date entered, total runs through today
** - CDC Survey

Page 1 of 3

Figure 182: IDR/IIDR Report sample

Note: Among other filters in the report customization window, you can choose to include, exclude, or include only CDC enforcement surveys.

Printed: 07/09/2020 5:28PM

IDR/IIDR Report

State: New York

REPORT DEFINITIONS	
Report Order	Facility Name
State Region	All
Facility Type	All Facility Types
Visit Type	Fed Health+LSC
Show IIDR/IDR	IDR and IIDR
IDR Status	All
IDR Type	All
IDR Tag Status	All IDR Tag Status
S/S Level	All
Date Range	01/11/2020 thru 07/09/2020
Date Range Based On	Survey Date
CDC Surveys	Show CDC Surveys Only

REPORT SUMMARY

Total Number of Surveys on This Report = 2 Total Number of CDC Surveys on This Report = 2
Total Number of Tags on This Report = 2

Totals by IDR Status		
'Requested'	Total Surveys (%) = 0 (0.00%)	Total Tags (%) = 0 (0.00%)
'No Change'	Total Surveys (%) = 0 (0.00%)	Total Tags (%) = 0 (0.00%)
'Tag Change'	Total Surveys (%) = 0 (0.00%)	Total Tags (%) = 0 (0.00%)
'Tag Removed'	Total Surveys (%) = 2 (100.00%)	Total Tags (%) = 2 (100.00%)
'S/S Change'	Total Surveys (%) = 0 (0.00%)	Total Tags (%) = 0 (0.00%)
'Examples Removed'	Total Surveys (%) = 0 (0.00%)	Total Tags (%) = 0 (0.00%)
'S/S Change/Examples Removed'	Total Surveys (%) = 0 (0.00%)	Total Tags (%) = 0 (0.00%)
'New Tag at IDR'	Total Surveys (%) = 0 (0.00%)	Total Tags (%) = 0 (0.00%)
'Request Withdrawn'	Total Surveys (%) = 0 (0.00%)	Total Tags (%) = 0 (0.00%)
'Result of Tag Change'	Total Surveys (%) = 0 (0.00%)	Total Tags (%) = 0 (0.00%)

Totals by IDR Reason for Decision		
'No Change'	Total Surveys (%) = 0.00	Total Tags (%) = 0.00
'Additional Info Provided after the survey'	Total Surveys (%) = 0.00	Total Tags (%) = 0.00
'Facility found non-culpable for incident'	Total Surveys (%) = 0.00	Total Tags (%) = 0.00
'Insufficient evidence/facts don't support def.'	Total Surveys (%) = 0.00	Total Tags (%) = 0.00
'Inaccurate facts'	Total Surveys (%) = 0.00	Total Tags (%) = 0.00
'Wording/grammar change'	Total Surveys (%) = 0.00	Total Tags (%) = 0.00
'Other'	Total Surveys (%) = 0.00	Total Tags (%) = 0.00

Total Surveys with 'Desk Review' IDR Type (%)	= 1 (50.00%)
Total Surveys with 'Phone Review' IDR Type (%)	= 0 (0.00%)
Total Surveys with 'Face to Face Review' IDR Type (%)	= 0 (0.00%)

AEM: IDRDetail.rpt 06/2020

Process Days = # of days from Request to Conducted or Withdrawn
* - No Withdrawn or Complete date entered, total runs through today
** - CDC Survey

Page 2 of 3

Figure 183: IDR/IIDR Report sample - report definitions, summary

Printed: 09/29/2017 12:15PM

IDR/IIDR Report

State: New York

Totals by IIDR Status		
'Requested'	Total Surveys (%) =	Total Tags (%) =
'No Change'	Total Surveys (%) =	Total Tags (%) =
'Tag Change'	Total Surveys (%) =	Total Tags (%) =
'Tag Removed'	Total Surveys (%) =	Total Tags (%) =
'S/S Change'	Total Surveys (%) =	Total Tags (%) =
'Examples Removed'	Total Surveys (%) =	Total Tags (%) =
'S/S Change/Examples Removed'	Total Surveys (%) =	Total Tags (%) =
'New Tag at IDR'	Total Surveys (%) =	Total Tags (%) =
'Request Withdrawn'	Total Surveys (%) =	Total Tags (%) =
'Result of Tag Change'	Total Surveys (%) =	Total Tags (%) =

Totals by IIDR Reason for Decision		
'No Change'	Total Surveys (%) = 0.00	Total Tags (%) = 0.00
'Additional Info Provided after the survey'	Total Surveys (%) = 0.00	Total Tags (%) = 0.00
'Facility found non-culpable for incident'	Total Surveys (%) = 0.00	Total Tags (%) = 0.00
'Insufficient evidence/facts don't support def.'	Total Surveys (%) = 0.00	Total Tags (%) = 0.00
'Inaccurate facts'	Total Surveys (%) = 0.00	Total Tags (%) = 0.00
'Wording/grammar change'	Total Surveys (%) = 0.00	Total Tags (%) = 0.00
'Other'	Total Surveys (%) = 0.00	Total Tags (%) = 0.00

Total Surveys with 'Desk Review' IIDR Type (%)
Total Surveys with 'Phone Review' IIDR Type (%)
Total Surveys with 'Face to Face Review' IIDR Type (%)

Total Tags with S/S J-L (IJ) (%)
Total Tags with S/S G-I (Harm) (%)
Total Tags with S/S D-F (Potential) (%)
Total Tags with S/S A-C (Compliance) (%)
Total Tags with S/S G-L (Harm + IJ) (%)

IDR Processing Days Range = 0 to 0	IIDR Processing Days Range = 0 to 0
IDR Processing Days Average =	IIDR Processing Days Average =

AEM: IDRDetail.rpt 01/2014 Process Days = # of days from Request to Conducted or Withdrawn Page 3 of 3
* - No Withdrawn or Complete date entered, total runs through today

Figure 184: IDR/IIDR Report sample - totals

CMPs

AEM Federal CMP Due Report

Printed: 06/15/2017 2:11PM

AEM Federal CMP Due Report

Provider #	Provider	CMPTS #	Last RO Notice Date	Total Amount Due	CMP Payment Due	Amount Sent to Offset	Date Sent to Offset	Amount Sent to Treasury	Date Sent to Treasury	
11[illegible]	[illegible]			314.76	10/29/2016	0.00		0.00		R
11[illegible]	[illegible]	2016 [illegible]	04/19/2016	166,140.00	05/04/2016	0.00		0.00		R
11[illegible]	[illegible]	2016 [illegible]	02/18/2016	16,950.00	03/04/2016	0.00		0.00		
11[illegible]	[illegible]	2016 [illegible]	10/13/2015	5,460.00	10/28/2015	0.00		0.00		R
11[illegible]	[illegible]	2016 [illegible]	02/01/2016	3,458.94	03/10/2016	0.00		0.00		R
11[illegible]	[illegible]	2015 [illegible]	09/17/2015	7,151.10	07/10/2015	0.00	08/13/2015	0.00		R
11[illegible]	[illegible]	2016 [illegible]	04/19/2016	4,712.50	05/04/2016	0.00		0.00		R
11[illegible]	[illegible]	2016 [illegible]	03/16/2016	253,150.00	03/31/2016	0.00		0.00		
11[illegible]	[illegible]	2017 [illegible]	10/03/2016	316.78	10/28/2016	0.00	10/03/2016	0.00		R
11[illegible]	[illegible]	2016 [illegible]	03/07/2016	8,710.00	03/22/2016	0.00		0.00		R
11[illegible]	[illegible]	2016 [illegible]	04/14/2016	14,400.00	04/29/2016	0.00		0.00		
11[illegible]	[illegible]	2016 [illegible]	04/19/2016	1,500.00	05/04/2016	0.00		0.00		
11[illegible]	[illegible]	2016 [illegible]	04/13/2016	53,975.66	03/31/2016	0.00		0.00		

Total Number of Cases on This Report = 13 Report Total Amount Due =536,239.74

Figure 185: AEM Federal CMP Due Report sample—page 1

Printed: 06/15/2017 2:11PM

AEM Federal CMP Due Report

REPORT DEFINITIONS	
Report Order	Provider Number
Federal Case Status	All
State Case Status	All
Chain ID	All
State Region	All
Initial Transfer to RO	All
SA Primary Worker	All
RO Primary Worker	All
Facility Type	All Facility Types
Additional Factors	No Additional Selection Factors
Case Type	All Case Types
Date Range	12/20/2014 thru 06/15/2017
Date Range Based On	Cycle Start Date

Figure 186: AEM Federal CMP Due Report sample—report definitions

AEM State CMP Due Report

Printed: 03/24/2010 4:04PM

AEM State CMP Due Report

Provider #	Medicaid #	License #	Provider	City	St. Collection :	Last SA Notice Date	CMP Payment Due	Total Amount Due
			ACME NURSING HOME	ST PETERSBURG			04/28/2010	$1,502.80
[illegible]	[illegible]	[illegible]	ALPINE HEALTH &	SAINT	[illegible]	03/22/2010	04/20/2010	$1,160.08

Total Number of Cases on This Report = 2 **Report Total Amount Due = $2,662.88**

AEM: EnfStCMPDue.rpt - 12/2003 R = Reduced Amount Page 1 of 2

Figure 187: AEM State CMP Due Report sample—page 1

Printed: 03/24/2010 4:04PM

AEM State CMP Due Report

REPORT DEFINITIONS	
Report Order	Provider Number
Federal Case Status	All
State Case Status	All
Chain ID	All
State Region	All
Initial Transfer to RO	All
SA Primary Worker	All
RO Primary Worker	All
Facility Type	All Facility Types
Additional Factors	No Additional Selection Factors
Case Type	All Case Types
Date Range	09/21/2007 thru 03/24/2010
Date Range Based On	Cycle Start Date

AEM: EnfStCMPDue.rpt - 12/2003 R = Reduced Amount Page 2 of 2

Figure 188: AEM State CMP Due Report sample—report definitions

AEM Federal CMP Tracking Report

This report lists Federal and/or state licensure CMPs. It can be tailored as needed. For example, it can be configured to list all fully paid Federal or state licensure CMPs.

Printed: 07/25/2012 4:43 PM

AEM Federal CMP Tracking Report

State:

Provider # / Medicaid #	Provider Name / City	Case ID / CMPTS #	Federal Case Status	Impose Notice	Appeal or Waiver Due	Waiver Received	Collection Notice	Most Recent RO Notice	Payment Due	CMP Amount Due	Balance Due	This CMP Fully Paid
			Open-Active							2,500.00	2,500.00*	
		2011-07-LTC-	Open-CMP	03/04/2011	05/13/2011	05/04/2011	05/06/2011	08/02/2011	05/26/2011	3,250.00	3,250.00	
		2012-07-LTC-	Open-Active	01/31/2012	04/10/2012		02/04/2012		02/29/2012	58,000.00	58,000.00*	
		2012-07-LTC-	Open-Active	02/01/2012	04/11/2012		02/04/2012		02/29/2012	5,000.00	2,500.00	

AEM: EmCMPTrack.rpt 11/2011 * = CMP in Escrow Page 1 of 3

Figure 189: AEM Federal CMP Tracking Report sample—page 1

Printed: 07/25/2012 4:43 PM

AEM Federal CMP Tracking Report

State

REPORT DEFINITIONS	
Report Order	Pmt. Due Date
Federal Case Status	Open - Actv + Collect
State Case Status	All
Chain ID	All
State Region	All
Initial Transfer to RO	All
Payment Status	Owe CMP=Await+Extnd+Over
SA Primary Worker	All
RO Primary Worker	All
Facility Type	All Facility Types
Additional Factors	No Additional Selection Factors
Case Type	All Case Types
CMPs Fully Paid	Exclude
Offset Memo Sent	All
Fed or License	Federal
Payment Status	Owe CMP=Await+Extnd+Over
CMP Type	All
Date Range	01/03/2011 thru 07/25/2012
Date Range Based On	Cycle Start Date

REPORT SUMMARY	
Providers	4
AEM Cases	4
CMPs	4
CMPs with an Imposition Notice	3
CMPs with a Waiver Received	1
CMPs with a Collection Notice	3
CMPs with at least one Offset Memo	0
CMPs that are fully paid	0
CMPs that are in escrow	2
CMPs with a CMPTS number	3
CMPs with a State collection number	0
Amount Due	68,750.00
Average Amount Due	17,187.50
Balance Due	66,250.00
Average Balance Due	16,562.50
Amount Collected (Amount Due minus Balance Due)	2,500.00
None Yet	0
Awaiting CMP Payment	4
Pending Appeal	0
Paid-Closed	0
Extended Payments	0
Overdue CMP	0
IDR Removed CMP	0
Awaiting Bankruptcy	0
Offset to FI	0
Offset to T19 Agency	0
Offset to FI+T19 Agency	0
Settlement Removed	0
Hearing Removed	0
Other - see Case Notes	0
Open-Active	3

AEM: EmCMPTrack.rpt 11/2011 * = CMP in Escrow Page 2 of 3

Figure 190: AEM Federal CMP Tracking Report sample—report definitions, summary

Printed: 04/14/2010 9:03AM

AEM Federal CMP Tracking Report

State: [illegible]

Open-Hearing	0
Open-CMP Collection	1
Open-Hearing/CMP Collection	0
Closed	0

AEM: EnfCMPTrack.rpt 02/2005 Page 3 of 3

Figure 191: AEM Federal CMP Tracking Report sample—report summary cont.

AEM Federal CMP Analysis Report—Grouped By Cycle

The Federal CMP Analysis report can be grouped by Discrete CMPs, By Cycle, or Cycle Totals Only.

Printed: 06/15/2017 2:23PM

AEM Federal CMP Analysis Report - CMPs Grouped By Cycle

State: [illegible]

Provider	CMPTS #	Cycle Start	Impose Notice	In Ef-fect?	Payment Status	Notes	Imposed Amount	High S/S	First Day	Last Day	Days	Total Amount Due	Sent to Offset	Sent to Treasury	Payments Received	Date CMP Paid
[illegible]	[illegible]															
	[illegible]	01/15/2014	02/03/2014	Yes	Paid-Closed	D	250.00		01/15/2014	01/21/2014	7	1,750.00			1,750.00	04/21/2014
					Totals		250.00					1,750.00			1,750.00	
[illegible]	[illegible]															
	[illegible]	01/17/2014	01/28/2014	Yes	Paid-Closed	DR	4,000.00		12/25/2013	01/16/2014	23	59,800.00			59,800.00	04/15/2014
			01/28/2014	Yes	Paid-Closed	DR	100.00		01/17/2014	02/09/2014	24	1,560.00			1,560.00	04/15/2014
					Totals		4,100.00					61,360.00			61,360.00	
[illegible]	[illegible]															
	[illegible]	01/17/2014	02/10/2014	Yes	Paid-Closed	DR	650.00		01/17/2014	03/02/2014	45	19,012.50			19,012.50	05/08/2014
					Totals		650.00					19,012.50			19,012.50	
[illegible]	[illegible]															
	[illegible]	01/30/2014	04/15/2014	Yes	Paid-Closed	DR	100.00		01/30/2014	04/19/2014	80	5,200.00			5,200.00	05/28/2014
					Totals		100.00					5,200.00			5,200.00	
[illegible]	[illegible]															
	[illegible]	02/05/2014	02/24/2014	Yes	Paid-Closed	DR	3,550.00		12/17/2013	02/03/2014	49	113,067.50			113,067.50	05/15/2014
			02/24/2014	Yes	Paid-Closed	DR	100.00		02/04/2014	03/04/2014	29	1,885.00			1,885.00	05/15/2014
					Totals		3,650.00					114,952.50			114,952.50	
[illegible]	[illegible]															
	[illegible]	02/07/2014	02/25/2014	Yes	Paid-Closed	DR	4,550.00		02/03/2014	02/06/2014	4	11,830.00			11,830.00	05/08/2014
			02/25/2014	Yes	Paid-Closed	DR	150.00		02/07/2014	02/27/2014	21	2,047.50			2,047.50	05/08/2014
					Totals		4,700.00					13,877.50			13,877.50	
[illegible]	[illegible]															
	[illegible]	02/20/2014	03/10/2014	Yes	Paid-Closed	DR	4,550.00		02/09/2014	02/18/2014	10	29,575.00			29,575.00	05/28/2014
			03/10/2014	Yes	Paid-Closed	DR	150.00		02/19/2014	03/10/2014	20	1,950.00			1,950.00	05/28/2014
					Totals		4,700.00					31,525.00			31,525.00	

Figure 192: AEM Federal CMP Analysis Report—CMPs Grouped By Cycle sample—page 1

Printed: 06/15/2017 2:23PM

AEM Federal CMP Analysis Report - CMPs Grouped By Cycle

State: [illegible]

REPORT DEFINITIONS	
Report Order	Cycle Start Date
Federal Case Status	All
State Case Status	All
Chain ID	All
State Region	All
Initial Transfer to RO	All
SA Primary Worker	All
RO Primary Worker	All
Facility Type	Nursing Home (nh)-Snf/nf Dual Cert, Nursing Home (nh)-Snf/nf Distinct Part, Nursing Home (nh)-Snf Only
Additional Factors	No Additional Selection Factors
Case Type	Opportunity to Correct, No Opportunity to Correct, Past Noncompliance
Grouping	By Cycle
In Effect	Yes+Appealed
Running Per Day CMPs	Include
Payment Status	All Above
CMP Type	Both Day & Instance
Date Range	12/21/2013 thru 06/15/2017
Date Range Based On	Cycle Start Date

"Total Amount Due" for each discrete CMP is from that CMP's detail level in AEM, and may include recommended or not in effect amounts. "Total Amount Due" for the cycle total line is the sum of the discrete Total Amounts Due, which is not necessarily the actual amount due for the cycle. Control the content of the Total Amount Due with your "In Effect" selections.

AEM : EnfCMPAnalysis.rpt 05/2017 Notes Key: D = Per Day, I = Per Instance, R = Reduced by 35%, % = Interest Charged, H/S = Hearing Order or Settlement, B/S = Bankruptcy Settlement, E = CMP in Escrow * Per Day CMP is running, no total yet Page 15 of 17

Figure 193: AEM Federal CMP Analysis Report—CMPs Grouped By Cycle sample—report definitions

Printed: 06/15/2017 2:23PM

AEM Federal CMP Analysis Report - CMPs Grouped By Cycle

State: [illegible]

Totals for the CMP Analysis Report								
	Discrete CMPs	Cycles with CMPs	Discrete P-I CMPs	Cycles with P-I Only	All Cycles with P-I	Discrete P-D CMPs	Cycles with P-D Only	All Cycles with P-D
Low S/S	---	---	C ---		---	---	---	---
Average S/S	---	---	F ---		---	---	---	---
High S/S	---	---	L ---		---	---	---	---
# with 35% Reduction	87	62	10	4	8	77	54	57
% with 35% Reduction	54.04%	57.41%	34.48%	33.33%	36.36%	58.33%	62.79%	59.38%
# with Interest Charged	13	10	2	0	2	11	8	10
% with Interest Charged	8.07%	9.26%	6.90%	0.00%	9.09%	8.33%	9.30%	10.42%
# Hear Order/Settle	6	4	2	0	2	4	2	4
% Hear Order/Settle	3.73%	3.70%	6.90%	0.00%	9.09%	3.03%	2.33%	4.17%
# Bankruptcy/Settle	0	0	0	0	0	0	0	0
% Bankruptcy/Settle	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
# In Escrow	1	1	1	1	1	0	0	0
% In Escrow	0.62%	0.93%	3.45%	8.33%	4.55%	0.00%	0.00%	0.00%
# Fully Paid	97	69	6	5	6	91	63	64
% Fully Paid	60.25%	63.89%	20.69%	41.67%	27.27%	68.94%	73.26%	66.67%

The columns in the Totals summary portion of the AEM CMP Analysis Report are of two types, totals having to do with discrete CMPs and totals having to do with full cycles. (One cycle can have one or more discrete CMPs.) The totals in the Discrete CMPs columns are not grouped by cycle. For example, if one report found two cycles, each with four discrete CMPs, and another report found eight cycles, each with one discrete CMP, both reports would show eight discrete CMPs.

The totals in the Cycles columns count cycles, or a percentage of cycles, with at least one of whatever the row label indicates. The rows with dollar amount labels (Total $ Amt, Average $ Amt, etc.) show the dollar amounts inside the cycles that correspond to what the row label indicates (not necessarily the dollar total for the cycles). Note the following examples.

The row labeled "Not In Effect -- #" indicates the number of discrete CMPs not in effect under the Discrete CMP column, and the number of cycles that have at least one discrete CMP not in effect under the Cycles with CMPs column.

See the "In Effect, Total $ Amt" row, in the Cycles with CMPs column. The dollar amount shown in that location is for the sum of the individual CMPs that are in effect, not the full total for all cycles with CMPs. It excludes the dollar amounts for discrete CMPs that are under appeal, not in effect and recommended only.

The totals for the "All on Report" rows in the first two columns are different from all the other numbers, because they are the overall totals for the report and supply the denominators for all the other calculated percentages.

AEM : EnfCMPAnalysis.rpt 05/2017 Notes Key: D = Per Day, I = Per Instance, R = Reduced by 35%, % = Interest Charged, H/S = * Per Day CMP is running, no total yet Hearing Order or Settlement, B/S = Bankruptcy Settlement, E = CMP in Escrow Page 17 of 17

Figure 194: AEM Federal CMP Analysis Report—CMPs Grouped By Cycle sample - totals

AEM CMP Analytic Tool Report

Printed: 08/26/2016 8:05AM

AEM CMP Analytic Tool Report

State: Georgia

CMP In Effect?	Starting Visit Date	Highest SS	2nd Highest	Rep Deficiency	CMP Type	Abated IJ	Per Day Start / End	Per Day # of Days	CMP Base Amt	Non-Comp Amt	Rep Def Amt	SQC Amt	Tags Cited Amt	Base Culp Amt	Calc CMP Amt	Fail to act Amt	Redcd Calc CMP	Lower Calc CMP	Discnt Appld to Fin	Final Calc CMP	Adj Final Calc	Total Final CMP Amt
115002 [illegible]																						
Case: [illegible]																						
Yes	05/12/2016	D			I	No		1	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Recommended	05/12/2016	H	D		D	No	05/12/2016	1	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
115115 [illegible]																						
Case: [illegible]																						
Yes	08/14/2015	E		0278, 0279	I	No		1	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Recommended	08/14/2015			0278, 0279	D	No	08/14/2015 09/05/2015	23	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
115120 [illegible]																						
Case: [illegible]																						
Yes	[illegible]	E			I	No		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Figure 195: AEM CMP Analytic Tool Report sample

Printed: 08/26/2016 9:15AM

AEM CMP Analytic Tool Report

State: [illegible]

REPORT DEFINITIONS	
Report Order	Provider Number
Federal Case Status	All
State Case Status	All
Chain ID	All
State Region	All
Initial Transfer to RO	All
SA Primary Worker	All
RO Primary Worker	All
Facility Type	All Facility Types
Additional Factors	No Additional Selection Factors
Case Type	All Case Types
Date Range	02/28/2015 thru 08/26/2016
Date Range Based On	Cycle Start Date

Figure 196: AEM CMP Analytic Tool Report sample—report definitions, summary

CMPTS List

Printed: 05/02/2018 3:52PM

CMPTS List

Report Filter: Date: 05/02/2017 to 05/02/2018 Sort Order: CMPTS Case # Region: 02 Payment Status: All Provider Type: LTC

Provider #	Facility Name	Cycle Start Date	CMPTS Case #	Amount Paid	Date Paid	Unpaid CMP Amount	Amt Sent to Offset	Date Sent to Offset	Amt Sent to Treasury	Date Sent to Treasury
335[illegible]	[illegible]	09/06/2017	2017-02-LTC[illegible]	0.00		3,259.75	0.00		0.00	
335[illegible]	[illegible]	10/22/2017	2018-02-LTC[illegible]	0.00		2,222.00	0.00		0.00	
335[illegible]	[illegible]	11/01/2017	2018-02-LTC[illegible]	0.00		2,222.00	0.00		0.00	
335[illegible]	[illegible]	10/02/2017	2018-02-LTC[illegible]	0.00		3,333.00	0.00		0.00	

Figure 197: AEM CMPTS List

Remedies

G+ Enforcement Report – Phase 1 and Phase 2

Printed: 05/01/2018 9:15AM

G+ Enforcement Report - Phase 1 and Phase 2

Report Filter:11/28/2017 thru 05/01/2018 Sort Order: Provider # Facility Types: All

Surveys at S/S G or Above with Only Non-covered Phase 2 or Phase 1 Tags (no Covered Phase 2 Tags):

Provider #	Provider Name	Survey Event ID	Survey Exit Date	Federal Survey Type	Highest S/S	Remedy(s) in Effect (if any)
335			12/22/2017	Complaint Investig.	L	
335			04/23/2018	Complaint Investig.	L	Civil Money Penalty
335			11/30/2017	Complaint Investig.	K	
335			03/11/2018	Recertification	J	Mand. Deny Pay for New Admits-3 Mo. Mandatory Termination
335			11/30/2017	Complaint Investig. Recertification	L	
335			04/02/2018	Complaint Investig.	H	Mand. Deny Pay for New Admits-3 Mo.
335			01/08/2018	Complaint Investig.	K	Mand. Deny Pay for New Admits-3 Mo.

Figure 198: G+ Enforcement Report sample with Only Non-covered Phase 2 or Phase 1 Tags

Printed: 05/01/2018 9:35AM

G+ Enforcement Report - Phase 1 and Phase 2

Report Filter:11/28/2017 thru 05/01/2018 Sort Order: Provider # Facility Types: All

Surveys at S/S G or Above with Covered Phase 2 Tags and Non-covered Phase 2 or Phase 1 Tags:

Provider #	Provider Name	Survey Event ID	Survey Exit Date	Federal Survey Type	Highest S/S	Remedy(s) in Effect (if any)
335			01/20/2018	Complaint Investig. Other	H	
335			02/01/2018	Complaint Investig.	J	Directed Plan of Correction
335			02/15/2018	Complaint Investig.	H	Civil Money Penalty State Monitoring
335			04/03/2018	Complaint Investig.	G	
335			03/21/2018	Complaint Investig.	G	
335			04/06/2018	Complaint Investig.	G	
33A			04/17/2018	Adverse Events	J	Directed Plan of Correction

Figure 199: G+ Enforcement Report – Covered Phase 2 and Non-covered Phase 1 Tags sample

Printed: 05/01/2018 9:35AM

G+ Enforcement Report - Phase 1 and Phase 2

Report Filter:11/28/2017 thru 05/01/2018 Sort Order: Provider # Facility Types: All

Surveys at S/S G or Above with Only Non-covered Phase 2 or Phase 1 Tags (no Covered Phase 2 Tags):

Provider #	Provider Name	Survey Event ID	Survey Exit Date	Federal Survey Type	Highest S/S	Remedy(s) in Effect (if any)
333				Adverse Events Dementia Care MDS Other QAPI	G	Denial of Payment for All Residents
335				Adverse Events Dementia Care MDS Other QAPI	L	Civil Money Penalty

Figure 200: G+ Enforcement Report – Non-covered Phase 2 or Phase 1 Tags sample

AEM Nursing Home Denial of Payment Report

Printed: 06/15/2017 1:46PM

AEM Denial of Payment Report

Provider #	Provider Name	RO / SA Primary Worker	Case Type	Cycle Start Date	High S/S	Type of DPNA Imposed	Imposed Effect. Date	Ending Effect. Date	# Days of DPNA	DPNA Impose Status	Federal Case Status
11[illegible]	[illegible]		Op. to Correct	01/12/2017	C	3 Month	04/12/2017		-90	Pending	Open-Active
11[illegible]	[illegible]		No Op. to Correct	01/23/2017	J	3 Month	04/23/2017		53*	Pending	Open-Active
11[illegible]	[illegible]		No Op. to Correct	01/30/2017	E	3 Month	04/30/2017		46*	Pending	Open-Active
11[illegible]	[illegible]		No Op. to Correct	02/05/2017	E	3 Month	05/05/2017		41*	Pending	Open-Active
11[illegible]	[illegible]		No Op. to Correct	02/05/2017	E	3 Month	05/05/2017		41*	Pending	Open-Active
85[illegible]	[illegible]		Op. to Correct	03/01/2017	F	3 Month	06/01/2017		14*	Pending	Open-Active
85[illegible]	[illegible]		Op. to Correct	03/20/2017	K	3 Month	06/20/2017		-5*	Pending	Open-Active

Figure 201: AEM Nursing Home Denial of Payment Report sample—page 1

Printed: 06/15/2017 1:46PM

AEM Denial of Payment Report

REPORT DEFINITIONS	
Report Order	Deny Pay Eff. Date
Federal Case Status	All
State Case Status	All
Chain ID	All
State Region	All
Initial Transfer to RO	All
SA Primary Worker	All
RO Primary Worker	All
Remedy Status	All
Facility Type	All Facility Types
Additional Factors	No Additional Selection Factors
Case Type	All Case Types
Date Range	12/17/2016 thru 06/15/2017
Date Range Based On	Cycle Start Date

REPORT SUMMARY
Total Number of Cases on This Report = 7
Opportunity to Correct Cases = 3 No Opportunity to Correct Cases = 4 Past Noncompliance Cases = 0 State Licensure Cases = 2 HHA Cases = 0
Remedies in Effect = 0 Remedies Not in Effect = 0 Pending Remedies = 7 Recommended Remedies = 0
Discretionary DPNA = 0 Mandatory DPNA = 7 Deny Pay - All Residents = 0 Suspension Pay - New Admits = 0

Figure 202: AEM Nursing Home Denial of Payment Report sample—report definitions, summary

AEM Nursing Home Termination Report

Printed: 08/26/2016 9:57AM

AEM Termination Report

Provider # / Medicaid #	RO / SA Primary Worker	Fac ID / Case ID	Provider / City	Case Type / St. Lic.	Cycle Start Date	Remedy Type	State Rec. Eff. Date	Eff. Date / Last Day	Remedy In Effect?	IJ Status	State Case Status	Federal Case Status
[illegible]	[illegible]	[illegible]	[illegible] DECATUR	Op. to Correct	03/19/2015	6 Month	09/19/2015	06/19/2015	No	No IJ		Closed
[illegible]	[illegible]	[illegible]	[illegible] BLUE RIDGE	Op. to Correct	09/03/2015	6 Month		09/03/2015	No	No IJ		Closed
[illegible]	[illegible]	[illegible]	[illegible] MILLEDGEVILLE	Op. to Correct	03/04/2015	6 Month	09/04/2015	09/04/2015	No	No IJ		Closed
[illegible]	[illegible]	[illegible]	[illegible] CUMMING	Op. to Correct	03/05/2015	6 Month	09/05/2015	09/05/2015	No	No IJ		Closed
[illegible]	[illegible]	[illegible]	[illegible] FORT OGLETHORPE	Op. to Correct	03/05/2015	6 Month	09/05/2015	09/05/2015	No	No IJ		Closed
[illegible]	[illegible]	[illegible]	[illegible] MACON	Op. to Correct	03/05/2015	6 Month	09/05/2015	09/05/2015	No	No IJ		Closed
[illegible]	[illegible]	[illegible]	[illegible] ALBANY	Op. to Correct	03/05/2015	6 Month	09/05/2015	09/05/2015	No	No IJ		Closed
[illegible]	[illegible]	[illegible]	[illegible] THOMASTON	Op. to Correct	03/05/2015	6 Month	09/05/2015	09/05/2015	No	No IJ		Closed
[illegible]	[illegible]	[illegible]	[illegible] CARTERSVILLE	Op. to Correct	03/05/2015	6 Month	09/05/2015	09/05/2015	No	No IJ		Closed

Figure 203: AEM Nursing Home Termination Report sample—page 1

Printed: 08/26/2016 9:57AM

AEM Termination Report

REPORT DEFINITIONS	
Report Order	Termination Eff. Date
Federal Case Status	All
State Case Status	All
Chain ID	All
State Region	All
Initial Transfer to RO	All
SA Primary Worker	All
RO Primary Worker	All
Remedy Status	All
Facility Type	All Facility Types
Additional Factors	No Additional Selection Factors
Case Type	All Case Types
Date Range	02/28/2015 thru 08/26/2016
Date Range Based On	Cycle Start Date

REPORT SUMMARY
Total Number of Cases on This Report = 409
Opportunity to Correct Cases = 341 No Opportunity to Correct Cases = 65 Past Noncompliance Cases = 2 State Licensure Cases = 1 HHA Cases = 1
Remedies in Effect = 4 Remedies Not in Effect = 335 Pending Remedies = 55 Recommended Remedies = 15
Discretionary Termination = 9 Mandatory Termination = 399 23 Day Termination = 0 90 Day Termination = 1 6 Month Termination = 0

Figure 204: AEM Nursing Home Termination Report sample—report definitions, summary

AEM Immediate Jeopardy Timeline Report

Printed: 03/25/2010 7:48AM

AEM Immediate Jeopardy Timeline Report

State: [illegible]

Provider # / Medicaid #	Provider Name City, State ZIP	Fac ID / Case ID	1st Visit / Type	IJ Call To RO	1st Day of IJ	IJ Visit / Type	Last Day of IJ	Removal Visit / Type	Initial Transfer to RO	23rd Day	Discret. Term Date/ Status	Com-pliance Date
[illegible]	[illegible]	[illegible]	02/24/2010 RECERT,REVS		03/22/2010	02/24/2010 RECERT,REVS1		02/24/2010 RECERT,REV		03/19/2010		
[illegible]	[illegible]	[illegible]	02/25/2010 INCERT		02/25/2010	02/25/2010 INCERT				03/20/2010		02/25/2010
					02/26/2010	02/26/2010 INCERT,REVS		02/26/2010 INCERT,REVS				
[illegible]	[illegible]	[illegible]	02/25/2010 CMPIVT			02/25/2010 CMPIVT		02/26/2010 CMPIVT,REVS		IJ Removed		
[illegible]	[illegible]	[illegible]	03/16/2010 RECERT		02/16/2010	03/16/2010 RECERT				04/08/2010		

AEM: EntJeopardyTimeline.rpt 03/2004

Page 1 of 2

Figure 205: AEM Immediate Jeopardy Timeline Report sample - page 1

Printed: 03/25/2010 7:48AM

AEM Immediate Jeopardy Timeline Report

State: [illegible]

REPORT DEFINITIONS	
Report Order	Cycle Start Date
Federal Case Status	All
State Case Status	All
Chain ID	All
State Region	All
Initial Transfer to RO	All
SA Primary Worker	All
RO Primary Worker	All
Facility Type	All Facility Types
Additional Factors	Any IJ in Case
Case Type	Opportunity to Correct, No Opportunity to Correct
Compliance Status	All
Date Range	09/26/2009 thru 03/25/2010
Date Range Based On	Cycle Start Date

REPORT SUMMARY
Total Number of Cases on This Report = 4
Number of IJ Situations = 5
Number of Opportunity To Correct Cases = 4 **Number of No Opportunity To Correct Cases = 0**

AEM: EntJeopardyTimeline.rpt 03/2004

Page 2 of 2

Figure 206: AEM Immediate Jeopardy Timeline Report sample - report definitions, summary

AEM Mandatory DPNA Timeline Report

Printed: 08/26/2016 8:23AM

AEM Mandatory DPNA Timeline Report

State: [illegible]

Provider # / Medicaid #	Provider Name	1st Visit	1st Revisit / Type	# days diff	Deny Pay Impose Notice	Initial Transfer To RO	# days diff	70th Day	2nd Revisit / Type	# days diff	Discret. DPNA / Status	Mand. DPNA / Status	3 Month Date	Com-pliance Date	# days diff	High S/S
[illegible]	[illegible]	03/04/2015	05/01/2015 RECERT,REV	58		04/08/2015	35	05/13/2015				06/04/2015 Not Effect	06/04/2015	04/15/2015	42	E
[illegible]	[illegible]	03/05/2015	04/06/2015 RECERT,REV	32				05/14/2015	05/22/2015 RECERT,REV	78		06/05/2015 Not Effect	06/05/2015	04/04/2015	30	D
[illegible]	[illegible]	03/05/2015	04/22/2015 RECERT,REV	48				05/14/2015	05/04/2015 RECERT,REV	60		06/05/2015 Not Effect	06/05/2015	04/19/2015	45	E

Figure 207: AEM Mandatory DPNA Timeline Report sample - page 1

Printed: 08/26/2016 8:23AM

AEM Mandatory DPNA Timeline Report

State: [illegible]

REPORT DEFINITIONS	
Report Order	Cycle Start Date
Federal Case Status	All
State Case Status	All
Chain ID	All
State Region	All
Initial Transfer to RO	All
SA Primary Worker	All
RO Primary Worker	All
Facility Type	All Facility Types
Additional Factors	No Additional Selection Factors
Case Type	Opportunity to Correct, No Opportunity to Correct
Compliance Status	All
FMS Surveys	Include
Compliance within 70 Days	Include
Exclude cases Transferred to RO before 70th Day	Include
Exclude cases with 1st Revisit before 70th Day and DPNA Not In Effect	Include
Include only cases within 14 days of 70th day	No
Date Range	02/28/2015 thru 08/26/2016
Date Range Based On	Cycle Start Date
Severity / Scope Range to include	A or Above

REPORT SUMMARY
Total Number of Cases on This Report = 399
Number of Cases with Compliance on or prior to 3 Month Date = 373 Number of Cases with Initial Transfer to RO on or prior to 3 Month Date = 367
Number of Opportunity To Correct Cases = 341 Number of No Opportunity To Correct Cases = 58

Figure 208: AEM Mandatory DPNA Timeline Report sample—report definitions, summary

Survey Citations

AEM Repeat Deficiencies Cases Report

Printed: 08/26/2016 9:07AM

AEM Repeat Deficiencies Cases Report

State: [illegible]

CCN	Provider Name	Enf Case ID	Repeat Deficiencies Worse	Repeat Deficiencies Stayed the Same	Repeat Deficiencies Improved	Current Survey Date	Prior Survey Dates	Repeat Deficiencies with S/S
115[illegible]	[illegible]	[illegible]		0202		05/12/2016	03/15/2016	0313 - H
				0313			03/15/2016	0202 - D
								0158 - B
115[illegible]	[illegible]	[illegible]		0441		06/09/2015	04/13/2015	0441 - E
				0280			04/13/2015	0253 - E
				0253			04/13/2015	0280 - D
115[illegible]	[illegible]	[illegible]		0155	0062 - D	04/13/2016	02/05/2015	0062 - E
				0155	0062 - D		02/05/2015	0062 - E
				0154	0048 - D		02/05/2015	0048 - E
				0154			04/13/2016	0022 - E
				0022			04/13/2016	0022 - E
				0022			04/13/2016	0146 - E
				0064			04/13/2016	0146 - E

Figure 209: AEM Repeat Deficiencies Cases Report sample

Printed: 08/26/2016 9:07AM

AEM Repeat Deficiencies Cases Report

State: [illegible]

REPORT DEFINITIONS	
Report Order	Provider Number
Federal Case Status	All
State Case Status	All
Chain ID	All
State Region	All
Initial Transfer to RO	All
SA Primary Worker	All
RO Primary Worker	All
Facility Type	All Facility Types
Additional Factors	No Additional Selection Factors
Case Type	All Case Types
Date Range	02/28/2015 thru 08/26/2016
Date Range Based On	Survey Date

Figure 210: AEM Repeat Deficiencies Cases Report sample—report definitions, summary

Special Focus Facilities

Special Focus Facilities

Bolded Facilities have an active Period

FACILITY NAME-FACID	CCN	Address	Special Focus Period
[illegible]	[illegible]	[illegible]	10/16/2016 to 10/16/2016 10/13/2016 to 10/13/2016 10/10/2011 to 10/10/2012 10/12/2016 to 10/12/2016 10/14/2016 to 10/14/2016 10/17/2016 to 10/17/2016 10/28/2016 to 10/28/2016 10/15/2016 to 10/15/2016 10/19/2016 to 10/19/2016 10/18/2016 to 10/18/2016 10/31/2016 to 10/31/2016
[illegible]	[illegible]	[illegible]	12/02/2014 to 12/02/2015 12/21/2016 to 01/12/2017
[illegible]	[illegible]	[illegible]	01/01/1899 to 02/02/2000
[illegible]	[illegible]	[illegible]	10/10/2016 to 10/11/2016
[illegible]	[illegible]	[illegible]	10/04/2016 to 10/07/2016
[illegible]	[illegible]	[illegible]	11/02/2015 to 12/31/2015 12/01/2016 to 12/30/2016
[illegible]	[illegible]	[illegible]	11/02/2016 to 12/31/2016 12/01/2015 to 12/15/2015
[illegible]	[illegible]	[illegible]	10/07/2008 to 09/10/2009
[illegible]	[illegible]	[illegible]	08/01/2006 to 04/04/2007
[illegible]	[illegible]	[illegible]	10/07/2008 to 07/09/2009
[illegible]	[illegible]	[illegible]	07/28/2009 to 11/15/2010

Figure 211: Special Focus Facilities

CMS-2567 Sent to Facilities

State of [redacted], Healthcare Facility Regulation Division

CMS 2567 Sent To Facility

Printed: 06/15/2017 3:50 pm

Survey Exit Date between 06/04/2015 - 06/15/2017

Name - Address	Facility ID	CCN	State Key	Lic#

021 - SNF/NF

[redacted]

Event ID	Exit Date	Survey Type	2567 Sent Date	Days Since Exit Date*
[redacted]	01/17/2017	OTHER,MDS,DMNTA	01/18/2017	1
[redacted]	01/14/2016	LSC,RECERT	02/02/2016	19
[redacted]	01/14/2016	CMPIVT,RECERT,LICEN	02/02/2016	19

[redacted]

Event ID	Exit Date	Survey Type	2567 Sent Date	Days Since Exit Date*
[redacted]	02/06/2016	CMPIVT	05/18/2016	102
[redacted]	01/21/2016	REVST,RECERT	02/02/2016	12
[redacted]	08/13/2015	LSC,RECERT	09/09/2015	27
[redacted]	08/13/2015	RECERT	09/09/2015	27

[redacted]

Event ID	Exit Date	Survey Type	2567 Sent Date	Days Since Exit Date*
[redacted]	10/08/2015	LSC,RECERT	11/03/2015	26
[redacted]	10/08/2015	RECERT	11/03/2015	26

[redacted]

Event ID	Exit Date	Survey Type	2567 Sent Date	Days Since Exit Date*
[redacted]	12/11/2015	CMPIVT	12/29/2015	18
[redacted]	01/17/2017	OTHER,MDS,DMNTA	01/18/2017	1
[redacted]	02/03/2016	CMPIVT,REVST	02/04/2016	1

[redacted]

Event ID	Exit Date	Survey Type	2567 Sent Date	Days Since Exit Date*
[redacted]	11/16/2015	REVST,RECERT	01/19/2016	64
[redacted]	10/26/2015	REVST,LSC,RECERT	01/19/2016	85
[redacted]	02/15/2016	REVST,LSC,RECERT	02/23/2016	8
[redacted]	08/27/2015	LSC,RECERT	10/02/2015	36
[redacted]	08/27/2015	RECERT	10/02/2015	36

[redacted]

Event ID	Exit Date	Survey Type	2567 Sent Date	Days Since Exit Date*

* Calendar Days Between Exit date and 2567 Sent Date

CMS2567SentToFac.rpt

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Figure 212: CMS-2567 Sent to Facilities

CLIA

CLIA Enforcement Sanction Log

Printed: 08/29/2014 1:03PM

CLIA Enforcement Sanction Log

CLIA #	Fac ID /	Provider Name	City, State ZIP

Case ID: **Enf. Date:**07/22/2014 **Closed Date:** **RO Prime Worker:** **Compliance Date:** **Case Status:**Proposed-Open

Surveys:

No Surveys on this enforcement case.

Sanctions:

17 Civil Money Penalty	Imposed:	Proposed: 07/22/2014	Last Day In Effect:	Sanction Final:No
18 State Onsite Monitoring	Imposed:	Proposed: 07/22/2014	Last Day In Effect:	Sanction Final:No

Registry:

No Registry entries on this enforcement case

Case ID: **Enf. Date:**02/10/2014 **Closed Date:** **RO Prime Worker:** **Compliance Date:** **Case Status:**Proposed-Open

Surveys:

No Surveys on this enforcement case.

Sanctions:

26 Limitation of CLIA Certificate	Imposed:	Proposed: 02/10/2014	Last Day In Effect:	Sanction Final:No
21 Suspension of Part of Medicare/Medicaid	Imposed:	Proposed: 02/10/2014	Last Day In Effect:	Sanction Final:No

Registry:

No Registry entries on this enforcement case

Case ID: **Enf. Date:**07/22/2014 **Closed Date:** **RO Prime Worker:** **Compliance Date:** **Case Status:**Proposed-Open

*** No notification date for this CLIA Enforcement case ***

Surveys:

No Surveys on this enforcement case.

Sanctions:

20 Directed Portion Plan of Correction (DPPOC	Imposed:	Proposed: 07/22/2014	Last Day In Effect:	Sanction Final:No

AEM: EnfCLIASanctions.rpt - Version Date: 01/2014

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Disclaimer: This report is for working purposes only and is not an official representation of the registry.

Figure 213: CLIA Enforcement Sanction Log sample

CLIA Enforcement Registry Log

This report is available for ROs to review cases they expect to be on the registry. This is not the registry published by the CO.

Printed: 04/13/2014 10:18PM

CLIA Enforcement Registry Log

01 Fraud, Abuse, False Billing or Kickbacks

Enf ID	CLIA #	Name	Enf Date	Registry Year	Sanction	Proposed	Imposed	Last Day In Effect	Final
[illegible]	[illegible]	[illegible]	02/24/2014	2014					

02 Certificate Suspended, Limited or Revoked

Enf ID	CLIA #	Name	Enf Date	Registry Year	Sanction	Proposed	Imposed	Last Day In Effect	Final
[illegible]	[illegible]	[illegible]	08/14/2013	2014					

03 List of Persons Convicted

Enf ID	CLIA #	Name	Enf Date	Registry Year	Sanction	Proposed	Imposed	Last Day In Effect	Final
[illegible]	[illegible]	[illegible]	03/25/2014	2014					
[illegible]	[illegible]	[illegible]	12/24/2013	2014					
[illegible]	[illegible]	[illegible]	03/01/2014	2014					

04 Alternative Sanctions Imposed

Enf ID	CLIA #	Name	Enf Date	Registry Year	Sanction	Proposed	Imposed	Last Day In Effect	Final
[illegible]	[illegible]	[illegible]	12/24/2013	2014	22 Suspension of All of Medicare/Medic	02/25/2014	02/25/2014		Yes
[illegible]	[illegible]	[illegible]	03/03/2014	2014	17 Civil Money Penalty	03/04/2014	03/04/2014	03/05/2014	No

05 Accreditation Withdrawn or Revoked

Enf ID	CLIA #	Name	Enf Date	Registry Year	Sanction	Proposed	Imposed	Last Day In Effect	Final
[illegible]	[illegible]	[illegible]	03/25/2014	2014					

07 Suit under Sec 493.1846 (Civil Suit)

Enf ID	CLIA #	Name	Enf Date	Registry Year	Sanction	Proposed	Imposed	Last Day In Effect	Final
[illegible]	[illegible]	[illegible]	05/09/2013	2014					
[illegible]	[illegible]	[illegible]	03/04/2014	2014					

09 Corrections

Enf ID	CLIA #	Name	Enf Date	Registry Year	Sanction	Proposed	Imposed	Last Day In Effect	Final
[illegible]	[illegible]	[illegible]	01/01/2013	2014					
[illegible]	[illegible]	[illegible]	03/25/2014	2014					
[illegible]	[illegible]	[illegible]	12/24/2013	2014					
[illegible]	[illegible]	[illegible]	04/01/2014	2014					

10 Other As Specified in 493.1850(A) OIG REF

Enf ID	CLIA #	Name	Enf Date	Registry Year	Sanction	Proposed	Imposed	Last Day In Effect	Final
[illegible]	[illegible]	[illegible]	01/23/2013	2014					

AEM: EnfCLIARegistry.rpt - Version Date: 12/2013

Page 1 of 2

Disclaimer: This report is for working purposes only and is not an official representation of the registry.

Figure 214: CLIA Enforcement Registry Log sample

CMPTS Case Profile

This report is available from the CMPTS Detail screen.

Printed: 07/24/2012 6:36PM

CMPTS Case Profile

[redacted] Phone: [redacted] Provider #: [redacted]
[redacted] TIN/EIN:
[redacted]

Case Summary

CMPTS ID: [redacted] CMPTS #: 2012-07-LTC-[redacted] Survey Date: 03/01/2012 XRef:
Director: [redacted]
RO Contact: [redacted]

CMP Detail

Medicare		Medicaid					
				Interest :	0.00	Escrow Collected:	25,000.00
# Residents:	2	# Residents:	70	Total Due:	0.00	Escrow Interest Accrued:	859.50
Amount:	0.00	Amount:	0.00	Payments Received :	0.00	Principal Returned to Facility	10,000.00
				Balance:	0.00	Interest Returned to Facility:	400.00
						Medicare/Medicaid Escrow Interest Accrued:	459.50
Escrow Amount:	0.00	W9 Received: 04/27/2012					
						Amount Retained:	11,250.00
						Escrow Balance:	3,750.00

CMP History

Change Date	Medicare Amount	Medicaid Amount	Interest Amount	Escrow Amount	Total Amount	Status
04/27/2012	0.00	0.00	0.00	0.00	0.00	Modification
04/27/2012	450.00	14,550.00	0.00	0.00	15,000.00	Modification
04/27/2012	337.50	10,912.50	0.00	0.00	11,250.00	Modification
04/27/2012	0.00	0.00	0.00	11,250.00	0.00	Modification
04/27/2012	337.50	10,912.50	0.00	0.00	11,250.00	Initial

Installments and Payments

Provider Terminated: No Termination Date: Deduct CMP From Sums Owed: No
Proposed # of Installments: 1 Proposed Installment Amount: 11,250.00

Payment History

Payment Due Date	Check #	Deposit Ticket #	Medicare Amount	Medicaid Amount	Interest Amount	Escrow Amount Collected	Collection Status	Payment Collection Date	Report Receipt #
04/30/2012	1234567889	9876543210	337.50	10,912.50	0.00	25,000.00	In Escrow	04/27/2012	4
		Totals	337.50	10,912.50	0.00	25,000.00			

AEM: CMPTSProfile.rpt 08/2011 Page 1 of 2

Figure 215: CMPTS Case Profile sample - page 1

Printed: 07/24/2012 6:36PM

CMPTS Case Profile

Escrow Tracking

Date Into Escrow	Amount Into Escrow	Final Decision Date	Date Out Of Escrow	Medicaid Amount Retained	Medicaid Interest Accrued	Medicare Amount Retained	Medicare Interest Accrued	Principal Returned to Facility	Interest Returned to Facility	Total Interest Accrued	Total Moved Out of Escrow
04/27/2012	25,000.00	04/29/2012		10,912.50	450.00	337.50	9.50	10,000.00	400.00	859.50	22,109.50
Totals	25,000.00			10,912.50	450.00	337.50	9.50	10,000.00	400.00	859.50	22,109.50

Remarks

AEM: CMPTSProfile.rpt 08/2011 Page 2 of 2

Figure 216: CMPTS Case Profile sample - page 2

Enforcement Transactions Report

This report is available from the Tracking | Transactions window.

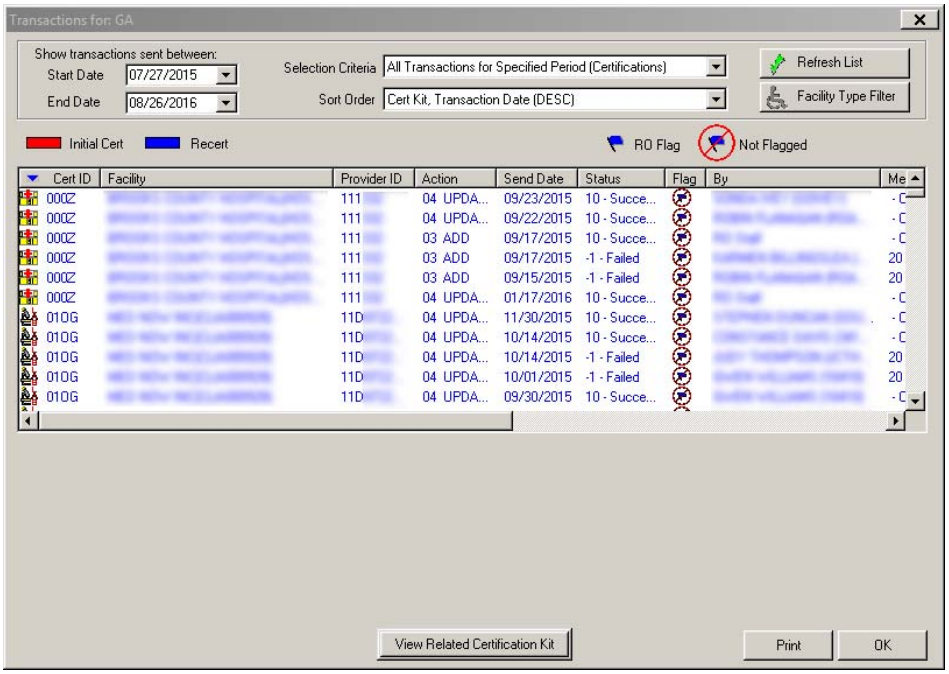

Figure 217: Enforcement Transactions Report sample

Keyboard Shortcuts

Windows keyboard shortcuts are combinations of two or more keys that, when pressed, can perform the same task as using a mouse or other pointing device.

Ease of Access keyboard shortcuts

Press this	To do this
Right Shift for eight seconds	Turn Filter Keys on and off
Left Alt+Left Shift+PrtScn (or PrtScn)	Turn High Contrast on or off
Left Alt+Left Shift+Num Lock	Turn Mouse Keys on or off
Shift five times	Turn Sticky Keys on or off
Num Lock for five seconds	Turn Toggle Keys on or off
Windows logo key + u	Open the Ease of Access Center

General keyboard shortcuts

Press this	To do this
F1	Display Help
Ctrl+ c (or Ctrl+Insert)	Copy the selected item
Ctrl+ x	Cut the selected item
Ctrl+ v (or Shift+Insert)	Paste the selected item
Ctrl+ z	Undo an action
Ctrl+ y	Redo an action
Delete (or Ctrl+ d)	Delete the selected item and move it to the Recycle Bin
Shift+Delete	Delete the selected item without moving it to the Recycle Bin first
F2	Edit/Rename the selected item
Ctrl+Right Arrow	Move the cursor to the beginning of the next word
Ctrl+Left Arrow	Move the cursor to the beginning of the previous word
Ctrl+Down Arrow	Move the cursor to the beginning of the next paragraph

Press this	To do this (Continued)
Ctrl+Up Arrow	Move the cursor to the beginning of the previous paragraph
Ctrl+Shift with an arrow key	Select a block of text
Shift with any arrow key	Select more than one item in a window or on the desktop, or select text within a document
Ctrl with any arrow key+Spacebar	Select multiple individual items in a window or on the desktop
Ctrl + A	Select all items in a document or window
F3	Search for a file or folder
Alt + F	Open the file menu for the active window
Alt + Enter	Display properties for the selected item
Alt + F4	Close the active item, or exit the active program
Alt + Spacebar	Open the shortcut menu for the active window
Ctrl + Spacebar	Activate the current grid row
Ctrl+F4	Close the active document (in programs that allow you to have multiple documents open simultaneously)
Alt +Tab	Switch between open items
Ctrl + Alt + Tab	Use the arrow keys to switch between open items
Ctrl + Mouse scroll wheel	Change the size of icons on the desktop
Windows logo key + Tab	Cycle through programs on the taskbar by using Aero Flip 3-D
Ctrl+Windows logo key + Tab	Use the arrow keys to cycle through programs on the taskbar by using Aero Flip 3-D
Alt + Esc	Cycle through items in the order in which they were opened
F6	Cycle through screen elements in a window
F4	Display the address bar list in Windows Explorer
Shift + F10	Display the shortcut menu for the selected item
Ctrl + Esc	Open the Start menu

Press this	To do this (Continued)
Alt + underlined letter	Display the corresponding menu
Underlined letter	Perform the menu command (or other underlined command)
F10	Activate the menu bar in the active program
Right Arrow	Open the next menu to the right, or open a submenu
Left Arrow	Open the next menu to the left, or close a submenu
F5 (or Ctrl + r)	Refresh the active window
Alt + Up Arrow	View the folder one level up in Windows Explorer
Esc	Cancel the current task
Ctrl + Shift + Esc	Open Task Manager
Shift	When CD is inserted, prevent it from automatically playing
Left Alt + Shift	Switch the input language when multiple input languages are enabled
Ctrl + Shift	Switch the keyboard layout when multiple keyboard layouts are enabled
Right or Left Ctrl + Shift	Change the reading direction of text in right-to-left reading languages

Dialog Box keyboard shortcuts

Press this	To do this
Ctrl+Tab	Move forward through tabs
Ctrl+Shift+Tab	Move back through tabs
Tab	Move forward through options
Shift+Tab	Move back through options
Alt+underlined letter	Perform the command (or select the option) that goes with that letter
Enter	Replaces clicking the mouse for many selected commands
Spacebar	Select or clear the checkbox if the active option is a checkbox
Arrow keys	Select a button if the active option is a group of option buttons
F1	Display Help
F4	Display the items in the active/drop-down list
Backspace	Open a folder one level up if a folder is selected in the Save As or Open dialog box