





QTSO MEMORANDUM

MEMO

NUMBER: 2022-061

TO: QIES State Coordinators

CC: CMS Central and Regional Office Contacts

FROM: Greg Goetzel, QIES Technical Support Office

DATE: 12/01/2022

SUBJECT: ASPEN 12.3.0 Release Information

The ASPEN 12.3.0 release will be deployed to production on Saturday, December 17, 2022. State and CMS staff can begin using ASPEN 12.3.0 by the start of business on Monday, December 19. The main purpose of this release is to introduce support for the new provider type – Rural Emergency Hospitals. Several other features are also included. See Release Notes section below.

Included in This Release

This release includes executables for ACO, ACTS, and ASE-Q, and a new regulation set. Details on application changes are provided below in the Release Notes section of this memo.

Download Information for State Agencies

ASPEN 12.3.0 will be provided to your state agency as standard ASPEN thin installs. The planned posting of the thin installs to the ASPEN website is by close of business on Wednesday, December 7 to allow for your agency's release planning. These download links below are not active until the thin install files are posted on the 7th.

Note: No action is necessary by CMS users – these upgrades are automatically applied to your CMS systems and should not be downloaded separately from these links.

ACO.

http://star.alpinetg.com/upgrade/Thin/ACO12.3.0 PR1 Thin.zip

ACTS:

http://star.alpinetg.com/upgrade/Thin/ACTS12.3.0 PR1 Thin.zip

ASE-Q:

http://star.alpinetg.com/upgrade/Thin/ASE12.3.0 PR1 Thin.zip

Auto-upgrade

For states using auto-upgrade, the ASE-Q upgrade will be posted by COB on Friday December 16. For CMS Regional Office users, all applications will be deployed automatically to your computers through the auto-upgrade process beginning with logons after close of business on Friday, December 16.

Release Notes

ACO, ACTS

Added new provider type - Rural Emergency Hospital (REH), type 01R

In order to convert to an REH, a facility must be a Critical Access Hospital or a Small Rural Hospital with not more than 50 beds as of the date of enactment of the legislation (12/27/2021).

Facilities Converting to REH require a new CCN. The old provider will be terminated and a new initial certification will be uploaded with an indicator of Self-Attestation.

- To change the status to REH:
 - 1. In ARO, right-click the most recent, accepted certification kit, and select Change Facility Status.
 - 2. In the New Facility Type field, select 01R HOSPITAL RURAL EMERGENCY HOSPITAL.

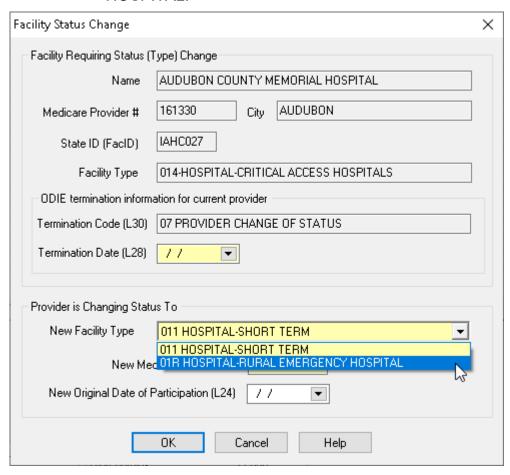


Figure 1: Facility Status Change window

REH facilities cannot provide inpatient services. This is one of main differences between an REH and an Acute Care Hospital (ACH) or Critical Access Hospital (CAH).

REH facilities can provide the following services:

- Emergency services, observation care, Skilled Nursing Facility services, and a distinct part Skilled Nursing Facility unit.
- Additional outpatient services as determined by the Secretary, such as: maternal health services, behavioral health services, oral care services, and any other outpatient services that are needed by the REH community.

- REH facilities do not have any bed limit or location/distance restrictions.
- Full certification and recertification kits will be processed:
 - Select Self Attestations in lieu of onsite surveys for initial certification upload. This field is only available for REH facilities.



Figure 2: Special Fields section of Certification & Surveys tab – Self Attestation field

- Existing deemed status does not carry over for an RHC that receives REH designation.
- Accrediting Organizations are allowed to develop accredited programs but deeming is not initially allowed. REH facilities will NOT have a Deemed tab on the Certification Kit at this time.
- The Upload tab is on the Certification Kit screen as CASPER Uploads are required for this facility type.
- State licensure surveys are allowed (if States choose to do so).
- Federal Monitoring surveys are available for REH facilities.
- REH facilities are included in the weekly automated COVID enforcement processing data extract.
- REH facilities will receive facility targeted ePOC emails.
- REH facilities can operate an SNF distinct part inpatient unit.

ACTS provides the ability to create intakes, allegations, enter findings, create surveys, and process uploads for REH facilities.

Action Items

The ASPEN Action Items system generates Action Items in response to user actions or to direct users to perform certain tasks. Action Items are automatically marked as Closed once the required tasks are completed. The number of Broadcast Action Items, which are distributed to eligible ARO and ACTS-RO users when a specific RO user is not assigned to an applicable action item, has increased over time.

In the 12.3.0 release, Broadcast Action Items that are more than a year old are being removed to keep RO users' Action Item lists manageable and up to date.

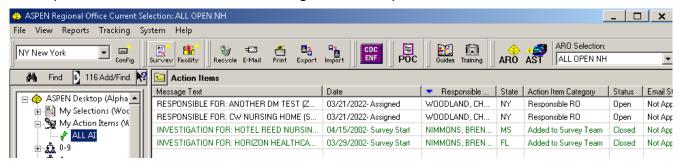


Figure 3: Action Item list

Other

- Period before required recertification of Transplant Hospital programs increased from 3 to 5 years.
- A deemed hospital kit with Swingbed = Yes will upload without a Survey provided the L34 field is entered on the 1539.

<u>ePOC</u>

Facility Targeted Emails

You will now receive facility targeted emails even when your email address is fully contained (is a subset of) in another recipient's email address.

For example, if alpine.technology.group@gmail.com and technology.group@gmail.com are email recipients, this change ensures that both recipients receive the email.

If you have any questions concerning this information, please contact the ASPEN Help Desk at iqies@cms.hhs.gov or 1 (888) 477-7876.