

What's New in ACTS

ASPEN 11.3 and 11.5 Releases

ASPEN 11.3

- Tags changed by hearing/settlement do not print on CMS-2567/2567b
- Is IJ? and SA Completed date
- Reports

Changed by Hearing/Settlement

Tags that are changed or removed by hearing/settlement in AEM do not print on the CMS-2567/2567b form in ACO, ACTS, or ASPEN Web: ePOC. These tags behave the same as a tag changed or removed by IDR/IIDR.

The screenshot displays the AEM system interface for a case. The top navigation bar includes tabs for Case Basics, Surveys & IDR/IIDR, Remedies, CMP, NATCEP, Notices, and Hearing/Appeal. The 'Hearing/Appeal' tab is selected, showing a table of 'Hearings/Appeals' with columns for Class, Initial Hearing Request Received By, Acknowledged to Facility, Date Initial Request Received, Forwarded to DAB, and Latest Appeal Information. Below this, the 'Hearing/Appeal' section contains fields for Medicare/Medicaid/Licensure (Medicare), Acknowledged to Facility, Forwarded to DAB, Date Initial Request Received, and Related Notification Letter. A table of 'Appealed Surveys' is also visible, with a red box highlighting the 'Hearing/Settlement Info' column. The bottom section, 'Hearing/Settlement for Survey', shows a table with columns for Citation, Cert, Cmpnt, Hearing / Settlement Status, Final SS, Orig SS, Changed To, Evidence, Corrected, and an Undo button. A red box highlights the 'Hearing / Settlement Status' column, which shows a dropdown menu with options: 01 None, 02 Appealed, 03 No Change, 04 Tag Change, 05 Tag Removed, 06 S/S Change, 07 Examples Remove, 08 S/S Change/Exat, and 10 Appeal Withdraw. The '05 Tag Removed' option is selected.

Citation	Cert	Cmpnt	Hearing / Settlement Status	Final SS	Orig SS	Changed To	Evidence	Corrected	Undo
FED-F-0540-Definitions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	05 Tag Removed	J					Undo
FED-F-0550-Resident Rights/Ex	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	05 Tag Removed	E					Undo
FED-F-0551-Rights Exercised b	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	05 Tag Removed	F					Undo

Is IJ? and SA Completed date

- The investigation SA Completed date is no longer set when the “CoPs out of compliance – is there an IJ field” is relevant but empty.
- The SA Completed date remains empty if the “Is IJ” field is empty for any citation. This prevents SA personnel from incorrectly stopping work on an investigation. SA Completed is automatically set when all necessary fields are complete.
- The following edit applies to SA users, not RO users:
When condition-level or EMTALA citations exist, a response to the "Is there an IJ?" question is required.

Report Changes

- Deemed Provider Regional report
- Substantiated Complaints Detail report
- Investigations Lacking Survey Upload report

Deemed Provider Regional Report

Previously, if an ACTS RO deselected one of the facility types on the filter window leaving a large number of facility types (but not all) selected, the report went indefinitely to Delayed status. This issue has been addressed.

Substantiated Complaints Detail report

A new option, No Federal Deficiencies, was added to the Deficiencies filter on the report customization window

The screenshot shows a report customization window titled "Customization View: Non-C". It includes a "Report Title:" field, a checked "Print Report Definitions" checkbox, a "Sort By:" dropdown menu set to "Intake Number", and a "Deficiencies:" dropdown menu. The "Deficiencies:" menu is open, showing four options: "Federal and State", "Federal", "State", and "No Federal Deficiencies". Below these is a "Report Date Range" section with a "Date:" field set to "Last 180 Days" and an "End Date:" field set to "09/07/20".

Customization View: Non-C

Report Title:

☒ Print Report Definitions Sort By: Intake Number

Deficiencies:

- Federal and State
- Federal
- State
- No Federal Deficiencies

Report Date Range

Date: Last 180 Days End Date: 09/07/20

Substantiated Complaints Detail report continued

- Includes only substantiated complaints that lack a federal deficiency related (linked) to any of the intake's allegations, regardless of whether state deficiencies are linked to one or more of the allegations
- Complaints are included when the report is filtered to No Federal Deficiencies even if the investigation includes unrelated federal deficiencies, i.e., deficiencies not linked to an allegation

Investigations Lacking Survey Upload report

Two new options in Sort By filter on the report customization window:

- Exit Date
- Exit Date to Today Interval

Customization view. | Non-LI

Report Title:

☒ Print Report Definitions Sort By: Received End Date ▼

Report Date Range

Date: Last 180 Days ▼

Sort By options:

- Received End Date
- Exit Date
- Exit Date to Today Interval
- Provider Number
- Provider Name
- Intake Number

1/20

Exit Date

- Report is sorted by the Survey Exit column (oldest to newest)
- Facilities that have investigation survey exit dates on the same day are sorted in alphabetical order by name, then by facility ID.
- Facilities with multiple intakes that have surveys with the same exit date, the surveys are in intake number order

Exit Date to Today Interval

(i.e., the number of days between the survey exit date and today's date)

- Report is sorted by the Interval Days column in numerical order
- Facilities with the same interval value are sorted in alphabetical order by name, then by facility ID if the names are identical
- Facilities with multiple intakes that have the same interval value are in intake number order

ASPEN 11.5

- Deeming for ESRD Facilities
- X6 Admin Signoff date allowed when deficiency-free ePOC surveys upload, and required if deficiencies exist

Deeming for ESRD Facilities


- Deemed tab is included on intakes
- Validation surveys are available for Deemed ESRDs
- CMS-2802 will print for ESRDs

Deemed Tab

Intake Allegations Contact/Refer EMTALA **Deemed** Activities Investigation Actions/Close Upload Intake

☒ Deemed for Medicare Participation

Date of last AO survey / /

 Request for RO Approval ☒ 06/13/2017

Status 4 - Under Investigation

Response Information
Priority hx

☐ A - IJ
☒ B - Non-IJ High
☐ C - Non-IJ Medium
☐ D - Non-IJ Low
☐ E - Non-IJ Admin Review/ Offsite Investigation
☐ F - Referral-Immediately
☐ G - Referral-Other
☐ H - No Action Necessary

Received End Date 06/13/2017 Time 10:42 ☒ a.m. ☐ p.m.

Currently Deemed By

☒ JC
☐ AOA/HFAP
☐ DNV GL
☐ CIHQ

Conditions of Participation

	Condition(s)
<input type="checkbox"/>	482.27 LABORATORY SERVICES
<input type="checkbox"/>	482.28 FOOD AND DIETETIC SERVICES
<input type="checkbox"/>	482.30 UTILIZATION REVIEW
<input type="checkbox"/>	482.41 PHYSICAL ENVIRONMENT
<input type="checkbox"/>	482.42 INFECTION CONTROL
<input type="checkbox"/>	482.43 DISCHARGE PLANNING
<input type="checkbox"/>	482.45 ORGAN, TISSUE, EYE PROCUREMENT
<input type="checkbox"/>	482.51 SURGICAL SERVICES
<input type="checkbox"/>	482.52 ANESTHESIA SERVICES
<input type="checkbox"/>	482.53 NUCLEAR MEDICINE SERVICES
<input type="checkbox"/>	482.54 OUTPATIENT SERVICES
<input type="checkbox"/>	482.55 EMERGENCY SERVICES
<input type="checkbox"/>	482.56 REHABILITATION SERVICES
<input checked="" type="checkbox"/>	482.57 RESPIRATORY CARE SERVICES
<input type="checkbox"/>	482.58 SWING BEDS
<input type="checkbox"/>	482.41(b) LIFE SAFETY CODE
<input type="checkbox"/>	482.45 Establishment of the Emergency Department (ED)

Deemed Tab continued

Signature

 RO Response

01 Approved

Regional Representative

George Pourakis

Region

02


Date


06/13/2017

Comments

Full Survey

Cross Reference:

 Find

 Clear

Provider/Supplier's State Survey Jurisdiction History

Effective Date	Compliance Date	Return To AO Date	Systems Improvement Agreement Date	State Survey Jurisdiction for this Survey

Start New State Survey Jurisdiction

View Details

CMS 2802 Report

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		NY00200914						
AUTHORIZATION FOR STATE AGENCY HOSPITAL VALIDATION SURVEY								
1. NAME AND ADDRESS OF STATE AGENCY New York State Department of Health - 12054 (518)408-1638		2. NAME AND ADDRESS OF PROVIDER WYOMING COUNTY COMMUNITY HOSPITAL 400 NORTH MAIN STREET WARSAW, NY, 14569 CMS CERTIFICATION NUMBER: 330008						
3. THIS HOSPITAL IS CURRENTLY DEEMED BY (NONE OR MORE THAN 1 MAY BE CHECKED): <table><tr><td><input checked="" type="checkbox"/> JC</td><td><input type="checkbox"/> DNV GL</td><td><input type="checkbox"/> NONE</td></tr><tr><td><input type="checkbox"/> AOA/HFAP</td><td><input type="checkbox"/> CIHQ</td><td></td></tr></table>			<input checked="" type="checkbox"/> JC	<input type="checkbox"/> DNV GL	<input type="checkbox"/> NONE	<input type="checkbox"/> AOA/HFAP	<input type="checkbox"/> CIHQ	
<input checked="" type="checkbox"/> JC	<input type="checkbox"/> DNV GL	<input type="checkbox"/> NONE						
<input type="checkbox"/> AOA/HFAP	<input type="checkbox"/> CIHQ							
4. CHECK A OR B; DO NOT CHECK BOTH								
A. <input type="checkbox"/> THIS VALIDATION SURVEY IS BASED ON A SAMPLE SELECTION.								
1. <input type="checkbox"/> PLEASE CONDUCT A FULL VALIDATION SURVEY FOLLOWING THE PROTOCOLS AND PROCEDURES FOR A MEDICARE CERTIFICATION SURVEY WITHIN 60 CALENDAR DAYS OF _____ (ENTER AO NAME) ACCREDITATION SURVEY END DATE. THE SCHEDULED END DATE OF THE ACCREDITATION SURVEY IS: _____ IF APPLICABLE, CHECK ONE OF THE FOLLOWING: <table><tr><td><input type="checkbox"/></td><td>THIS IS AN INITIAL ACCREDITATION SURVEY FOR THIS CURRENTLY PARTICIPATING, NON-DEEMED HOSPITAL.</td></tr><tr><td><input type="checkbox"/></td><td>THIS IS AN INITIAL ACCREDITATION SURVEY FOR THIS AO; HOSPITAL IS CURRENTLY DEEMED.</td></tr></table>			<input type="checkbox"/>	THIS IS AN INITIAL ACCREDITATION SURVEY FOR THIS CURRENTLY PARTICIPATING, NON-DEEMED HOSPITAL.	<input type="checkbox"/>	THIS IS AN INITIAL ACCREDITATION SURVEY FOR THIS AO; HOSPITAL IS CURRENTLY DEEMED.		
<input type="checkbox"/>	THIS IS AN INITIAL ACCREDITATION SURVEY FOR THIS CURRENTLY PARTICIPATING, NON-DEEMED HOSPITAL.							
<input type="checkbox"/>	THIS IS AN INITIAL ACCREDITATION SURVEY FOR THIS AO; HOSPITAL IS CURRENTLY DEEMED.							
2. <input type="checkbox"/> THIS IS A MID-CYCLE VALIDATION SURVEY. PLEASE CONDUCT A FULL VALIDATION SURVEY FOLLOWING THE PROTOCOLS AND PROCEDURES FOR A MEDICARE CERTIFICATION SURVEY. SA MUST COMPLETE ALL VALIDATION PACKET DOCUMENTS LISTED IN EXHIBIT 63. OR								
B. <input checked="" type="checkbox"/> THIS VALIDATION SURVEY IS BASED ON ALLEGATIONS OF SIGNIFICANT DEFICIENCIES WHICH COULD AFFECT THE HEALTH AND SAFETY OF PATIENTS. CHECK ONE OF THE FOLLOWING: <table><tr><td><input type="checkbox"/></td><td>POTENTIAL IMMEDIATE SURVEY WITHIN 2 WORKING DAYS</td></tr><tr><td colspan="2">OR</td></tr><tr><td><input checked="" type="checkbox"/></td><td>INITIATE SURVEY WITHIN 45 CALENDAR DAYS</td></tr></table>			<input type="checkbox"/>	POTENTIAL IMMEDIATE SURVEY WITHIN 2 WORKING DAYS	OR		<input checked="" type="checkbox"/>	INITIATE SURVEY WITHIN 45 CALENDAR DAYS
<input type="checkbox"/>	POTENTIAL IMMEDIATE SURVEY WITHIN 2 WORKING DAYS							
OR								
<input checked="" type="checkbox"/>	INITIATE SURVEY WITHIN 45 CALENDAR DAYS							
SA MUST NOT NOTIFY THE HOSPITAL OR AO IN ADVANCE OF THE SURVEY								

CMS 2802 Report continued

5. AREAS TO BE SURVEYED (FOR SAMPLE VALIDATION SURVEYS, CHECK ALL; FOR ALLEGATION SURVEYS, CHECK ALL APPLICABLE CONDITIONS, AND, IF APPLICABLE, THE LIFE SAFETY CODE STANDARD):			
<input type="checkbox"/>	482.1	Basis and Scope	<input type="checkbox"/> 482.41(b) LIFE SAFETY CODE
<input type="checkbox"/>	482.2	NON-PARTICIPATING HOSPITALS, EMERGENCIES	<input type="checkbox"/> 482.42 INFECTION CONTROL
<input type="checkbox"/>	482.11	COMPLIANCE WITH LAWS	<input type="checkbox"/> 482.43 DISCHARGE PLANNING
<input type="checkbox"/>	482.12	GOVERNING BODY	<input type="checkbox"/> 482.45 ORGAN, TISSUE, EYE PROCUREMENT
<input checked="" type="checkbox"/>	482.13	PATIENT RIGHTS	<input type="checkbox"/> 482.51 SURGICAL SERVICES
<input type="checkbox"/>	482.21	QAPI	<input type="checkbox"/> 482.52 ANESTHESIA SERVICES
<input type="checkbox"/>	482.22	MEDICAL STAFF	<input type="checkbox"/> 482.53 NUCLEAR MEDICINE SERVICES
<input type="checkbox"/>	482.23	NURSING SERVICES	<input type="checkbox"/> 482.54 OUTPATIENT SERVICES
<input type="checkbox"/>	482.24	MEDICAL RECORD SERVICES	<input type="checkbox"/> 482.55 EMERGENCY SERVICES
<input type="checkbox"/>	482.25	Condition of Participation: Pharmaceutical Se	<input type="checkbox"/> 482.56 REHABILITATION SERVICES
<input type="checkbox"/>	482.26	RADIOLOGIC SERVICES	<input type="checkbox"/> 482.57 RESPIRATORY CARE SERVICES
<input type="checkbox"/>	482.27	LABORATORY SERVICES	<input type="checkbox"/> 482.58 SLEEP BEDS
<input type="checkbox"/>	482.28	FOOD AND DIETETIC SERVICES	<input type="checkbox"/> 482.15 Establishment of the Emergency Program (EP)
<input type="checkbox"/>	482.30	UTILIZATION REVIEW	
<input type="checkbox"/>	482.41	PHYSICAL ENVIRONMENT	

6. SIGNATURE OF REGIONAL REPRESENTATIVE George Pourakis	7. REGION 02	8. DATE 05/23/2017
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Form CMS-2802 (01/10)

ORIGINAL TO: STATE SURVEY AGENCY
COPIES TO: CMSO/SGC/DACS

Admin Signoff (X6) Date

- Deficiency-free (i.e., memo-tag only) ePOC surveys:
 - ePOC sets X6 on provider acknowledgement
 - Survey uploads successfully, but this X6 Admin Signoff date does not upload
- For Emergency Preparedness (EP) tags, X6 upload edits now correctly evaluate solely health EP tags for a health survey, or LSC EP tags for an LSC survey.