



Centers for Medicare & Medicaid Services

Internet Quality Improvement & Evaluation System (iQIES)

iQIES Reports Guide: Survey & Certification (S&C)

Version 1.2
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Introduction

This S&C Reports Guide provides detailed information on S&C user-requested reports. The reports are in alphabetical order by **Report Type** within the **Survey & Certification** category. Each report is set up as follows:

- Overview
- Run Report Criteria
- Report Details
- Sample Report

Refer to the [iQIES Reports User Manual](#) for the following information:

- How to manage reports, including how to find, save, run, download reports
- Alphabetical list of reports
- General notes on how to use iQIES, including roles and permissions
- iQIES Service Center information

General Notes:

- The reports appear in this manual exactly as they appear in the **Report Type** drop-down menu for S&C category.
- Only the reports for which users have access are available for selection.
- Reports can only be run for states or providers to which the user has access.
- Reports may contain protected privacy information that must not be released to the public. Any alteration to the report is strictly prohibited.
- Not all pages of every report are shown. The pages shown are a sample selection only.
- The sample reports displayed contain fictitious data and are not reflective of real-time data.
- A red asterisk (*) indicates a required field.

Enforcement Reports

Facilities on a Termination Track Report

Purpose	To display the certified facilities that are on a termination track.
Related Reports	N/A
Report Category	Survey & Certification
Report Type	Enforcement Reports

Overview

The Facilities on a Termination Track Report displays the certified facilities that are on a termination track. Report criteria available includes enforcement case results by geographical area, provider type, termination type (23-day, 90-day, 6-month), enforcement case status, enforcement case start date range, and deemed status.

Run Report Criteria

Run Report

Facilities on a Termination Track

Lists the certified facilities that are on a termination track. Report criteria available includes enforcement case results by geographical area, provider type, termination type (23-day, 90-day, 6-month), enforcement case status, enforcement case start date range, and deemed status.

Enter the report criteria to run the report or save the criteria for a later time.

All required fields are marked with an asterisk (*)

Select Saved Criteria

Select one

Geography

Geographic Criteria *

CMS Location

CMS Location *

Select...

Provider Info

Provider Types *

All Select...

Deemed Status *

Select one

Enforcement Case Start Dates

Date Range

Select one

Begin Date *

End Date *

Termination Type *

All X Select...

Enforcement Case Status *

All Select...

Save Criteria Reset Criteria

ⓘ Note: Certain reports e.g., Final Validation Report(s), will not display any data for selected providers if there are no data available for the selected reporting period.

☐ Schedule Report Run

Run Report Cancel

Figure 1: Facilities on a Termination Track Report Criteria

Sample Report





Facilities on a Termination Track

CMS Locations

01 - Boston, 02 - New York, 03 - Philadelphia, 04 - Atlanta, 05 - Chicago, 06 - Dallas, 07 - Kansas City, 08 - Denver, 09 - San Francisco, 10 - Seattle

States

*

Provider Types

ASC, HHA, Hospice

Termination Types

Termination at 23 days, Termination at 6 Months, Termination at 90 days

Enforcement Case Status

Closed, Open, Open - CMP Collection, Open Hearing/CMP Collection, Open - Under Appeal

Enforcement Case Start Dates

10/01/2022 - 03/27/2023

Deemed Status

Deemed

Report Run Date

03/27/2023

Legend

* Data not available or not applicable

Page 1 of 10

Figure 2: Facilities on a Termination Track Sample Report, page 1 of 2

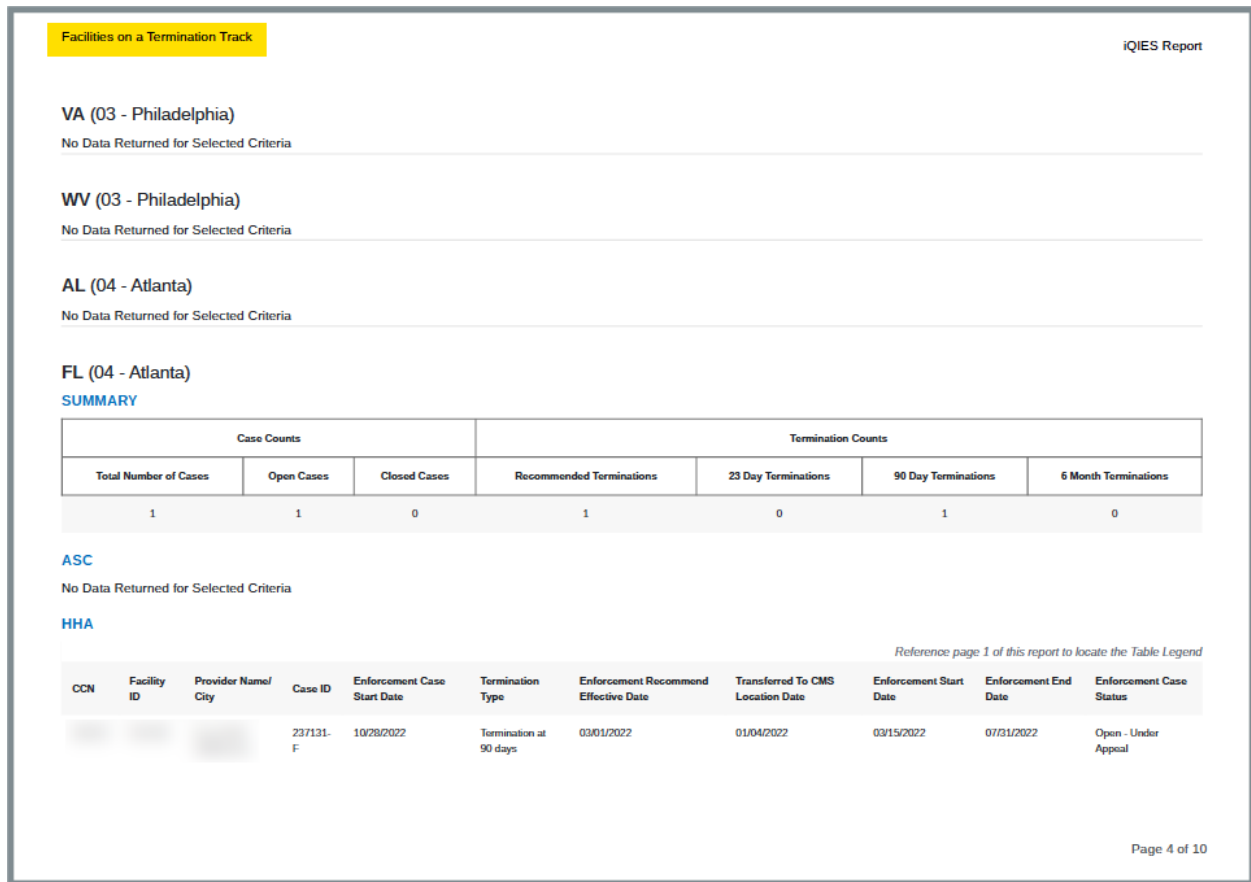


Figure 3: Facilities on a Termination Track Sample Report, page 2 of 2

Report Details

The Facilities on a Termination Track Report details the following:

Report Field	Report Field Description, if necessary
Provider Information	
CMS Locations	CMS locations included for this report
States	States included for this report
Provider Types	Provider types selected for this report
Termination Types	Type of termination (23 days, 90 days or 6 months)
Enforcement Case Status	Status of the enforcement cases (Closed, Open CMP Collection, Open Hearing/CMP Collection, Open-Under Appeal) included in this report
Enforcement Case Start Dates	Date range included in this report
Deemed Status	Deemed statuses included in this report
Report Run Date	Date the report was run
Summary of Criteria	
Case Counts	
Total Number of Cases	Count of unique termination cases
Open Cases	Count of unique cases where enforcement case status is not closed
Closed Cases	Count of unique cases where enforcement case status is closed
Termination Counts	
Recommended Terminations	Count of recommended termination sanctions (enforcement recommend effective date is present)
23 Day Terminations	Count of 23 Day Termination sanctions (termination type = 23-day)

Report Field	Report Field Description, if necessary
90 Day Terminations	Count of 90 Day Termination sanctions (termination type = 90-day)
6 Month Terminations	Count of 6 Month Termination sanctions (termination type = 6-month)
Details	
CCN	CMS Certification (Medicare) Number
Facility ID	The unique identifier assigned to the facility by the state.
Provider Name/City	Provider Name/City
Case ID	Enforcement Case ID
Enforcement Case Start Date	Enforcement case start date
Termination Type	Type of termination sanction
Enforcement Recommend Effective Date	Recommended effective date of termination sanction
Transferred to CMS Location Date	Date the enforcement case was transferred to the CMS Location
Enforcement Start Date	Sanction start date
Enforcement End Date	Sanction end date
Enforcement Case Status	Status of the enforcement case

Hospice Reports

Hospice Multidisciplinary Survey Team Report

Purpose	To list surveys in which no Registered Nurse was assigned to a survey team, including the disciplines assigned to the team. The report has three sections that show single surveyor teams with no Registered Nurse on the team, multi-surveyor teams in which no Registered Nurse was on the survey team, and multi-surveyor teams that are not multidisciplinary in team composition.
Related Reports	N/A
Report Category	Survey & Certification
Report Type	Hospice Reports

Overview

The Hospice Multidisciplinary Survey Team Report contains a list of surveys in which no Registered Nurse was assigned to a survey team, including the disciplines assigned to the team. The report has three sections that show single surveyor teams with no Registered Nurse on the team, multi-surveyor teams in which no Registered Nurse was on the survey team, and multi-surveyor teams that are not multidisciplinary in team composition.

Run Report Criteria

Run Report

Hospice Multidisciplinary Survey Team Report

Lists surveys in which no Registered Nurse was assigned to a survey team, including the disciplines assigned to the team. The report has three sections that show single surveyor teams with no Registered Nurse on the team, multi-surveyor teams in which no Registered Nurse was on the survey team, and multi-surveyor teams that are not multidisciplinary in team composition.

Enter the report criteria to run the report or save the criteria for a later time.

All required fields are marked with an asterisk (*)

Select Saved Criteria

Select one

Geography

Geographic Criteria *

CMS Location

CMS Location *

Select...

Dates

Survey Exit Date Range

Select one

Begin Date * **End Date ***

Save Criteria

Reset Criteria

Note: Certain reports e.g., Final Validation Report(s), will not display any data for selected providers if there are no data available for the selected reporting period.

☐ Schedule Report Run

Run Report

Cancel

Figure 4: Hospice Multidisciplinary Survey Team Report Criteria

Sample Report

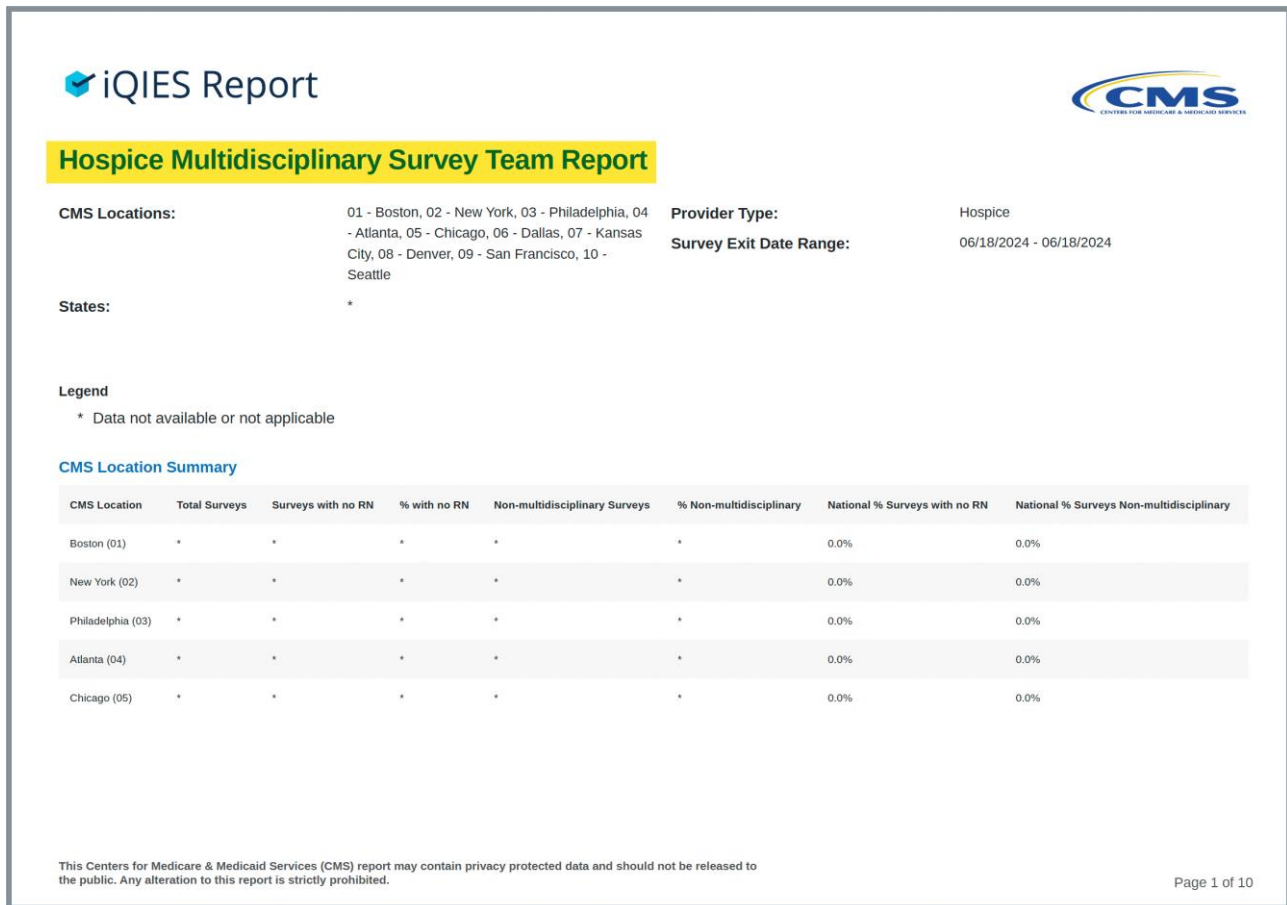


Figure 5: Hospice Multidisciplinary Survey Team Sample Report, page 1 of 2

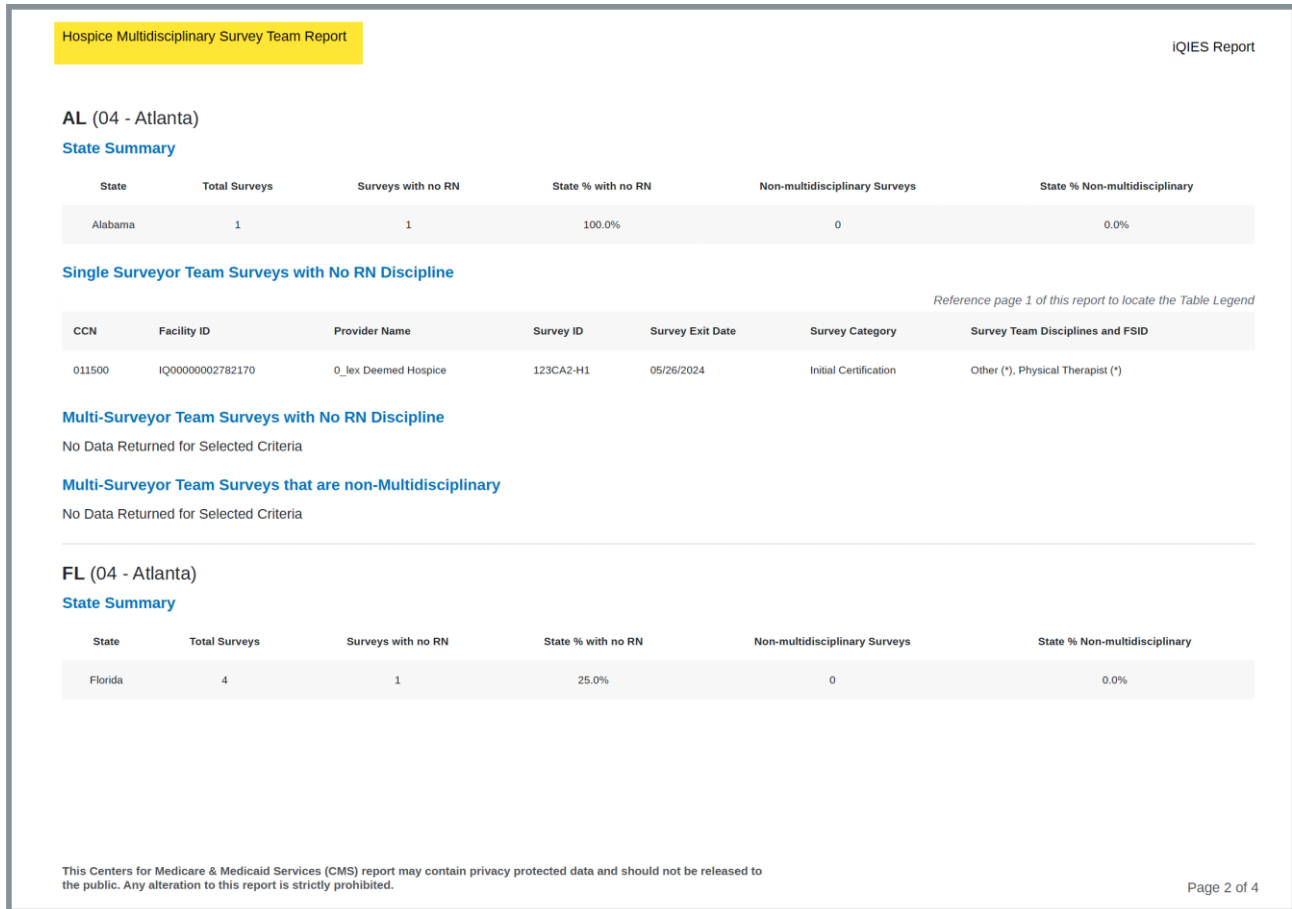


Figure 6: Hospice Multidisciplinary Survey Team Sample Report, page 2 of 2

Report Details

The Hospice Multidisciplinary Survey Team Report details the following:

Report Field	Report Field Description, if necessary
CMS Locations	CMS locations included for this report.
Provider Type	Provider type (Home Health Agency (HHA), hospital, etc.). For this report, Hospice is the only provider type for which the report can be requested at this time.
Survey Exit Date Range	Survey exit date range.
States	States are shown when States is selected for Geographic Criteria in the Run Report Criteria.
CMS Location Summary	CMS locations included for this report.
CMS Location	Specific CMS location.
State Summary	
Total Surveys	Count of Hospice surveys for that state included in the Survey Exit Date Range .
Surveys with no RN	Count of Surveys for that state that did not have an RN discipline included in the Survey Exit Date Range .
State % with no RN	Percent of surveys with no registered nurse.
Non-multidisciplinary Surveys	Count of surveys for that region that have more than one survey team member and all disciplines are the same included in the Survey Exit Date Range .
State % Surveys with no RN	National (or state) percent of surveys with no registered nurse.
State % Surveys Non-multidisciplinary	National (or state) percent of surveys that have more than one survey team member and all disciplines are the same.
Single Surveyor Team Surveys with No RN Discipline	
CCN	CMS Certification (Medicare) Number.
Facility ID	The unique identifier assigned to the facility by the state.
Provider Name	Provider name.
Survey ID	Survey Event ID.

Report Field	Report Field Description, if necessary
	Note: Click the survey ID to go directly to the survey in iQIES, when online.
Survey Exit Date	Survey exit date.
Survey Category	Type of survey?
Survey Team Disciplines and FSID	Disciplines associated with survey with their associated FSID (Federal Surveyor Identification number)
Multi-Surveyor Team Surveys with No RN Discipline	
CCN	CMS Certification (Medicare) Number.
Facility ID	The unique identifier assigned to the facility by the state.
Provider Name	Provider name.
Survey ID	Survey Event ID. Note: Click the survey ID to go directly to the survey in iQIES, when online.
Survey Exit Date	Survey exit date.
Survey Category	Type of survey?
Survey Team Disciplines and FSID	Disciplines associated with survey with their associated FSID (Federal Surveyor Identification number)
Multi-Surveyor Team Surveys that are non-Multidisciplinary	
CCN	CMS Certification (Medicare) Number of.
Facility ID	The unique identifier assigned to the facility by the state.
Provider Name	Provider name.
Survey ID	Survey Event ID. Note: Click the survey ID to go directly to the survey in iQIES, when online.
Survey Exit Date	Survey exit date.
Survey Category	Type of survey?

Report Field	Report Field Description, if necessary
Survey Team Disciplines and FSID	Disciplines associated with survey with their associated FSID (Federal Surveyor Identification number)

Intake Module Reports

Complaint/Incident Investigation Report

Purpose	To show detailed information about the provider, intake, complainants, individuals involved, alleged perpetrators, allegations, and the investigation and whether deficiencies are linked to the investigation/complaint survey.
Related Reports	N/A
Report Category	Survey & Certification
Report Type	Intake Module Reports

Overview

The Complaint/Incident Investigation Report contains detailed information about the provider, intake, complainants, individuals involved, alleged perpetrators, allegations, and the investigation. It indicates whether deficiencies are linked to the investigation/complaint survey.

Run Report Criteria

Run Report

Complaint/Incident Investigation Report

The report contains detailed information about the provider, intake, complainant(s), individuals involved, alleged perpetrators, allegations, and the investigation. It indicates whether deficiencies are linked to the investigation/complaint survey.

Enter the report criteria to run the report or save the criteria for a later time.

All required fields are marked with an asterisk (*)

Select Saved Criteria

Select one

Intakes

Search for Intakes and "Add" Intakes for each report to run.

State *

Florida X Select...

Intake Search Keyword *

Enter intake ID, provider name, or CCN

Hide Advanced Search

TYPE

Intake Subtype

Select...

Select one or more

STATUS

Intake Status

Select...

Select one or more

Triage Priority

Select...

Select one or more

Search

No intake added.

Intake Details *

All X Select...

Save Criteria

Reset Criteria

Note: Certain reports e.g., Final Validation Report(s), will not display any data for selected providers if there are no data available for the selected reporting period.

☐ Schedule Report Run ⓘ

Run Report

Cancel

Figure 7: Complaint/Incident Investigation Report Criteria

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Sample Report





Complaint/Incident Investigation Report

Note: * indicates an empty value

Provider Information

Provider Name:

Address:

City/State/ZIP/County:

Telephone:

Facility ID:

CCN:

State Region:

License Number:

Type:

Medicaid Number:

Administrator:

HHA

*

*

Intake Information

Intake ID:

Priority:

Intake Type:

Intake Subtype:

Intake Status:

Taken By (Staff):

Non-Immediate Jeopardy-High Complaint

Federal CoPs, CFCs, RFPs, EMTALA

Pending Investigation

Intake Method:

Received Start:

Received End:

State Complaint ID:

RO Approval Date:

In Person

03/31/2021

*

*

*

This Centers for Medicare & Medicaid Services (CMS) report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.

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Figure 8: Complaint/Incident Investigation Sample Report, page 1 of 2

Complaint/Incident Investigation Report
iQIES Report

Complainant Information

Name	Address	Phone	Email	Relationship	Anonymous
*	*	*	*	*	*

Residents/Patients/Clients

Name	Admitted	Discharged	Room	Location
*	*	*	*	*

Alleged Perpetrators

Alleged Perpetrator	Phone	License #
*	*	*

Intake Details

Summary of Intake:
No Information

Notes:
No Information

This Centers for Medicare & Medicaid Services (CMS) report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.
Page 2 of 4

Figure 9: Complaint/Incident Investigation Sample Report, page 2 of 2

Report Details

The Complaint/Incident Investigation Report details the following:

Report Field	Report Field Description, if necessary
Provider Information	
Provider Name	Name of the provider associated with the complaint or incident.
Address	Provider's street address.
City/State/ZIP/County	Provider's city, state, ZIP code and county.
Telephone	Provider's telephone number.
Facility ID	The unique identifier assigned to the facility by the state.
CCN	CMS Certification (Medicare) Number
State Region	Region within a state where the provider is located.
License Number	Provider license number
Type	Provider type (Home Health Agency (HHA), hospital, etc.)
Medicaid Number	State Medicaid identification for the provider.
Administrator	Name of the Administrator of the facility.
Intake Information	
Intake ID	Intake number
Priority	Priority of the intake
Intake Type	Type of intake (Complaint, Facility Reported Incident)
Intake Subtype	Indicates the specific type of complaint or incident.
Intake Status	Intake status (e.g. Triage/Prioritization, Investigation, etc.)
Taken By (Staff)	Name of staff member(s) that took the complaint/incident
Intake Method	Intake method (email, written, telephone, hotline, etc.)
Received Start	Date and time the intake was received
Received End	Date and time the intake triage was received

Report Field	Report Field Description, if necessary
State Complaint ID	State's complaint ID - state-defined internal complaint/incident tracking number
RO Approval Date	Date the Regional Office approved the investigation
Complainant Information	
Name	Name
Address	Address
Phone	Phone number
Email	Email
Relationship	Relationship to the person affected
Anonymous	Was confidentiality requested?
Residents/Patients/Clients	
Name	Person Affected
Admitted	Admitted (date)
Discharged	Discharged (date)
Room	Room number
Location	Location
Alleged Perpetrators	
Alleged Perpetrator	Name
Phone	Phone
License #	License Number
Intake Details	
Summary of Intake	Initial summary of the complaint or incident
Notes	Intake notes

Report Field	Report Field Description, if necessary
Allegation Information	
Date	Date and time of Allegation
Shift	Work shift
Findings	Substantiated / unsubstantiated, etc.
Category	Grouping of the allegation (e.g. Accidents, Dietary Services, etc.)
Sub-Category	Sub-category of the allegation
Seriousness	Seriousness of allegation (e.g. Minor, Moderate, or Critical)
Deficiencies Cited	Federal or state with tag and description
Details	Detailed information about each reported allegation based upon information provided by the Complainant.
Contacts	
Name	Name of others associated with the intake
Address	Address
Phone	Phone
Witness Indicator	An indicator showing this contact as a possible witness
Survey Information	
Event ID	Survey Event ID
Start Date	Survey Start Date
Exit Date	Survey Exit Date
Team Members	Survey team members
Type of Survey	Type of survey (e.g. Health or LSC)
Intakes Investigated	Intake IDs investigated with this survey including the intake received date

Report Field	Report Field Description, if necessary
Summary of Citations	
Event ID	Survey Event ID
Exit Date	Survey Exit date
Tag	Tag Number(s) and Tag Title included in the citation
Letters	
Created	Date the letter was created
Description	Description of the letter
Closed / Reason	
Date Closed	Date the intake was closed
Reason Closed	Reason the intake was closed

Complaint/Incident Summary Report

Purpose	To provide a summary of information for the public about the selected intake.
Related Reports	N/A
Report Category	Survey & Certification
Report Type	Intake Module Reports

Overview

The Complaint/Incident Summary Report provides a summary of information for the public about the selected intake.

This report does not include allegation details. It prints the Findings category for each allegation but does not include findings text.

Run Report Criteria

Run Report

Complaint/Incident Summary Report

This report provides a summary of information for the public about the selected intake. This report does not include allegation details. It prints the Findings category for each allegation, but does not include findings.

Enter the report criteria to run the report or save the criteria for a later time.

All required fields are marked with an asterisk (*)

Select Saved Criteria

Select one

Intakes

Search for intakes and "Add" intakes for each report to run.

State *

Florida X Select...

Intake Search Keyword *

Enter intake ID, provider name, or CCN

Hide Advanced Search

TYPE

Intake Subtype

Select...

Select one or more

STATUS

Intake Status

Select...

Select one or more

Triage Priority

Select...

Select one or more

Search

No intake added.

Save Criteria **Reset Criteria**


Note: Certain reports e.g., Final Validation Report(s), will not display any data for selected providers if there are no data available for the selected reporting period.


☐ Schedule Report Run ⓘ

Run Report **Cancel**

Figure 10: Complaint/Incident Summary Report Criteria

Sample Report

 iQIES Report



Complaint/Incident Summary Report

Note: * indicates an empty value

Provider Information

Provider Name:
Address:
City/State/ZIP/County:
Telephone:
Facility ID:
CCN:

State Region:
License Number:
Type:
Medicaid Number:
Administrator:

HHA

*

Intake Information

Intake ID:
Priority:
Intake Type:

Non-Immediate Jeopardy-Medium
Complaint

Received End:
Intake Status:
State Complaint ID:

05/22/2007
Closed

Page 1 of 2

Figure 11: Complaint/Incident Summary Sample Report, page 1 of 2

Complaint/Incident Summary Report

iQIES Report

Allegation Information

Category	Sub-category
Unqualified Personnel	*

Finding:

Unsubstantiated: Allegation did not occur

Deficiencies Cited:

No Information

Page 2 of 2

Figure 12: Complaint/Incident Summary Sample Report, page 2 of 2

Report Details

The Complaint/Incident Summary Report details the following:

Report Field	Report Field Description, if necessary
Provider Information	
Provider Name	Name of the provider associated with the complaint or incident.
Address	Provider's street address.
City/State/ZIP/County	Provider's city, state, ZIP code and county.
Telephone	Provider's telephone number.
Facility ID	The unique identifier assigned to the facility by the state.
CCN	CMS Certification (Medicare) Number
State Region	Region within a state where the provider is located.
License Number	Provider license number
Type	Provider type (Home Health Agency (HHA), hospital, etc.)
Medicaid Number	State Medicaid identification for the provider.
Administrator	Name of the Administrator of the facility
Intake Information	
Intake ID	Intake number
Priority	Priority of the intake
Intake Type	Type of intake (Complaint, Facility Reported Incident)
Received End	Date and time the intake triage was received
Intake Status	Intake status (e.g. Triage/Prioritization, Investigation, etc.)
State Complaint ID	State's complaint ID - state-defined internal complaint/incident tracking number

Report Field	Report Field Description, if necessary
Allegation Information	
Category	Grouping of the allegation (e.g. Accidents, Dietary Services, etc.)
Sub-category	Sub-category of the allegation
Findings	Substantiated / unsubstantiated, etc.
Deficiencies Cited	Federal or state with tag and description

Complaint/Incident Survey Report

Purpose	To show provider, survey, complaint/incident, allegation, and citation information for all intakes linked to the same investigation as the selected intake.
Related Reports	N/A
Report Category	Survey & Certification
Report Type	Intake Module Reports

Overview

The Complaint/Incident Survey Report displays provider, survey, complaint/incident, allegation, and citation information for all intakes linked to the same investigation as the selected intake.

Run Report Criteria

Run Report

Complaint/Incident Survey Report

This report displays provider, survey, complaint/incident, allegation, and citation information for all intakes linked to the same investigation as the selected intake. Enter the report criteria to run the report or save the criteria for a later time.

All required fields are marked with an asterisk (*)

Select Saved Criteria

Select one

Intakes

Search for Intakes and "Add" Intakes for each report to run.

State *

Florida X Select...

Intake Subtype

Select...

Select one or more

Intake Search Keyword *

Enter intake ID, provider name, or CCN

Intake Status

Select...

Select one or more

Triage Priority

Select...

Select one or more

Search

No intake added.

Save Criteria **Reset Criteria**

Note: Certain reports e.g., Final Validation Report(s), will not display any data for selected providers if there are no data available for the selected reporting period.

☐ Schedule Report Run ⓘ

Run Report **Cancel**

Figure 13: Complaint/Incident Survey Sample Report Criteria

Sample Report





Complaint/Incident Survey Report

Note:* indicates an empty value

Provider Information

Provider Name:

Address:

City/State/ZIP/County:

Telephone:

Facility ID:

CCN:

State Region:

License Number:

Type:

Medicaid Number:

Administrator:

HHA

Page 1 of 2

Figure 14: Complaint/Incident Survey Sample Report, page 1 of 2

Complain/Incident Survey Report

iQIES Report

Survey Information

Event ID	Start Date	Exit Date	2567 Sent	POC Approved
	07/13/2021	07/13/2021	*	*

Complaint/Incident Information

Intake ID	Received End Date	Status	Priority	Due Date	Date Closed	Reasons Closed
	07/12/2021	Investigation	Non-Immediate Jeopardy-High	08/26/2021	*	*

Allegation Information

Intake ID	Category	Sub-category	Details

Summary of Citations

Group	Tag	POC Date	Corrected	Status	Event ID	Exit Date	IDR Status
Federal - Not Related to any Intakes	C2900-Applicability; Definitions	*	*	Not Corrected		07/13/2021	*
Federal - Not Related to any Intakes	G0406-Patient rights	*	*	Not Corrected		07/13/2021	*
Federal - Not Related to any Intakes	G0510-Comprehensive Assessment of Patients	*	*	Not Corrected		07/13/2021	*
Federal - Not Related to any Intakes	H0103-Accreditation	*	*	Not Corrected		07/13/2021	*
Federal - Not Related to any Intakes	H0104-HHA Operational	*	*	Not Corrected		07/13/2021	*

Page 2 of 2

Figure 15: Complaint/Incident Survey Sample Report, page 2 of 2

Report Details

The Complaint/Incident Survey Report details the following:

Report Field	Report Field Description, if necessary
Provider Information	
Provider Name	Name of the provider associated with the complaint or incident.
Address	Provider's street address.
City/State/ZIP/County	Provider's city, state, ZIP code and county.
Telephone	Provider's telephone number.
Facility ID	The unique identifier assigned to the facility by the state.
CCN	CMS Certification (Medicare) Number
State Region	Region within a state where the provider is located.
License Number	Provider license number
Type	Provider type (Home Health Agency (HHA), hospital, etc.)
Medicaid Number	State Medicaid identification for the provider.
Administrator	Name of the Administrator of the facility
Survey Information	
Event ID	Survey Event ID
Start Date	Survey Start date
Exit Date	Survey Exit date
2567 Sent	Date the 2567 was sent
POC Approved	Date the Plan of Correction (POC) was approved
Complaint/Incident Information	
Intake ID	Intake number
Received End Date	Date and time the intake triage was received

Report Field	Report Field Description, if necessary
Status	Intake status (e.g. Triage/Prioritization, Investigation, etc.)
Priority	Priority of the intake
Due Date	Survey due date
Date Closed	Date the intake was closed
Reasons Closed	Reason the intake was closed
Allegation Information	
Intake ID	Intake Number
Category	Grouping of the allegation (e.g. Accidents, Dietary Services, etc.)
Sub-category	Sub-category of the allegation
Findings	Substantiated / unsubstantiated, etc.
Deficiencies Cited	Federal or state with tag and description
Summary of Citations	
Group	Relationship of citation to intake
Tag	Tag Number(s) and Tag Title included in the citation
POC Date	Date the Plan of Correction (POC) was sent
Corrected	Date the citation was corrected
Status	Citation status if not corrected (e.g. waived, accepted, etc.)
Event ID	Survey Event ID
Exit Date	Survey Exit date
IDR Status	Informal Dispute Resolution (IDR) status

Intake Information Report

Purpose	To show information about complaints/incidents.
Related Reports	N/A
Report Category	Survey & Certification
Report Type	Intake Module Reports

Overview

The Intake Information Report contains information about complaints/incidents: including intake and provider information such as the intake type, date received, individuals involved, complainants, alleged allegations, and other information associated with the intake.

Run Report Criteria

Run Report

Intake Information Report

This report contains information about complaint(s)/incident(s); including intake and provider information such as the intake type, date received, individuals involved, complainant(s), alleged allegations, and other information associated with the intake.

Enter the report criteria to run the report or save the criteria for a later time.

All required fields are marked with an asterisk (*)

Select Saved Criteria

Select one

Intakes

Search for intakes and "Add" intakes for each report to run.

State *

Florida X Select...

Intake Search Keyword *

Enter intake ID, provider name, or CCN

Hide Advanced Search

TYPE

Intake Subtype

Select...

Select one or more

STATUS

Intake Status

Select...

Select one or more

Triage Priority

Select...

Select one or more

Search

No intake added.

Intake Details *

All X Select...

Save Criteria Reset Criteria


Note: Certain reports e.g., Final Validation Report(s), will not display any data for selected providers if there are no data available for the selected reporting period.

☐ Schedule Report Run ⓘ

Run Report Cancel

Figure 16: Intake Information Report Criteria

Sample Report



Intake Information Report

Note:* indicates an empty value

Provider Information

Provider Name:
Address:
City/State/ZIP/County:
Telephone:
Facility ID:
CCN:

State Region:
License Number:
Type:
Medicaid Number:
Administrator:

HHA

*

Intake Information

Intake ID:
Priority:
Intake Type:
Intake Subtype:
Intake Status:
Taken By (Staff):

Non-Immediate Jeopardy-Medium Complaint

Federal CoPs, CFCs, RFPs, EMTALA

Closed

*

Intake Method:
Received Start:
Received End:
State Complaint ID:
RO Approval Date:

Hotline

05/22/2007

05/22/2007

*

This Centers for Medicare & Medicaid Services (CMS) report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.

Page 1 of 3

Figure 17: Intake Information Sample Report, page 1 of 3

Complainant Information

Name	Address	Phone	Email	Relationship	Anonymous
			*	*	N

Residents/Patients/Clients

Name	Admitted	Discharged	Room	Location
*	*	*	*	*

Alleged Perpetrators

Alleged Perpetrator	Phone	License #
*	*	*

Intake Details

Summary of Intake:

The caller has been working with the agency since 02/06. He says that some of the staff is not qualified to care for patients. One patient, name withheld, told the caller that they had to teach the nurse aide, name withheld, how to check their sugar. The caller says the nurse aide should know how to do that. No adverse incidents have occurred. He was provided the number to DOL for other issues.

Notes:

No Information

This Centers for Medicare & Medicaid Services (CMS) report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.

Page 2 of 3

Figure 18: Intake Information Report, page 2 of 3

Intake Information Report

iQIES Report

Allegation Information

Date	Shift	Category	Sub-category	Seriousness
*	*	Unqualified Personnel	*	*

Details

No Information

Contacts

Name	Address	Phone	Witness Indicator
*	*	*	*

Survey Information

Event ID	Start Date	Exit Date	Team Members
	08/13/2007	08/13/2007	

This Centers for Medicare & Medicaid Services (CMS) report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.

Page 3 of 3

Figure 19: Intake Information Report, page 3 of 3

Report Details

The Intake Information Report details the following intake and provider information, including the intake type, date received, individuals involved, complainants, alleged allegations, and other information associated with the intake.

Report Field	Report Field Description, if necessary
Provider Information	
Provider Name	Name of the provider associated with the complaint or incident.
Address	Provider's street address.
City/State/ZIP/County	Provider's city, state, ZIP code and county.
Telephone	Provider's telephone number.
Facility ID	The unique identifier assigned to the facility by the state.
CCN	CMS Certification (Medicare) Number
State Region	Region within a state where the provider is located
License Number	Provider license number
Type	Provider type (Home Health Agency (HHA), hospital, etc.)
Medicaid Number	State Medicaid identification for the provider.
Administrator	Name of the Administrator of the facility
Intake Information	
Intake ID	Intake number
Priority	Priority of the intake
Intake Type	Type of intake (Complaint, Facility Reported Incident)
Intake Subtype	Indicates the specific type of complaint or incident
Intake Status	Intake status (e.g. Triage/Prioritization, Investigation, etc.)
Taken By (Staff)	Name of staff member(s) that took the complaint/incident

Report Field	Report Field Description, if necessary
Intake Method	Intake method (email, written, telephone, hotline, etc.)
Received Start	Date the intake was received.
Received End	Date the intake triage was received.
State Complaint ID	State's complaint ID - state-defined internal complaint/incident tracking number
RO Approval Date	Date the Regional Office approved the investigation.
Complainant Information	
Name	Complainant name
Address	Complainant address
Phone	Complainant phone number
Email	Complainant email
Relationship	Complainant relationship to the person affected
Anonymous	Was confidentiality requested?
Residents/Patients/Clients	
Name	Person Affected
Admitted	Admitted (date)
Discharged	Discharged (date)
Room	Room number
Location	Location
Alleged Perpetrators	
Alleged Perpetrator	Person Affected
Phone	Phone
License #	License number

Report Field	Report Field Description, if necessary
Intake Details	
Summary of Intake	Initial summary of the complaint or incident
Notes	Intake notes
Allegation Information	
Date	Date of allegation
Shift	Work shift
Category	Grouping of the allegation (e.g. Accidents, Dietary Services, etc.)
Sub-category	Sub-category of the allegation
Seriousness	Seriousness of the allegation (e.g. Minor, Moderate, or Critical)
Details	Detailed information about each reported allegation based upon information provided by the Complainant.
Contacts	
Name	Name of others associated with the intake
Address	Address
Phone	Phone
Witness Indicator	An indicator showing this contact as a possible witness
Survey Information	
Event ID	Survey Event ID
Start Date	Survey Start date
Exit Date	Survey Exit date
Team Members	Survey team members

Intake Notes Report

Purpose	To show the intake and provider information.
Related Reports	N/A
Report Category	Survey & Certification
Report Type	Intake Module Reports

Overview

The Intake Notes Report displays the intake and provider information, including any supplementary notes entered about the complaint/incident. The notes display: Summary of Intake, Notes, or All.

Run Report Criteria

Run Report

Intake Notes Report

This report displays the intake and provider information, including any supplementary notes entered about the complaint/incident. You can also choose which notes to display: Summary of Intake, Notes, or All. Enter the report criteria to run the report or save the criteria for a later time.

All required fields are marked with an asterisk (*)

Select Saved Criteria

Select one

Intakes

Search for intakes and "Add" intakes for each report to run.

State *

Florida X Select...

Intake Search Keyword *

Enter Intake ID, provider name, or CCN

Hide Advanced Search

TYPE

Intake Subtype

Select...

Select one or more

STATUS

Intake Status

Select...

Select one or more

Triage Priority

Select...

Select one or more

Search

No intake added.

Intake Details *

All X Select...

Save Criteria

Reset Criteria

Note: Certain reports e.g., Final Validation Report(s), will not display any data for selected providers if there are no data available for the selected reporting period.

☐ Schedule Report Run ⓘ


Run Report

Cancel

Figure 20: Intake Notes Report Criteria

Sample Report





Intake Notes Report

Note:* indicates an empty value

Provider Information

Provider Name:

Address:

City/State/ZIP/County:

Telephone:

Facility ID:

CCN:

State Region:

License Number:

Type:

Medicaid Number:

Administrator:

HHA

*

Intake Information

Intake ID:

Priority:

Intake Type:

Intake Subtype:

Intake Status:

Taken By (Staff):

Non-Immediate Jeopardy-Medium Complaint

Federal CoPs, CFCs, RFPs, EMTALA

Closed

*

Intake Method:

Received Start:

Received End:

State Complaint ID:

RO Approval Date:

Hotline

05/22/2007

05/22/2007

*

*

This Centers for Medicare & Medicaid Services (CMS) report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.

Page 1 of 2

Figure 21: Intake Notes Sample Report, page 1 of 2

Version 1.2

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iQIES Reports Guide: S&C

March 3, 2025

Intake Notes Report	iQIES Report
Intake Details	
Summary of Intake: The caller has been working with the agency since 02/06. He says that some of the staff is not qualified to care for patients. One patient, name withheld, told the caller that they had to teach the nurse aide, name withheld, how to check their sugar. The caller says the nurse aide should know how to do that. No adverse incidents have occurred. He was provided the number to DOL for other issues.	
Notes: No Information	
<p>This Centers for Medicare & Medicaid Services (CMS) report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.</p>	
Page 2 of 2	

Figure 22: Intake Notes Sample Report, page 2 of 2

Report Details

The Intake Notes Report details the following intake and provider information, including any supplementary notes entered about the complaint/incident.

Report Field	Report Field Description, if necessary
Provider Information	
Provider Name	Name of the provider associated with the complaint or incident.
Address	Provider's street address.
City/State/ZIP/County	Provider's city, state, ZIP code and county.
Telephone	Provider's telephone number.
Facility ID	The unique identifier assigned to the facility by the state.
CCN	CMS Certification (Medicare) Number
State Region	Region within a state where the provider is located
License Number	Provider license number
Type	Provider type (Home Health Agency (HHA), hospital, etc.)
Medicaid Number	State Medicaid identification for the provider
Administrator	Name of the Administrator of the facility
Intake Information	
Intake ID	Intake number
Priority	Priority of the intake
Intake Type	Type of intake (Complaint, Facility Reported Incident)
Intake Subtype	Indicates the specific type of complaint or incident
Intake Status	Intake status (e.g. Triage/Prioritization, Investigation, etc.)
Taken By (Staff)	Name of staff member(s) that took the complaint/incident
Intake method	Intake method (email, written, telephone, hotline, etc.)

Report Field	Report Field Description, if necessary
Received Start	Date the Intake was received
Received End	Date the intake triage was received
State Complaint ID	State's complaint ID - state-defined internal complaint/incident tracking number
RO Approval Date	Date the Regional Office approved the investigation
Intake Details	
Summary of Intake	Initial summary of the complaint or incident
Summary of Notes	Intake notes

Overdue Intake Investigations Report

Purpose	To display a list of facilities that do not meet the maximum investigation timeframes as established by State Operations Manual, Chapter 5, Section 5075.9.
Related Reports	N/A
Report Category	Survey & Certification
Report Type	Intake Module Reports

Overview

The Overdue Intake Investigation Report displays a list of facilities that do not meet the maximum timeframes as established by SOM, Chapter 5, Section 5075.

Run Report Criteria

Run Report

Overdue Intake Investigations Report

Displays a list of intakes that have either taken more than 10 days to triage or have a triage priority of IJ or Non IJ-High and do not meet their investigation timeframes established by the SOM Chapter 5, Section 5075.9. Report criteria available includes intake results by geographical area, provider type and includes the Intake Status, associated triage dates, applicable survey information, and the survey due date.

Enter the report criteria to run the report or save the criteria for a later time.

All required fields are marked with an asterisk (*)

Select Saved Criteria

Select one

Geography

Geographic Criteria *

CMS Location

CMS Location *

Select...

Provider Info

Provider Types *

All X Select...

Deemed Status *

All X Select...

Federal Certification Status *

Certified X Select...

Investigation Due Date

Date Range

Select one

Begin Date *

End Date *

Triage Priority *

All X Select...

Save Criteria Reset Criteria

Note: Certain reports e.g., Final Validation Report(s), will not display any data for selected providers if there are no data available for the selected reporting period.

☐ Schedule Report Run

Run Report Cancel

Figure 23: Overdue Intake Investigation Report Criteria

Sample Report





Overdue Intake Investigation Report

CMS Locations:	*	Investigation Due Dates:	01/01/2023 - 11/30/2023
States:	FL	Federal Certification Status:	Certified
Provider Types:	ASC, HHA, Hospice, NH	Deemed Status:	Deemed, Deemed-Under SA Jurisdiction, Non-Deemed
Triage Priority:	Immediate Jeopardy, Non-Immediate Jeopardy-High	Report Run Date:	11/30/2023

Legend

* Data not available or not applicable

Page 1 of 680

Figure 24: Overdue Intake Investigation Sample Report, page 1 of 2

FL (04 - Atlanta)

ASC

Triage greater than 10 days

Reference page 1 of this report to locate the Table Legend

CCN	Priority	Intake ID	Deemed	Intake Status	Intake Received Date	Triage Complete Date	Sent to CMS Date	CMS Decision	CMS Decision Date
	Immediate Jeopardy		Deemed	Pending Finalization	07/01/2023	07/02/2023	07/19/2023	Approved	07/19/2023
	Non-Immediate Jeopardy-High		Deemed	Investigation Scheduled	02/10/2023	02/10/2023	*	*	*
	*		Non-Deemed	Triage/Prioritization	01/12/2023	*	*	*	*
	*		Non-Deemed	Triage/Prioritization	01/12/2023	*	*	*	*
	*		Deemed	Triage/Prioritization	07/13/2023	*	*	*	*
	*		Deemed	Triage/Prioritization	07/13/2023	*	*	*	*
	*		Non-Deemed	Triage/Prioritization	07/17/2023	*	*	*	*
	*		Non-Deemed	Triage/Prioritization	07/17/2023	*	*	*	*
	*		Non-Deemed	Triage/Prioritization	07/17/2023	*	*	*	*
	*		Non-Deemed	Triage/Prioritization	11/06/2023	*	*	*	*

Overdue Investigations - Deemed Providers

Reference page 1 of this report to locate the Table Legend

CCN	Priority	Intake ID	Intake Status	CMS Decision Date	Survey ID	Survey Status	Survey Start Date	Survey Due Date
	Immediate Jeopardy		Pending Investigation	05/23/2023	*	*		05/29/2023

Overdue Investigations - Non-Deemed Providers

Figure 25: Overdue Intake Investigation Sample Report, page 2 of 2

Report Details

The Overdue Intake Investigation Report details the following intake and provider information, including any supplementary notes entered about the complaint/incident:

Report Field	Report Field Description, if necessary
Report Header Information	
CMS Locations	Name(s) of the CMS Locations included in the report
States	State(s) included in the report
Provider Types	Provider type (e.g. Home Health Agency (HHA), Hospice, etc.)
Triage Priority	Triage priority of the intakes included in the report
Investigation Due Date	Date range of the investigation due dates in the report
Federal Certification Status	Federal certification status of the facilities included in the report
Deemed Status	Deeming status of the facilities included in the report
Intake Status	Intake status (Open or Closed) of the intakes included in the report
Report Run Date	Date the report was run
Triage greater than 10 days	
Provider Name	Name of the provider associated with the complaint or incident.
Priority	Priority assigned to intake
Intake ID	Intake number
Tracking ID	State tracking ID of the intake
Deemed	Deemed status
Intake Status	Intake status (e.g. Triage Prioritization / Closed, etc.)
Intake Received Date	Date the intake was received
Triage Complete Date	Date triage was complete, and priority was assigned to intake

Report Field	Report Field Description, if necessary
Sent to CMS Date	Date the request was sent to CMS to determine if an investigation is required
CMS Decision	CMS Decision regarding investigation
CMS Decision Date	Date of the CMS decision regarding investigation
Overdue Investigations Deemed Providers	
Provider Name	Name of the provider associated with the complaint or incident.
Priority	Priority assigned to intake
Intake ID	Intake number
Tracking ID	State tracking ID of the intake
Intake Status	Intake status (e.g. Triage Prioritization / Closed, etc.)
CMS Decision Date	Date of the CMS decision regarding investigation
Survey ID	Survey ID of the investigation survey
Survey Status	Status of the investigation survey
Survey Start Date	Start date of the investigation survey
Survey Due Date	Calculated date when the survey investigation is due
Overdue Investigations Non-Deemed Providers	
Provider Name	Name of the provider associated with the complaint or incident.
Priority	Priority assigned to intake
Intake ID	Intake ID
Tracking ID	State tracking ID of the intake
Intake Status	Intake Status (e.g. Triage Prioritization / Closed, etc.)
Intake Received Date	Date the intake was received
Triage Complete Date	Date the triage was completed, and priority was assigned to intake

Report Field	Report Field Description, if necessary
Survey ID	ID of the investigation survey
Survey Status	Status of the investigation survey
Survey Start Date	Start date of the investigation survey
Survey Due Date	Calculated date when the survey investigation is due

Regulation Set Reports

Regulation Set Information Report

Purpose	To provide a list of regulations in a given regulation set for HHA, ASC, or Hospice provider types.
Related Reports	N/A
Report Category	Survey & Certification
Report Type	Regulation Set Reports

Overview

Provides a list of regulations in a given regulation set for HHA, ASC, or Hospice provider types. Users can download current or past federal or state regulation sets.

Notes:

- No information can be viewed online. A CSV can be downloaded with regulation set information.
- Select a provider type from the **Provider Type** drop-down menu.
- Select **Federal** or **State** from the **Regulation Set Type** drop-down menu.
- Select one or more states from the **States** drop-down menu . The **States** menu opens when **State** is the selected **Regulation Set Type**. **All** is the default selection.
- Select **Current** or **Past** from the **Current** drop-down menu.

Run Report Criteria

[Home](#) / [Find a Report](#) / Run Report

Run Report

Regulation Set Information Report

Provides a list of regulations in a given regulation set for HHA, ASC, or Hospice provider types. Users can download current or past federal or state regulation sets.

Select the desired provider type to generate the CSV file

All required fields are marked with an asterisk (*)

Provider Type *

ASC

Regulation Set Type *

Federal

Current? *

Current

[Download CSV](#) [Cancel](#)

Figure 26: Regulation Set Information Report Criteria

Sample Report

ASC_RegulationSetInformation_08012024									
Provider Type	Type	State Code	Reg Set ID	Reg ID	Tag	Title/Description	Version Number	Begin Effective Date	Current
ASC	Federal	*	3647	1008874	E0001	Emergency Preparedness/Establishment of the Emergency Program (EP)	1.04	12/12/2022	Y
ASC	Federal	*	3647	1008878	E0004	Emergency Preparedness/Develop EP Plan, Review and Update Annually	1.04	12/12/2022	Y
ASC	Federal	*	3647	1008880	E0006	Emergency Preparedness/Plan Based on All Hazards Risk Assessment	1.04	12/12/2022	Y
ASC	Federal	*	3647	1008881	E0007	Emergency Preparedness/EP Program Patient Population	1.04	12/12/2022	Y
ASC	Federal	*	3647	1008883	E0009	Emergency Preparedness/Local, State, Tribal Collaboration Process	1.04	12/12/2022	Y
ASC	Federal	*	3647	1008887	E0013	Emergency Preparedness/Development of EP Policies and Procedures	1.04	12/12/2022	Y
ASC	Federal	*	3647	1008892	E0018	Emergency Preparedness/Procedures for Tracking of Staff and Patients	1.04	12/12/2022	Y
ASC	Federal	*	3647	1008895	E0020	Emergency Preparedness/Policies for Evac. and Primary/Alt. Comm.	1.04	12/12/2022	Y
ASC	Federal	*	3647	1008897	E0022	Emergency Preparedness/Policies/Procedures for Sheltering in Place	1.04	12/12/2022	Y
ASC	Federal	*	3647	1008898	E0023	Emergency Preparedness/Policies/Procedures for Medical Documentation	1.04	12/12/2022	Y
ASC	Federal	*	3647	1008899	E0024	Emergency Preparedness/Policies/Procedures-Volunteers and Staffing	1.04	12/12/2022	Y
ASC	Federal	*	3647	1008900	E0026	Emergency Preparedness/Roles Under a Waiver Declared by Secretary	1.04	12/12/2022	Y
ASC	Federal	*	3647	1008903	E0029	Emergency Preparedness/Development of Communication Plan	1.04	12/12/2022	Y
ASC	Federal	*	3647	1008904	E0030	Emergency Preparedness/Names and Contact Information	1.04	12/12/2022	Y
ASC	Federal	*	3647	1008905	E0031	Emergency Preparedness/Emergency Officials Contact Information	1.04	12/12/2022	Y
ASC	Federal	*	3647	1008875	E0032	Emergency Preparedness/Primary/Alternate Means for Communication	1.04	12/12/2022	Y
ASC	Federal	*	3647	1008894	E0033	Emergency Preparedness/Methods for Sharing Information	1.04	12/12/2022	Y
ASC	Federal	*	3647	1008906	E0034	Emergency Preparedness/Information on Occupancy/Needs	1.04	12/12/2022	Y
ASC	Federal	*	3647	1008908	E0036	Emergency Preparedness/EP Training and Testing	1.04	12/12/2022	Y
ASC	Federal	*	3647	1008909	E0037	Emergency Preparedness/EP Training Program	1.04	12/12/2022	Y
ASC	Federal	*	3647	1008911	E0039	Emergency Preparedness/EP Testing Requirements	1.04	12/12/2022	Y
ASC	Federal	*	3647	1008914	E0042	Emergency Preparedness/Integrated EP Program	1.04	12/12/2022	Y
ASC	Federal	*	168	36871	K0100	LSC 2012 ASC and ESRD Existing/General Requirements - Other	03.02	01/22/2018	Y
ASC	Federal	*	169	4551	K0100	LSC 2012 ASC and ESRD New/General Requirements - Other	02.02	01/22/2018	Y
ASC	Federal	*	169	36890	K0111	LSC 2012 ASC and ESRD New/Building Rehabilitation	02.02	01/22/2018	Y
ASC	Federal	*	168	4543	K0111	LSC 2012 ASC and ESRD Existing/Building Rehabilitation	03.02	01/22/2018	Y
ASC	Federal	*	168	42307	K0131	LSC 2012 ASC and ESRD Existing/Multiple Occupancies	03.02	01/22/2018	Y
ASC	Federal	*	169	10099	K0131	LSC 2012 ASC and ESRD New/Multiple Occupancies	02.02	01/22/2018	Y

Figure 27: Regulation Set Information Sample Report

Report Details

The Regulation Set Information Report details the following:

Report Field	Report Field Description, if necessary
Provider Type	Provider type of the regulation set (e.g., ASC , HHA , Hospice)
Type	Type of reg set (Federal or State)
State Code	State Code (AK, AL, etc.), when State is selected as Regulation Set Type
Reg Set ID	ID number of the regulation set
Reg ID	ID number of the regulation
Tag	Tag letter and tag number
Title/Description	Title or description associated with the reg set
Version Number	Version number of the reg set
Begin Effective Date	Begin effective date of the reg set
Current	Indicates whether the reg set is current (Y/N)

Provider Reports

Name and Address Listing Report

Purpose	To display a list of providers including their address and phone number.
Related Reports	N/A
Report Category	Survey & Certification
Report Type	Provider Reports

Overview

Displays a list of providers, including their address and phone number. Report criteria available includes results by provider type, geographical area, deemed status, federal certification status, or current survey date range.

Note: Be aware that all fields are not shown for all providers.

Run Report Criteria

Run Report

Name and Address Listing Report

Displays a list of providers including their address and phone number. Report criteria available includes results by provider type, geographical area, deemed status, federal certification status, or current survey date range.

Enter the report criteria to run the report or save the criteria for a later time.

All required fields are marked with an asterisk (*)

Select Saved Criteria

Select one

Geography

Geographic Criteria *

CMS Location

CMS Location *

Select...

Provider Info

Provider Types *	Deemed Status *	Federal Certification Status *
Select one	Select one	Certified

Current Survey

Date Range

Select one

Begin Date **End Date**

Save Criteria [Reset Criteria](#)


Note: Certain reports e.g., Final Validation Report(s), will not display any data for selected providers if there are no data available for the selected reporting period.

☐ Schedule Report Run ⓘ

[Run Report](#) [Cancel](#)

Figure 28: Name and Address Listing Report Criteria

Sample Report





Name and Address Listing Report

CMS Locations

States

State Regions

Provider Types

Provider Subtypes

Deemed Status

04 - Atlanta

*

*

ASC

*

Deemed, Deemed-Under SA Jurisdiction, Non-Deemed

Federal Certification Status

Compare Date

Begin Date

End Date

Report Run Date

Certified

All Dates

*

*

06/26/2024

Legend

*	Indicates an empty value
D	Deemed
None	N/A

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Figure 29: Name and Address Listing Sample Report, page 1 of 2

Name and Address Listing Report

iQIES Report

AL

CMS Location Code

04 - Atlanta

State Name

Alabama

Total Providers

8

AL - ASC

Reference page 1 of this report to locate the Table Legend

CCN	Other Info	Provider Name / Address / Phone Number / Email	State Region	County	Federal Certification Status	Termination Code / Date
	None		1	usa	Certified	*
		*				
	D		1	*	Certified	*
		*				
	D		1	United States	Certified	*
	None		*	*	Certified	*

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Figure 30: Name and Address Listing Sample Report, page 2 of 2

Report Details

The Name and Address Listing Report details the following:

Report Field	Report Field Description, if necessary
Provider Information	
CMS Locations	CMS Location number(s) and name(s) of the CMS Locations included in the report
States	State(s) included in the report
Provider Types	Provider types (e.g. Home Health Agency (HHA), Hospice, etc.)
Deemed Status	Deeming status of the facilities included in the report
Federal Certification Status	Federal certification status of the facilities included in the report
Compare Date	Date range used for report output (Current Survey or Determination Approval)
Begin Date	From date for the date range selected
End Date	End date for the date range selected
Report Run Date	Date the report was run
State Criteria	
CMS Location Code	CMS location number and name
State Name	State Name
Total Providers	Total providers for this state
CCN	CMS Certification (Medicare) Number
Other Info	* Empty value D Deemed (only applies to provider categories 01, 05, 08, 12, 14, 15,16) None Not Applicable

Report Field	Report Field Description, if necessary
Provider Name / Address / Phone Number / Email	Name of the Provider, Street address, City, State Code, ZIP Code, Provider's telephone number, Email
State Region	State region code
County	County
Federal Certification Status	Federal certification status
Termination Code / Date	Reason for termination, Date of termination

Provider Count Report

Purpose	To display the count of providers by provider category/sub-category and deemed status for the selected geographic area. This report includes information for provider types whose data have migrated into IQIES.
Related Reports	N/A
Report Category	Survey & Certification
Report Type	Provider Reports

Overview

Displays the count of providers by provider category/sub-category and deemed status for the selected geographic area. The report criteria available include results by CMS Location and Provider Status.

Run Report Criteria

Home / Find a Report / Run Report

Run Report

Provider Count Report

Displays the count of providers by provider category/sub-category and deemed status for the selected geographic area.

Enter the report criteria to run the report or save the criteria for a later time.

All required fields are marked with an asterisk (*)

Select Saved Criteria

Select one

CMS Location *

Select...

Provider Status *

Active

Save Criteria Reset Criteria

Note: Certain reports e.g., Final Validation Report(s), will not display any data for selected providers if there are no data available for the selected reporting period.

☐ Schedule Report Run ⓘ

Run Report Cancel

Figure 31: Provider Count Report Criteria

Sample Report

 iQIES Report



Provider Count Report

CMS Locations:

01 - Boston, 02 - New York, 03 - Philadelphia, 04 - Atlanta, 05 - Chicago, 06 - Dallas, 07 - Kansas City, 08 - Denver, 09 - San Francisco, 10 - Seattle

Report Run Date:

02/28/2025

Provider Status:

Active

This Centers for Medicare & Medicaid Services (CMS) report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.

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Figure 32: Provider Count Sample Report (1 of 2)

01 - Boston

Provider Category	CT	ME	MA	NH	RI	VT	CMS Location Total	National Total
Home Health Agencies	75	33	275	26	20	9	437	22,238
HHA Branches	108	38	147	25	9	26	353	5,188
Deemed Status								
Deemed	18	1	178	5	12	0	214	4,880
Non-Deemed	57	32	97	21	8	9	234	8,358
Hospices	26	17	78	22	16	8	167	7,852
1. Hospital	0	0	0	0	0	0	0	272
2. Skilled Nursing Facility	0	0	1	0	0	0	1	0
3. Intermediate Care Facility	0	0	0	0	0	0	0	0
4. Home Health Agency	17	7	26	16	4	0	64	982
5. Freestanding Hospice	7	7	52	6	4	8	84	3,880
Deemed Status								

This Centers for Medicare & Medicaid Services (CMS) report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.

Figure 33: Provider Count Sample Report (2 of 2)

Report Details

Report Field	Report Field Description, if necessary
CMS Location	CMS location number and name
Provider Category	Provider Type, subtypes, and deemed statuses
State Abbreviation	State abbreviations listed for each CMS Location
CMS Location Total	Total providers for each CMS Location
National Total	Total providers in the nation

Standard Reports

Provider History Report

Purpose	Lists the deficiencies cited on up to four of the provider's most recent surveys and up to three years of recent complaint surveys.
Related Reports	N/A
Report Category	Survey & Certification
Report Type	Standard Reports

Overview

The Provider History Report lists the deficiencies cited on up to four of the provider's most recent surveys and up to three years of recent complaint surveys.

Run Report Criteria

Run Report

Provider History Report

This report lists the deficiencies cited on up to four of the provider's most recent surveys and up to three years of recent complaint surveys.

Enter the report criteria to run the report or save the criteria for a later time.

All required fields are marked with an asterisk (*)

Select Saved Criteria

Select one

Standard Surveys *

Select one

Number of standard surveys to return

Dates

Complaint Survey From *

12/09/2019

MM/DD/YYYY - Report can be run for up to 3 years in the past.

Complaint Survey Through *

12/09/2022

Enforcement Case From *

12/09/2019

MM/DD/YYYY - Report can be run for up to 3 years in the past.

Enforcement Case Through *

12/09/2022

Providers

Search for providers and "Add" providers for each report run.

State *

All X Select...

Provider Keyword

Enter at least 4 characters to search by Provider Name, CCN, or Facility ID.

Search

No providers added.

Save Criteria

Reset Criteria

Note: Certain reports e.g., Final Validation Report(s), will not display any data for selected providers if there are no data available for the selected reporting period.

☐ Schedule Report Run

Run Report

Cancel


Figure 34: Provider History Report Criteria

Sample Report

Sample reports are shown for an Ambulatory Service Center (ASC) and an HHA. Data elements may vary based on the provider. A complete list of data elements is located in the [Report Details](#).

iQIES Report

Provider History Report



Provider Name		Provider Type	ASC
CCN		Subtype	*
Address		Participation Date	11/19/2003
City/State		Deemed By	*
ZIP Code			
State's Region Code	05		
Phone Number			

Page
1

Figure 35: Provider History Sample Report for an ASC, page 1 of 3

Provider History Report

Note:

* indicates an empty value

- indicates Not Applicable

Standard Survey Deficiency Summary

Survey ID	Exit Date	Category	Condition	Standard	Element	Health Total	EP	LSC
	05/27/2021	Recertification	2	5	0	7	0	-
	05/27/2021	Recertification	0	0	0	0	0	2
	04/04/2017	Recertification	1	4	0	5	0	-
	04/04/2017	Recertification	0	0	0	0	0	6

Figure 36: Provider History Sample Report for an ASC, page 2 of 3

Provider History Report**Current Standard Health Survey: 05/27/2021 - KZBX11**


Current Survey/Revisit Dates - 05/27/2021, 06/10/2021, 07/01/2021

Deficiency	Tag Type	Type of Correction	Plan/Date of Correction	LJ
Q0100 - ENVIRONMENT	Condition	Corrected	06/10/2021	N
Q0104 - SAFETY FROM FIRE	Standard	Corrected	06/10/2021	-
Q0162 - FORM AND CONTENT OF RECORD	Standard	Corrected	05/20/2021	-
Q0181 - ADMINISTRATION OF DRUGS	Standard	Corrected	05/20/2021	-
Q0224 - ADVANCED DIRECTIVES	Standard	Corrected	05/20/2021	-
Q0240 - INFECTION CONTROL	Condition	Corrected	07/01/2021	N
Q0242 - INFECTION CONTROL PROGRAM	Standard	Corrected	07/01/2021	-

Figure 37: Provider History Sample Report for an ASC, page 3 of 3

iQIES Report

Provider History Report



Provider Name		Provider Type	HHA
CCN		Subtype	*
Address		Participation Date	02/14/2014
City/State		Deemed By	
ZIP Code			
State's Region Code	09		
Phone Number			

Figure 38: Provider History Sample Report for an HHA, page 1 of 3

iQIES Report

Provider History Report

CMS

CENTERS FOR MEDICARE & MEDICAID SERVICES

Note:

* indicates an empty value

- indicates Not Applicable

Standard Survey Deficiency Summary

Survey ID	Exit Date	Category	Condition	Standard	Element	Health Total	EP	LSC
	10/12/2021	Recertification	0	0	1	1	0	-

Page

2

Figure 39: Provider History Sample Report for an HHA, page 2 of 3

Provider History Report**Current Standard Health Survey: 10/12/2021 - 1974C-H1**

Current Survey/Revisit Dates - 10/12/2021, 10/13/2021

Deficiency	Tag Type	Type of Correction	Plan/Date of Correction	LJ
G0418 - Patient's or legal representative's signature	Element	Not Corrected	*	-

Figure 40: Provider History Sample Report for an HHA, page 3 of 3

Report Details

The Provider History Report details the deficiencies cited on up to four of the provider's most recent surveys and up to three years of recent complaint surveys.

Report Field	Report Field Description, if necessary
Provider Information	
Provider Name	Name of the provider.
CCN	CMS Certification (Medicare) Number
Address	Provider's street address.
City/State	Provider's city and state.
ZIP Code	Provider's ZIP code.
State's Region Code	Region within a state where the provider is located.
Phone Number	Phone number
Provider Type	Provider type (Home Health Agency (HHA), Hospice, etc.)
Subtype	Identifies the subtype of the provider, within the primary category.
Participation Date	Date a provider is first approved to provide Medicare and/or Medicaid services.
Deemed by	Names of Accreditation Organization(s)
Standard Survey Deficiency Summary	
Survey ID	Survey event ID
Exit Date	Survey exit date
Category	Survey grouping (Revisit, Initial Certification, etc.)
Condition	Count of condition type deficiencies
Standard	Count of standard type deficiencies
Element	Count of element type deficiencies

Report Field	Report Field Description, if necessary
Health Total	Count of deficiency types that are not licensure or memo
EP	Count of Emergency Preparedness deficiencies
LSC	Count of Life Safety Code deficiencies
Current Standard Health Survey	
Deficiency	Deficiency tag and title
Tag Type	Type of deficiency (Standard, Element, etc.)
Type of Correction	Type/status of correction for the deficiency
Plan/Date of Correction	Date of correction
IJ	Displays 'IJ' if there was immediate jeopardy
Current Standard LSC Survey: Only displays when an LSC survey is performed	
Bldg #	Building number
Deficiency	Deficiency tag and title
Tag Type	Type of deficiency (Standard, Element, etc.)
Type of Correction	Type/status of correction for the deficiency
Plan/Date of Correction	Date of correction
IJ	Displays 'IJ' if there was immediate jeopardy
Survey	
Deficiency	Deficiency tag and title
Tag Type	Type of deficiency (Standard, Element, etc.)
Repeats	Number of times this deficiency repeats across the surveys listed
Deficiency for this survey	Was the deficiency cited (if condition, standard, element, or requirement display 'X', if 'IJ' display 'IJ' if not cited display *) for this survey?

Report Field	Report Field Description, if necessary
Survey	
Bldg #	Building number
Deficiency	Deficiency tag and title
Tag Type	Type of deficiency (Standard, Element, etc.)
Repeats	Number of times this deficiency repeats across the surveys listed
Deficiency for this survey	Was the deficiency cited (if condition, standard, element, or requirement display 'X', if 'IJ' display 'IJ' if not cited display *) for this survey?
Complaint	
Complaint	Intake ID for the complaint
Survey ID	Survey Event ID
Exit Date	Survey exit date
Substantiated Allegations	Complainant allegations which were substantiated in the survey
Survey	
Survey	Survey date and event ID
Deficiency	Deficiency tag and title
Tag Type	Type of deficiency (Standard, Element, etc.)
Repeats	Number of times this deficiency repeats across the surveys listed
Deficiency for this survey	Was the deficiency cited (if condition, standard, element, or requirement display X , if IJ display IJ if not cited display *) for this survey?
Building	
Survey	Survey date and event ID
Deficiency	Deficiency tag and title

Report Field	Report Field Description, if necessary
Tag Type	Type of deficiency (Standard, Element, etc.)
Repeats	Number of times this deficiency repeats across the surveys listed
Deficiency for this survey	Was the deficiency cited (if condition, standard, element, or requirement display X , if IJ display IJ if not cited display *) for this survey?
Enforcement: Only displays when there is an enforcement case for the provider	
Start Date	Enforcement start date
Enforcement ID	Enforcement IDs associated with this provider
Status	Enforcement status
Type	Type of enforcement case (federal or state)
Surveys	Surveys included in this enforcement case - separated by commas