CMS MDS 3.0 Software Developer/Vendor Call Minutes
November 10, 2022
1:00 – 2:00 p.m. ET
Conference Line: 1-833-568-8864
Meeting ID: 160 223 0023

Welcome... Kimberlie Jasmin, CMS

Welcome everyone and thank you for joining the MDS Software Developer/Vendor Call. The purpose of this call is to provide information to software developers and vendors who are creating or have created software for Nursing Home providers.

Please note that CMS policies related to the MDS item set or the technical data specifications are not the focus of this vendor call. We are here to discuss the upcoming enhancements to the Quality Improvement and Evaluation System (QIES) for the Minimum Data Set (MDS).

If you do not have the agenda for this call, it may be found at https://qtso.cms.gov and click on the Minimum Data Set (MDS) Vendors link under the "I'm a Vendor" tab in the middle of the page.

If time allows we will have an open Q & A session at the end of this call.

iQIES Overview .... Kimberlie Jasmin, CMS

What is iQIES? The Centers for Medicare & Medicaid Services (CMS) developed the Quality Improvement and Evaluation System (QIES) two decades ago to directly support its program and policy goals. As time progressed, the QIES system architecture became outdated and expensive to maintain. As a result, CMS initiated a project to modernize QIES by developing the Internet Quality Improvement and Evaluation System also known as iQIES.

iQIES is a web-based solution that has replaced a subset of the QIES systems that supports and manages provider and patient assessment information which aims to reduce provider burden and enhance the ability for CMS to better serve our community and ensure quality healthcare for the most vulnerable patients. While iQIES is a single application it can be decomposed into three major capabilities that supports Patient Assessments (PA), Survey and Certifications (S&C) and Reporting. iQIES will consolidate and replace functionality from the QIES Assessment Submission and Processing (ASAP), Certification and Survey Provider Enhanced Reports (CASPER), and Automated Survey Process Environment (ASPEN) legacy systems.

In a phased approach, CMS released a series of QIES enhancements by provider type. Long-Term Care Hospitals (LTCHs) was released in March 2019, followed by Inpatient Rehabilitation Facilities (IRFs) in October 2019, and Home Health Agencies (HHAs) in January 2020. The system enhancements required all IRF, LTCH and HHA providers to access iQIES to submit patient assessments and also required user access to associated reports. The existing enhancements along with future enhancements will make the system more reliable, scalable, secure, and accessible.

Also, iQIES integrates with the Health Care Quality Information Systems (HCQIS) Access, Roles, and Profile Management System (HARP) for authentication and authorization. To gain access to iQIES, all users must create an account and establish credentials in HARP, which is a secure identity management portal provided by CMS.

Rollout of MDS Submission Functionality to iQIES...................................Ellen Berry, CMS

The rollout for MDS transition will happen early next year. We do not have a confirmed date. Once we have that date we will share with the vendors and all stakeholders involved with the MDS, Nursing Homes and Swing Beds. One of things we want to make clear is that we are being transparent with you. We ask that you have patience with us with regards to the MDS. As many of you know, MDS is pretty huge and it is a "jack of all trade".

The MDS submission functionality will be similar to as it is today. There is going to be an upload button and you can upload your XML files as vendors and third-party users. You will be able to submit for multiple providers with that same file, multiple type of assessments, etc.

Hopefully that clarifies a little bit but if you have more questions that are above my knowledge, we have others on the call that can assist with that.

MDS Onboarding Process ....**Ellen Berry, CMS**

As you are aware, we have already started with the MDS onboarding process for the Security Official. Next week we will open up for general onboarding. Every provider must have a Security Official (SO) or Provider Security Official (PSO). This person must work for the provider and should not be a vendor. This person should be in charge of approving other users for their providers. CMS nor the States are involved in this approval process for users. CMS is involved in vetting PSOs and it takes time to ensure that who they approve is in fact related to that provider. There are security reasons why we insist that the primary PSO to be a provider-related staff person because they are the ones who are supposed to know who is involved in what part of the MDS process. It is the provider, not CMS, that has an arrangement with the third-party vendor. They need to know who you are and they are the ones who will approve your request.

We have had a good turnout with onboarding PSOs, we are close to 50%, which is actually more than when we transitioned HHAs for OASIS at this time. If you haven't already, reach out to your provider to be an iQIES user. We understand that some of you have a handful or up to thousands of providers, but it is up to each individual provider to approve your request.

Hopefully I covered it at least at the high level. Now I will hand it over to Ian.

CMS Security Policy on Robotic Process Automation .... **Ian Sheldon, CMS**

We do not have a well-developed security policy on RPAs as yet. We are ready to look into this process and happy to answer any questions you may have. Brandon Tennessee is a Security Tech lead and as we explore RPAs, we want to make sure the solutions, whatever that may be, meets all CMS security policies. We are optimistic that between the technology and policies being updated recently we can have a path forward but we are still exploring within the weeks and months to come.

Discussion of Submitted Q & A's...**Kimberlie Jasmin, CMS**

Q: Can you provide the timelines to move to the new iQIES system? We are aware of the Security Official onboarding timelines but would like to better understand what date is targeted to go live with the new system.

A: CMS have tentatively scheduled the rollout of the MDS 3.0 submission functionality in the iQIES on early 2023. Therefore, CMS will forward communication to Nursing Home providers and to vendor software developers with a confirmed release date.

Q: Can you clarify if the system to submit MDS 3.0 assessments is changing or is it just being upgraded and requiring new account logins? Will there be any technical specifications provided to vendors who submit MDS 3.0 assessments on behalf of facilities to detail the changes to the system? We would like to better understand any technical changes that are forthcoming with this enhanced system so we can minimize any disruption during the transition.

A: The rollout of the MDS submission functionality into iQIES will not require providers to change current processes related to the submission of patient assessment data, but these system enhancements include a new, optional web-based assessment submission and reporting tool which will allow MDS users to upload patient assessment information in XML through iQIES. Prior to the rollout, all users are required to register for new user accounts through HARP to access iQIES.

Technical specifications changes are not needed for this system enhancement.

Q: We would like to understand the user account provisioning process better. As we understand it, we would set up one or multiple user accounts for PointClickCare, but then require each facility to approve our access. Similar to how you are approving for all Security Officials, we would have to reach out to approximately 9,000 facilities and coordinate with them approving our user account(s) and association with their facility. This will be a very labor-intensive process for us and our clients. In addition, we have some follow up questions:

- How many facilities can be associated with one user account? Is there a specific limit?
- Is there a recommended number of accounts a third-party vendor our size should set up?
- What happens when the user with the iQIES account at PointClickCare leaves the company?

It is my understanding that we will need to create a new user account and reach out to each facility associated with that account to have them approve the new user associated with their account (which would require reaching out to thousands of facilities) as well as make system updates to account for the new user account. Not only is this a huge burden for vendors and facilities, but it could also potentially disrupt the timeliness of MDS submissions during the transition to the new account since we would have to update our system to associate the appropriate facilities with the new account based on facility approval. This is a current issue with the existing system, and we are hopeful there is a better solution.

A: We do not have a maximum limit. We have unlimited provider associations for one user account.

We recommend at least two user accounts for third-party vendors - one for the primary user and one for the back-up.

The vendor should contact their PSO and the PSO will deactivate the account and register new accounts.

Open Q and A Session .... Kimberlie Jasmin, CMS

Q: We have a problem with the current user provisioning process that we can run into with RPA tools. We have experienced turnover when one of the employees connected with a HARP account leaves and we have to get a new account for an individual and have the individual get the roles applied to them by all our providers. It becomes a problem at scale. It becomes quite unmanageable to get all of those 6700 providers approve that role in a timely fashion. Are you aware of this issue? Is there a plan to address or make it easier for us to automate that? Could there be a vendor account that can be verified as a vendor instead that can be maintained indefinitely despite our turnover?

A: HARP accounts have to be tied to an actual user so establishing an account that serves for more than one user typically isn't allowed. CMS would not approve considering the policies and some of the presidential mandates that require there to be one user to each account. There may be a way to move

roles from one user to another user which would give that new user the same rights and privileges but CMS would need to explore that and all other possibilities that would possibly work in your use case.

Q: I wanted to raise a concern that was pointed out to us. The HARP account is tied to an individual and the Security Official has to approve it. What we've learned is that the PSO can actually see the demographic information about the vendor account, such as the personal address, date of birth, e-mail address, and all that is tied to that individual. If we're connected to 9000 facilities that is 9000 people who now have access to that individual's information. I wanted to make sure that you all were aware and is there a way to hide this information so it is not accessible to these facility team members?

A: CMS discovered that the Security Official seeing the user's information is really not an issue because the organizational Security Official will need that information to validate the user. They are not seeing the user's social security number. They are seeing an address, first name, last name, date of birth. This information is not stored in HARP.

Q: I know that HARP requires the individual but the facilities don't know who "Jane Doe" is. They know PointClickCare and SimpleLTC. There is no place when I sign up for an account that I am with PointClickCare. The only way they would know that "Jane Doe" is associated with a vendor is that they have the e-mail address.

A: HARP was set up so that each organization within HARP or each user belongs to that organization and the SO of the organization should have organizational knowledge of who that user is and it is like that with all or most of the applications within HARP today. If there is an architecture or a way that the roles are set up where the SO doesn't have a real understanding of who that user is then it needs to be discussed and it needs to be evaluated again. It is important that we understand that concept.

Q: Is auto-submission allowed for the MDS assessments?

A: Some vendors are automatically submitting on behalf of our providers with obvious roadblocks in place. The concern is not about is it allowed but how it would be allowed and the security aspect based on the current architecture. CMS have already started evaluating this auto-submission process and will explore all technical solutions.

Q: We want to make sure there is minimal disruption as we transition over our clients to this new system and reduce provider burden. Is there any possible way that we could have some type of a sandbox that we could do some early testing to ensure compliance?

A: If CMS were to have a sandbox or testing environment available, vendors must be able to create mock assessments devoid of any sensitive information and be able to emulate their upload process. CMS may need to explore further to make sure that submissions on the vendors' side are working to your expectation and the new solution implemented are meeting the demands that will be placed on the system.

Q: If the sandbox or test environment is not feasible, is it possible that the QIES system could run in parallel for a time so that both are active and we can have a fallback submission process just in case there are issues with the new iQIES system when we roll out?

A: CMS will discuss internally and provide an official statement. If you want to be included in future technical discussions with a larger group of vendors, reach out to Donna@nasl.org and cynthia@nasl.org.

Q: We have experienced some scaling issues that I wanted to point out. I know you said by policy that there is not a limit on user roles attached to one account but when we hit 1800 roles attached to one account, we experience quite a few technical issues on the iQIES system.

A: We have updated our authentication system such that unlimited providers should be able to be associated with one account. You should not be hitting that constraint in the future.

Q: Can you confirm if the user role for Assessment Submitter should have access to the Final Validation Report (FVR)?

A: The current iQIES roles and permissions in this regard mimics what exists in QIES Legacy. The Assessment Submitter role can only upload assessments. The providers' role(s) can access and view the system generated (FVR). Assessment submitters can request the Submitter Final validation report (FVR), which includes feedback on all provider records submitted.

Q: I have two questions. The first one, if there is an RPA solution, how often can we expect the iQIES website to be updated? Will anything change, such as the login process, the upload process, etc.? The second question, instead of having a file upload structure to iQIES website is there any discussions involving API where we could provide some sort of authentication token plus the payload of an assessment and send that to iQIES instead of a file upload submission?

A: Our main goal in the beginning for iQIES is to get off legacy QIES and then enhance it as time goes on, as money allows, etc. CMS have discussed APIs and other solutions, but we are not there yet to provide a confirmed response. The timeline is unknown at this time.

Q: How different or similar are the reports going to be from CASPER? A lot of providers have internal processes that are heavily dependent on the structure of those documents that are produced and we'd like to know if we can get a heads up on what they might be structured like moving forward so that we help providers update on their internal processes for the switch.

A: The data and the results of the measure reports that will be migrated into iQIES will very closely mirror or be exactly the same in regards to the quality measure reports as those data that are displayed on the QIES reports. However, the display might be different and should be expected to be different but the variables or the data elements on the report especially with the quality measure reports are the same as in CASPER.

Q: Will iQIES provide notifications to vendors and other 'automated solution' stakeholders regarding changes to the system that could impact their software?

A: The program will provide timely feedback regarding changes that would impact those user groups so they can react or adapt accordingly. Our understanding is that would be first and foremost a 'programmatic' process and then this particular item would be driven by the 'Patient Assessment' team in terms of system or software change specifics.

Closing Comments..Kimberlie Jasmin, CMS

If you think of questions later after the call, please send them to our CMS mailbox at iQIES@cms.hhs.gov. Please note important resources listed at the bottom of the agenda. The meeting minutes from this call will be posted on the QTSO Vendor Page on the following week. Thanks to our speakers today and thank you for calling in to stay updated on the future changes to the Minimum Data Set Quality Reporting program.

Important Resources

QTSO Website
https://qtso.cms.gov
https://qtso.cms.gov/vendors
https://qtso.cms.gov/vendors/minimum-data-set-mds-vendors
https://qtso.cms.gov/software/iqies/news
https://qtso.cms.gov/software/iqies/reference-manuals
https://qtso.cms.gov/software/iqies/training

iQIES Website
https://iqies.cms.gov/
https://iqies.cms.gov/vut
https://iqies.cms.gov/known-issues
https://iqies.cms.gov/iqies/help

HARP User Account Training
https://www.youtube.com/watch?v=G1zj8JqxWg4

CMS.gov – MDS Technical Information
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation

CMS.gov – MDS RAI Manual
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual

CMS.gov – MDS Patient Driven Payment Model (PDPM)
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM

E-mail MDS PDPM
pdpm@cms.hhs.gov

E-mail MDS Technical Issues
IQIES@cms.hhs.gov

Open Door Forums
https://www.cms.gov/outreach-and-education/outreach/opendoorforums/odf_snfltc