Centers for Medicare & Medicaid Services

Internet Quality Improvement & Evaluation System (iQIES)

Survey and Certification (S&C)

Manage a Form

User Manual

Version 2.0

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1. Introduction

This S&C User Manual addresses Forms and shows how to create and use CMS forms in iQIES.

For information on other modules, refer to Reference & Manuals on QTSO.

1.1 Getting Started in S&C – Important Information to Know

Below is important general information about iQIES.

- Log in to iQIES at https://iqies.cms.gov/ with Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) login credentials. Refer to iQIES Onboarding Guide for further information, if necessary.
- All screenshots included in this manual contain only test data. Current screens in iQIES may be different from what is shown in screenshots below.
- Screenshots are dependent on user role and may not be an exact representation.
- Words highlighted in blue are clickable links.
- A red asterisk (*) indicates a required field.
- Blank fields may have a limited number of characters allowed in that field. If so, the character limit is shown on the bottom left. The blank fields may also be expanded. Click the two 45° parallel lines and drag to the right to enlarge the box. See *Figure 1, Expandable Field*.

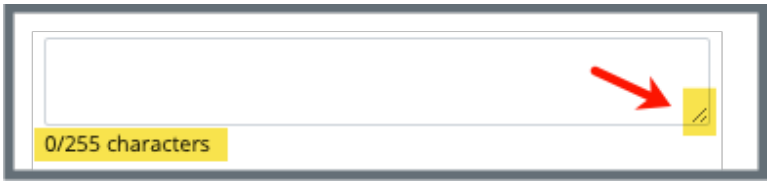


Figure 1: Expandable Field

- iQIES times out after 15 minutes of nonuse and reverts to the login page. Be sure to save data regularly. iQIES remains up and active as long as it is in use.

- iQIES uses a smart search. Once three letters/digits are typed in the search bar, results are shown based on letters/digits entered. The more letters/digits entered, the narrower the search. If any of the results is the correct result, click the result to open.
- Review any notification banners. Some banners may have links to review further information; others may be a reminder of a task that must be completed. See *Figure 2, Notification Banner* and *Table 1, Notification Banner Color Descriptions.* These banners can be closed (X'd out) at any time.

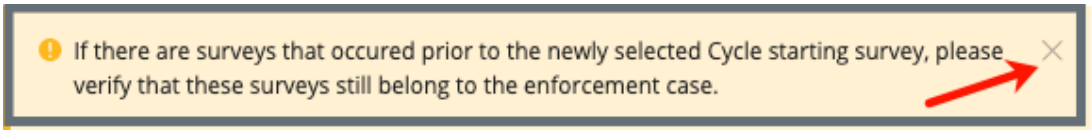


Figure 2: Notification Banner

Table 1: Notification Banner Color Descriptions

Notification Banner Color	Reason
Green	Action was successful
Blue	Informational only
Yellow	Warning. Review for information.
Red	Stop and review. The banner explains the actions must be taken.

- Review any Tool Tips for additional information to perform an action. Hover over the information icon to see the tip. Tool Tips are in iQIES to communicate information. Look for the information icon. See *Figure 3, Tool Tip Icon.*

Figure 3: Tool Tip Icon

- Below are the supported browsers for access to iQIES. Be sure to keep your browser updated.

  Chrome
  Edge

1.2 iQIES Service Center

The iQIES Service Center supports users working within the various iQIES components: S&C, Patient Assessment, and Reporting.

Assistance Accessing iQIES: Contact the iQIES Security Official (SO) for your organization

Technical Support: Contact the iQIES Service Center:

Phone: 888-477-7876 (select Option 1)
Email: iQIES@cms.hhs.gov

CCSQ Support Central: Create a new ticket or track an existing ticket: CCSQ Support Central.

Idea Portal: Feedback for future iQIES software development: CCSQ Support Central. Click **Idea Portals** and select **iQIES Idea Portal**.

More information on iQIES: Refer to the QIES Technical Support Office (QTSO) and the Quality, Safety, & Education Portal (QSEP). Logging in to HARP may be required before accessing some documentation in QTSO and QSEP.

iQIES reference materials include:

- Other volumes of the S&C User Manual
- Links to Training Videos for providers
- Assessment Management User Manual
- Quick Reference Guides
- Onboarding Guide
- Managing User Information
- Other helpful iQIES material

iQIES training materials on QSEP include S&C Foundation Series Videos

1.3 Roles and Permissions

iQIES roles allow users to access information pertinent to their area of work. The examples provided in this document pertain to S&C and require a State Agency or Centers for Medicare & Medicaid Services (CMS) role with the capability to view or edit this information.

Permissions are ultimately governed by HARP access privileges. Contact the SO for your organization or the iQIES Service Center for issues relating to access and permissions. Refer to the iQIES User Roles Matrix for detailed information on roles.

For additional help, refer to https://iqies.cms.gov/iqies/help or click the help icon in the top right corner of the screen, see *Figure 4, Help Icon*, for further information.

Figure 4: Help Icon

2. Forms Overview

Users can access CMS forms for supported provider types in iQIES. Available forms include:

- CMS-1572, Home Health Agency Survey Report Form, Available offline
- CMS-670, Time Entries, Available offline
- CMS-377, Ambulatory Surgical Center Request Form, Available offline
- CMS-417, Hospice Request for Certification in the Medicare Program Form, Available offline
- CMS-643, Hospice Survey and Deficiencies Report Form, Available offline
- CMS-671, Long-Term Care Facility Application for Medicare and Medicaid
- CMS-1539, Medicare/Medicaid Certification and Transmittal, Available offline

The forms screens correspond as closely as possible to the CMS forms and instructions used in the field.

Notes:

- Completed forms cannot be edited or deleted.
- Provider-specific forms can be accessed from both the **Provider History** page and the survey record. CMS-670 can only be accessed from the survey record.
- Some form fields are derived from Provider details. If changes to the form are needed, those changes may need to be made on the **Provider Basic Information** page.

2.1 Access a Form

Notes:

- Forms are specific to provider type. Not all user roles have access to all forms.
- This example uses form CMS-1572 and the Home Health Agency (HHA) provider type.
- Certain forms are available for offline viewing and editing. Forms that are available for offline use are noted within this document. See the Offline Job Aid for further details on working offline.

2.1.1 Click the desired provider record. The **Provider History** page opens. For more information on searching for and accessing a provider, refer to the Manage a Provider User Manual on QTSO.

Note: Forms can also be accessed on the left menu of the survey record. For more information on searching for and accessing a survey record, refer to the Manage a Survey User Manual on QTSO.

Scroll down to view the **Provider Forms** list. Click **View All Forms** to view all forms associated with the provider, if desired. See *Figure 5, HHA Provider Forms List.* See *Table 2, Provider Forms List Field Description* for details on the columns shown.

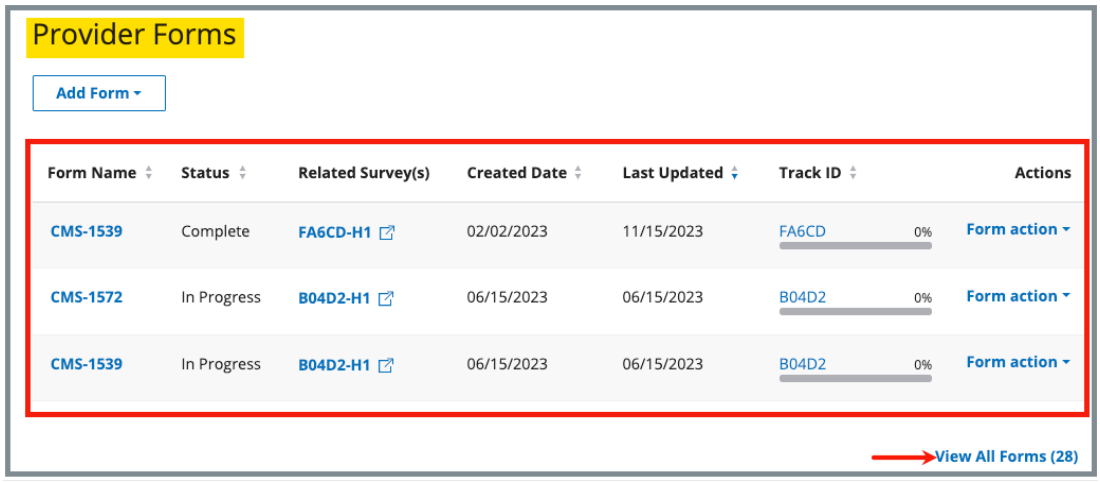


Figure 5: HHA Provider Forms List

Table 2: Provider Forms List Field Description

Column	Description
Form Name	Name of CMS form
Status	Either **Complete** or **In Progress**
Related Survey(s)	The survey(s) the form is linked to, if applicable
Created Date	The date the form was created
Last Updated	The date the form was last updated
Track ID	Click survey number under **Track ID** to see detailed information on certification status. See Certification Event for further details.
Actions	• Form actions for a **Complete** form include **Link Survey**. A **Complete** form cannot be edited or deleted. See *Figure 6, Actions for a Complete Form.* • Form actions for an **In Progress** form include **Link Survey**, **Edit**, **Delete**. See *Figure 7, Actions for an In Progress Form*.

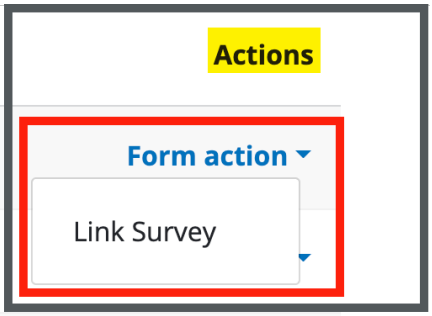


Figure 6: Actions for a Complete Form

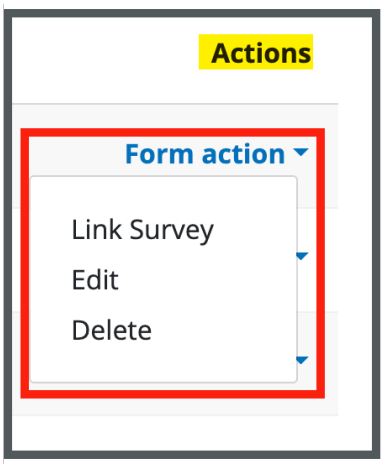


Figure 7: Actions for an In Progress Form

2.1.2 Click the desired form under **Form Name**.

a. If the form has a **Related Survey**, the Survey page opens.

b. If the form is not linked to a survey, the Form page opens.

2.2 Add a Form

Notes:

- Forms are specific to provider type or user role.
- The following forms can be added while working offline:
  - CMS-1572
  - CMS-377
  - CMS-471
  - CMS-643
  - CMS-1539
- This example uses form CMS-377 and the Ambulatory Surgical Center (ASC) provider type.

2.2.1 Click the desired provider record. The **Provider History** page opens. For more information on searching for and accessing a provider, refer to the Manage a Provider User Manual on QTSO.

2.2.2 Scroll down to the **Provider Forms** section and click **Add Form**. The **New Form** page opens. See *Figure 8, Add Form*.

Note: Forms can also be added from the left menu of the survey record. For more information on searching for and accessing a survey, refer to the Manage a Survey User Manual on QTSO.

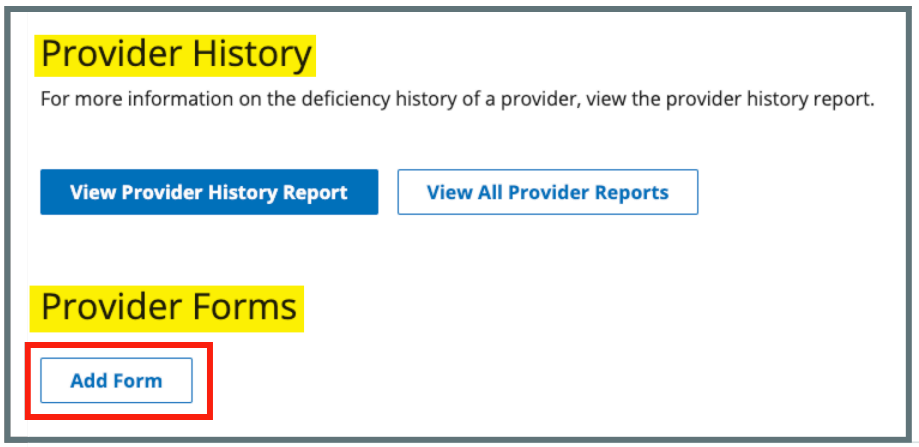


Figure 8: Add Form

2.2.3 Fill out the information.

2.2.4 Click **Mark form as Complete**, if desired.

Note: Completed forms cannot be edited or deleted.

2.2.5 Click **Save** to save the form. Click **Cancel** to return to the **Provider History** page. See *Figure 9, Save a Form*.

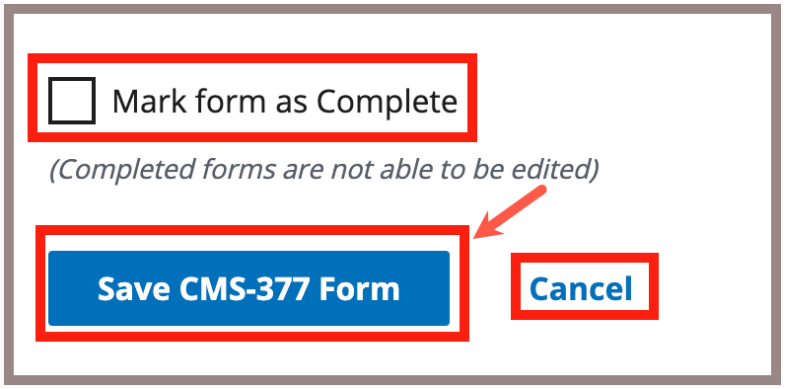


Figure 9: Save a Form

Notes:

- Click **Save** at any time to save in progress work, even if required fields are not filled out.
- When **Save** is clicked for an in progress or completed form, a date and time stamp that captures **Last Updated by** or **Completed by** user information automatically generates. This information displays on the upper right corner of the form and in the **Provider Forms** table. See *Figure 10, Form Last Updated By User Information.*

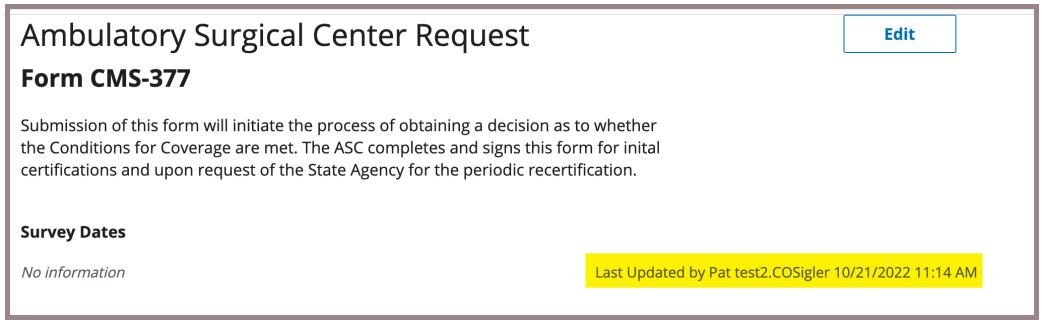


Figure 10: Form Last Updated By User Information

2.3 Edit a Form

Notes:

- Only **In Progress** forms can be edited.
- Forms are specific to provider type or user role.
- The following forms can be edited while working offline:
  - CMS-1572
  - CMS-377
  - CMS-471
  - CMS-643
  - CMS-1539
- This example uses form CMS-417 and the hospice provider type.

2.3.1 Click the desired provider record. The **Provider History** page opens. For more information on searching for and accessing a provider, refer to the Manage a Provider User Manual on QTSO.

2.3.2 Scroll down to the **Provider Forms** section to view the **Provider Forms** list. See *Figure 11, Hospice Provider Forms List*.

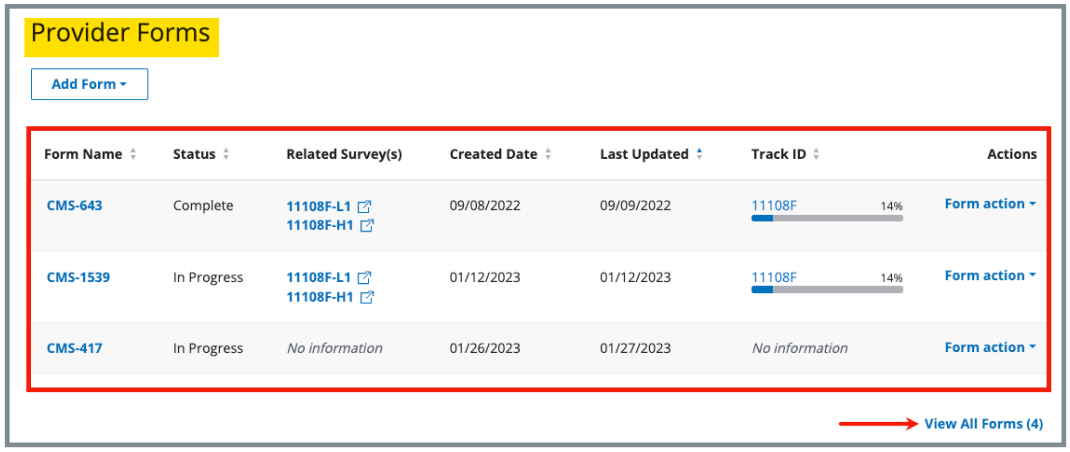


Figure 11: Hospice Provider Forms List

2.3.3 Click the desired form under the **Form Name** column. The form opens on a new page.

2.3.4 Click **Edit** to fill in the information as desired. Click **Return to Provider** to return to the **Provider History** page. See *Figure 12, Edit a Form*.

Figure 12: Edit a Form

Notes:

- Completed forms cannot be edited or deleted.
- An **In Progress** form can also be edited from the **Form action** drop-down in the **Provider Forms** table. See *Figure 13, Edit from Form Action Drop-Down*. Refer to Access a Form for more information, if needed.

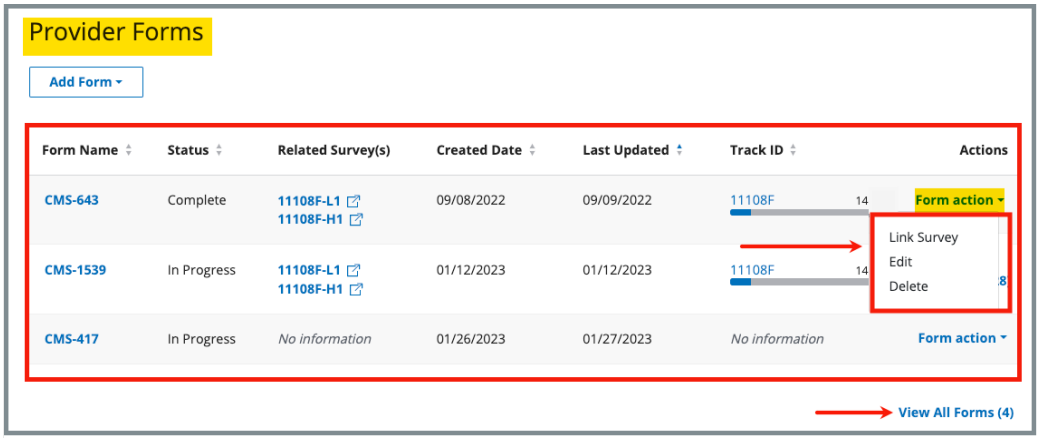


Figure 13: Edit from Form Action Drop-Down

- If an **In Progress** form is linked to a survey, the form can also be edited from the left menu of the survey record. See *Figure 14, Edit a Form from Survey Record*. For more information on searching for and accessing a survey, refer to the Manage a Survey User Manual on QTSO.

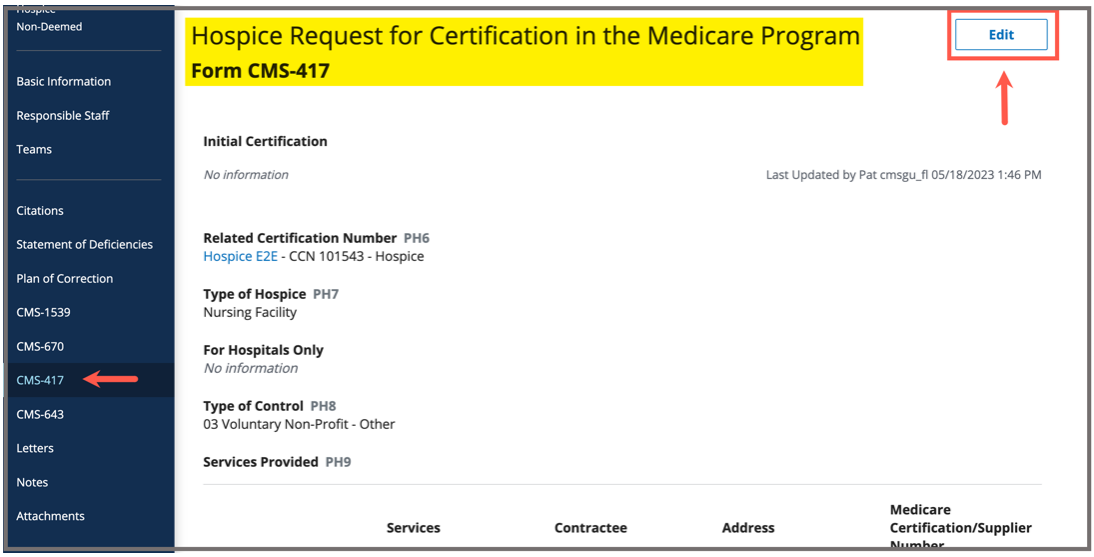


Figure 14: Edit a Form from Survey Record

2.3.5 Click **Mark form as Complete**, if desired.

Note: Completed forms cannot be edited or deleted.

2.3.6 Click **Save** to save the form. Click **Cancel** to discard changes.

- Click **Save** at any time to save in progress work, even if required fields are not filled out.
- When **Save** is clicked for an in progress or completed form, a date and time stamp that captures **Last Updated by** or **Completed by** user information automatically generates. This information displays on the upper right corner of the form and in the **Provider Forms** table.

2.4 Delete a Form

Notes:

- Only In Progress forms can be deleted.
- In Progress forms can only be deleted from the **Provider Forms** list on the **Provider History** page. Refer to Access a Form for more information, if needed.
- Forms are specific to provider type or user role.
- Forms cannot be deleted while working offline.
- This example uses form CMS-643 and the Hospice provider type.

2.4.1 Click the desired provider record. The **Provider History** page opens. For more information on searching for and accessing a provider, refer to the Manage a Provider User Manual on QTSO.

2.4.2 Scroll down to the **Provider Forms** section to view the **Provider Forms** list. See *Figure 15, Provider Forms List for CMS-643*.

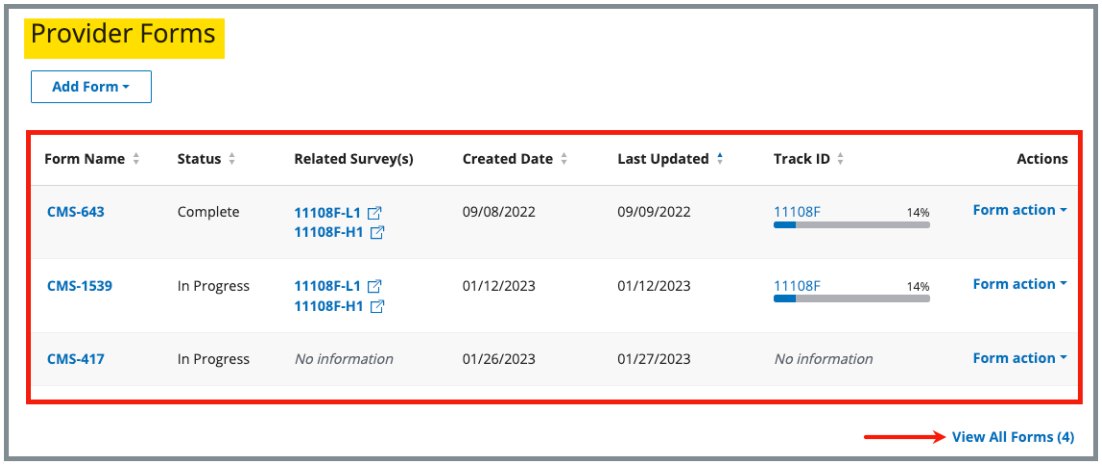


Figure 15: Provider Forms List for CMS-643

2.4.3 Locate the desired form and click the **Form action** drop-down from the **Actions** column. See *Figure 16, Form Action Drop-Down*.

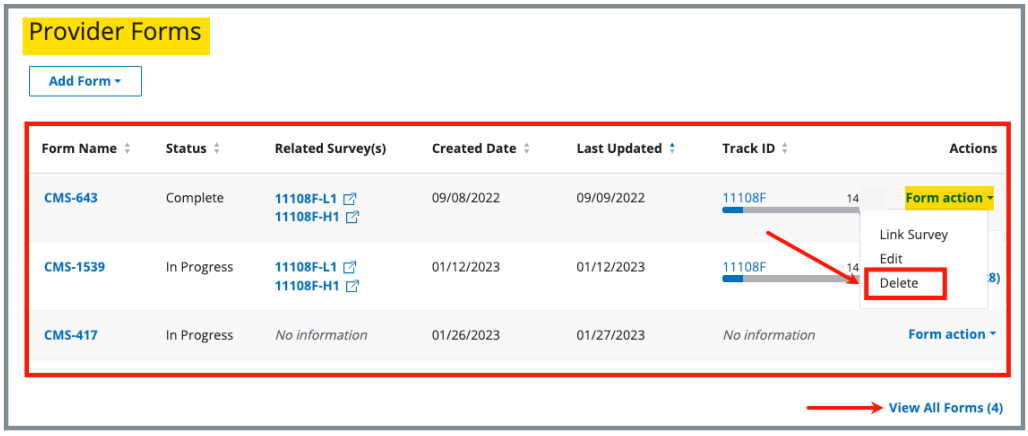


Figure 16: Form Action Drop-Down

2.4.4 Click **Delete**. A window pops up. See *Figure 17, Delete a Form Pop Up Window.*

a. Click **Delete** to delete the form.

b. Click **Cancel** or the **X** in the upper right corner to return to the **Provider Forms** table.

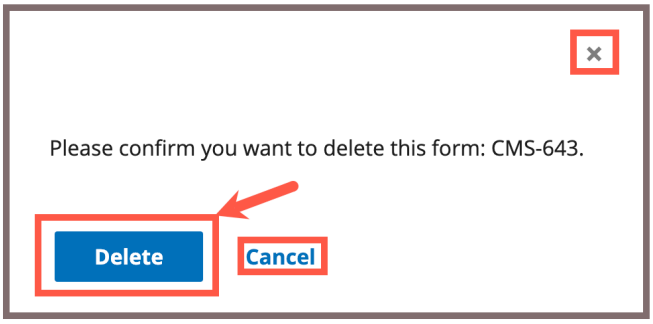


Figure 17: Delete a Form Pop Up Window

2.5 Link a Survey to a Form

Notes:

- Both **In Progress** and **Complete** forms can be linked to a survey.
- Forms cannot be linked to surveys while working offline.
- Forms are specific to provider type or user role.
- This example uses form CMS-1572 and the HHA provider type.

2.5.1 Click the desired provider record. The **Provider History** page opens. For more information on searching for and accessing a provider, refer to the Manage a Provider User Manual on QTSO.

2.5.2 Scroll down to the **Provider Forms** section to view the **Provider Forms** list. See *Figure 18, Provider Forms List for HHA*.

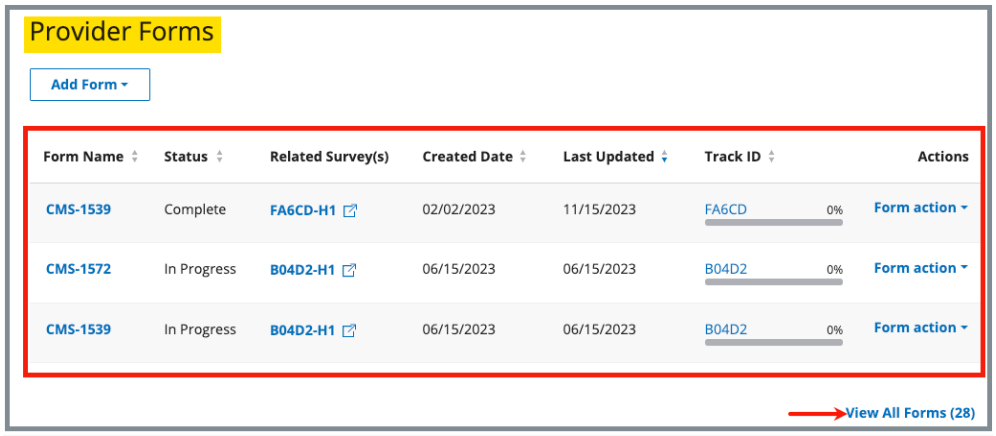


Figure 18: Provider Forms List for HHA

2.5.3 Locate the desired form and click the **Form action** drop-down from the **Actions** column. See *Figure 19, Form Action Drop-Down*.

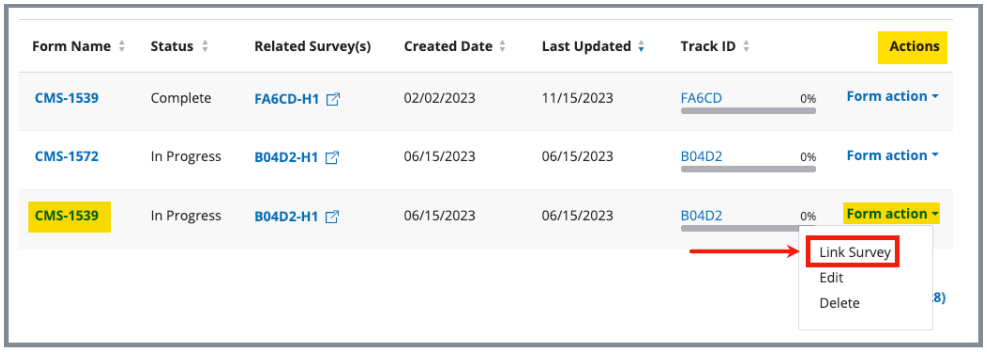


Figure 19: Form Action Drop-Down

2.5.4 Click **Link Survey**. The **Link Survey to Form** window pops up. See *Figure 20, Link Survey to Form Pop Up Window.*

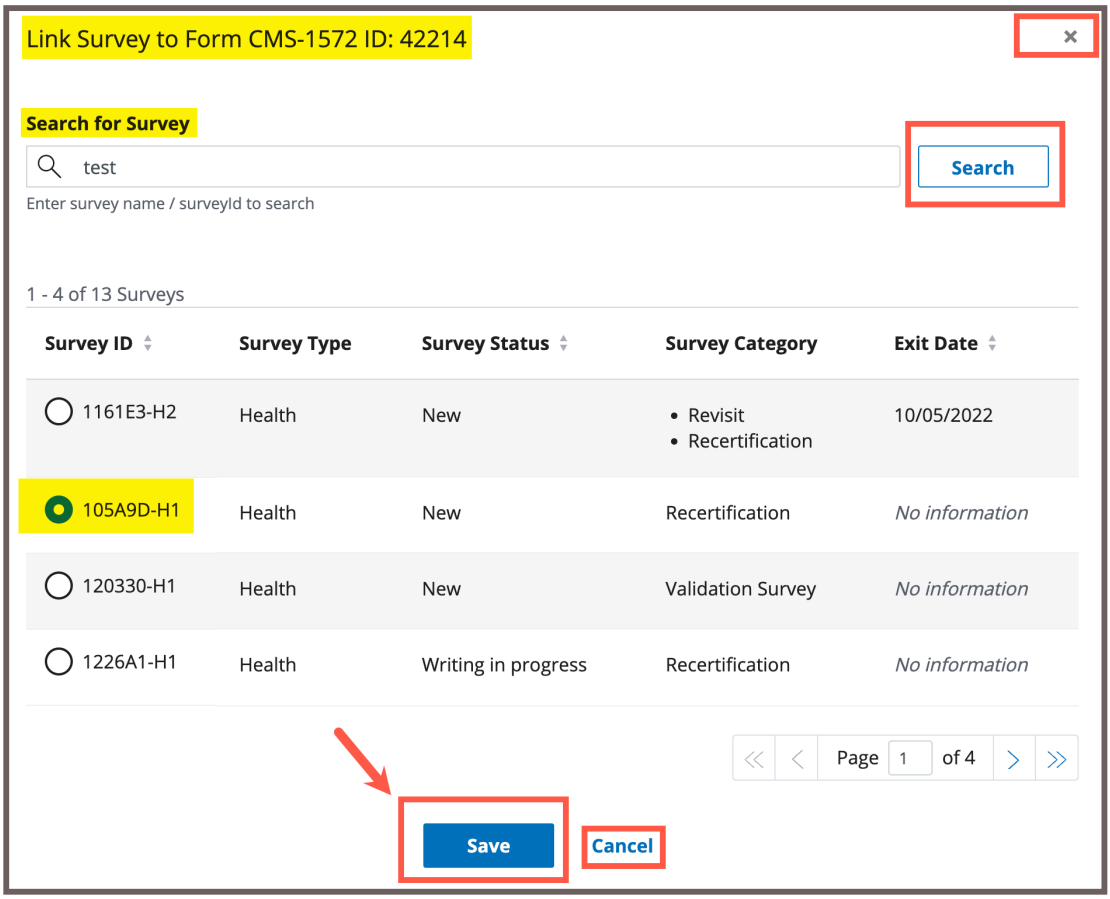


Figure 20: Link Survey to Form Pop Up Window

2.5.5 Enter the survey name or survey ID in the search bar. Click **Search**. A table of available surveys appears below the search bar.

2.5.6 Click the desired survey under the **Survey ID** column.

2.5.7 Click **Save** to link the form to the survey. Click **Cancel** or the **X** in the upper right corner to return to the **Provider Forms** table.

Note: The same form will be linked to all surveys in the group (i.e., if there are revisits).

2.6 Certification Event

Purpose: To organize certification documents for provider certification. Refer to S&C User Manual: Manage a Survey for further details.

Notes:

- It may be necessary to refresh the page to update track status when changes are made.
- View certification status under **Track Status** for each survey in Workload Management.

The form progress can be seen from the Survey or Form Basic Information page. See *Figure 21, Basic Information Page Certification Progress,* and *Table 2, Basic Information Page Certification Progress Callout Details*.

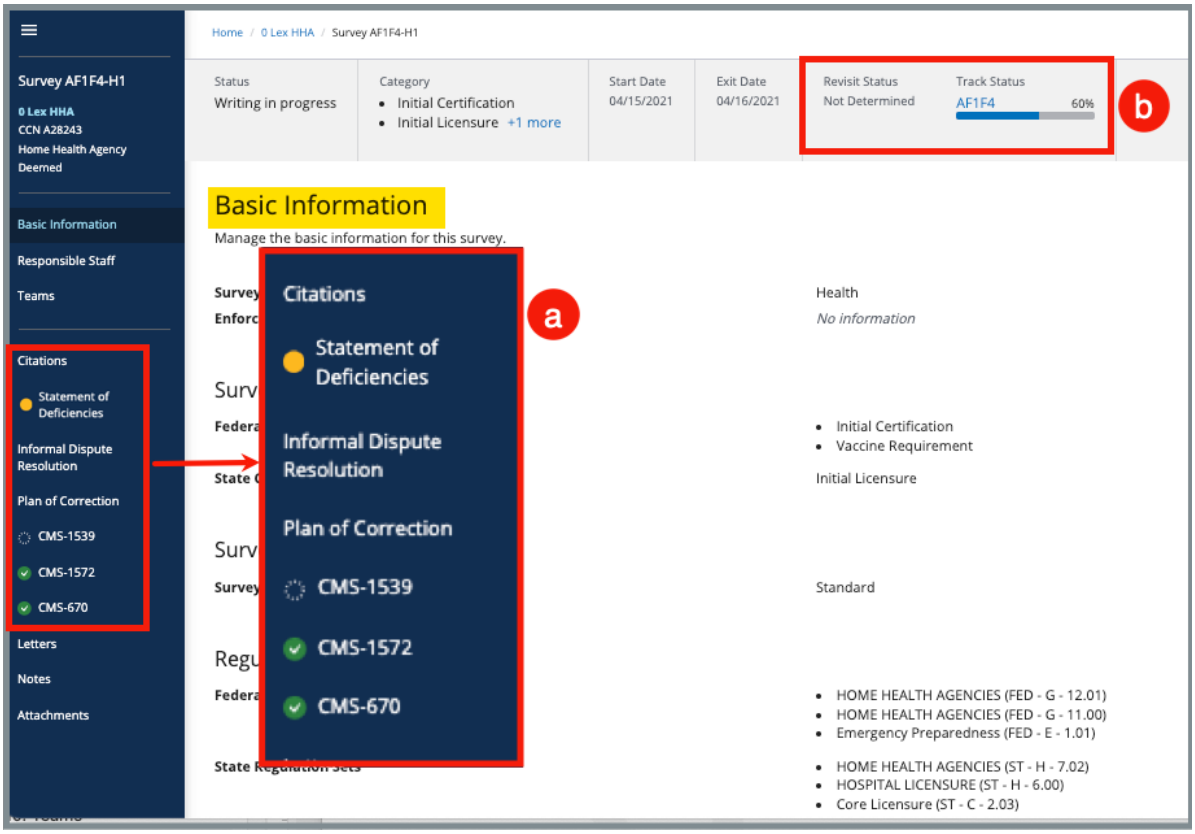


Figure 21: Basic Information Page Certification Progress

Table 3: Basic Information Page Certification Progress Callout Details

Callout	Action	
a	The left menu shows the status at a glance.	
	No fill	**Not Started**: Form or information hasn't been started
	Yellow fill	**In Progress**: Form or information has been started, but it is incomplete
	Green fill	**Complete**: Form or information is complete
b	The grey status bar shows the certification track status. Click survey number under **Track Status** to see detailed information on certification status.	

3. CMS-1572

Purpose: To demonstrate how to use the Home Health Agency Survey Report.

Note: The CMS-1572 form can be added, viewed, and edited offline. See the Offline Job Aid for further details on working offline.

3.1 Go to the HHA survey record. For more information on searching for and accessing an HHA survey, refer to the S&C User Manual, Manage a Survey on QTSO.

3.2 Click **CMS-1572** on the left menu of the survey record to go to the Home Health Agency Survey and Deficiencies Report Form CMS-1572. See *Figure 22, CMS-1572*.

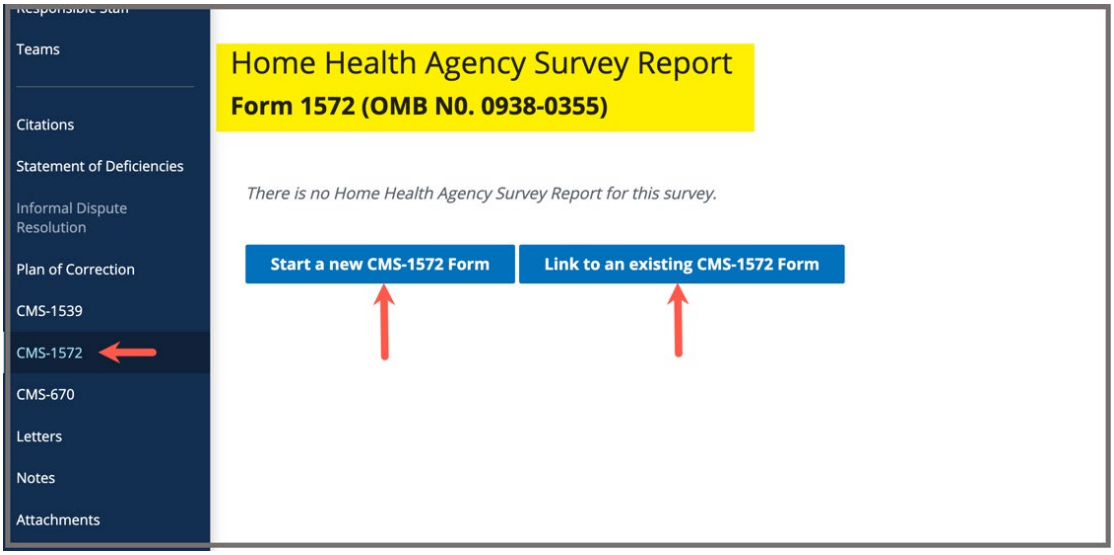


Figure 22: CMS-1572

Note: CMS-1572 can also be accessed from the **Provider History** page. Refer to Access a Form for more information, if needed.

a. Click **Start a new CMS-1572 Form** to start a new form. The form opens on the same page. Continue to step 3.3.

b. Click **Link to an existing CMS-1572 Form** to link a form to the survey. The **Link Form to Survey** window pops up.

- Click the desired form from the list.
- Click **Save.** The process is complete.

3.3 Fill out the information. See *Figure 23, HHA Survey and Deficiencies Report Form CMS-1572 (page 1 of 2)* and *Figure 24, HHA Survey and Deficiencies Report Form CMS-1572 (page 2 of 2)*.

Note: Greyed out areas cannot be filled out. They are disabled based on information provided in various fields.

3.4 Click **Mark form as Complete**, if desired.

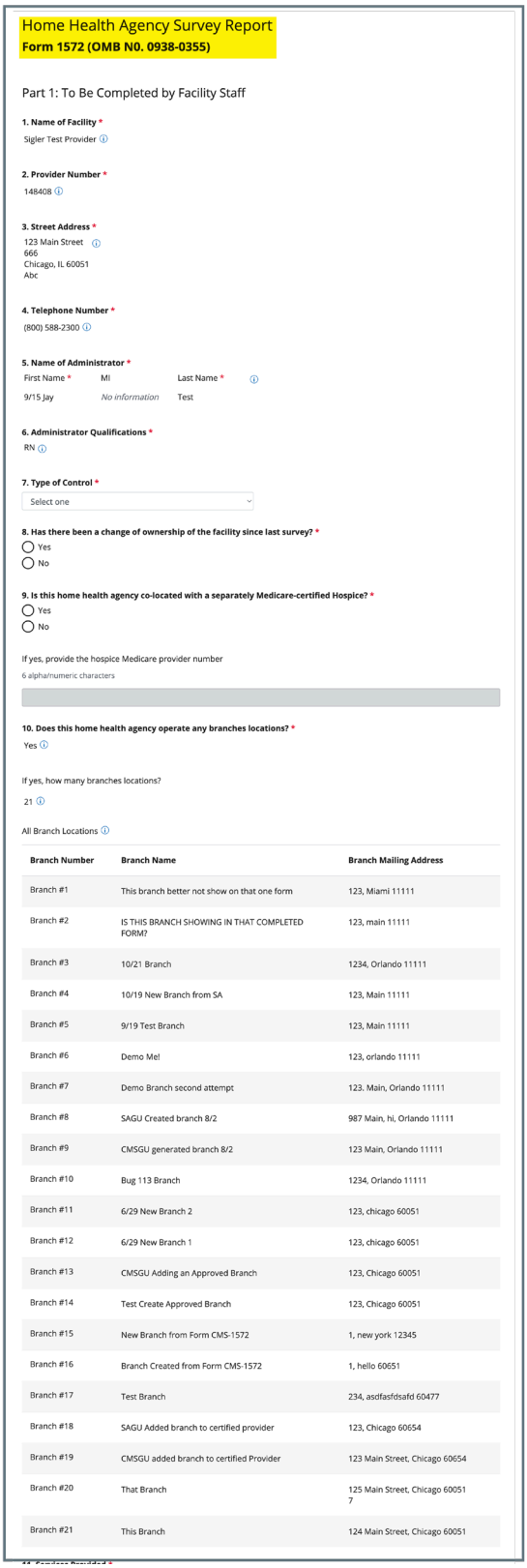
Notes:

- Completed forms cannot be edited or deleted.
- The CMS-1572 Form must be linked to a survey in order to be marked complete.

3.5 Click **Save CMS-1572 Form**.

Notes:

- Click **Save CMS-1572 Form** at any time to save in progress work, even if required fields are not filled out.
- **All Branch Locations** show only **Open** and **Approved** branches from under **Additional Branch Locations**.
- In the **Services Provided** fields, the selection chosen drives what staffing selections are required. Only the options needed are then shown.
- When **Save CMS-1572 Form** is clicked for an in progress or completed form, a date and time stamp that captures **Last Updated by** or **Completed by** user information automatically generates. This information displays on the upper right corner of the form and in the **Provider Forms** table. Refer to Add a Form for more information, if needed.



Home Health Agency Survey Report
Form 1572 (OMB N0. 0938-0355)

Part 1: To Be Completed by Facility Staff

1. Name of Facility *
Sigler Test Provider

2. Provider Number *
148408

3. Street Address *
123 Main Street
666
Chicago, IL 60051
Abc

4. Telephone Number *
(800) 588-2300

5. Name of Administrator *

First Name *	MI	Last Name *
9/15 Jay	*No information*	Test

6. Administrator Qualifications *
RN

7. Type of Control *
Select one

8. Has there been a change of ownership of the facility since last survey? *
- ◯ Yes
- ◯ No

9. Is this home health agency co-located with a separately Medicare-certified Hospice? *
- ◯ Yes
- ◯ No

If yes, provide the hospice Medicare provider number
6 alpha/numeric characters

10. Does this home health agency operate any branches locations? *
Yes

If yes, how many branches locations?
21

All Branch Locations

Branch Number	Branch Name	Branch Mailing Address
Branch #1	This branch better not show on that one form	123, Miami 11111
Branch #2	IS THIS BRANCH SHOWING IN THAT COMPLETED FORM?	123, main 11111
Branch #3	10/21 Branch	1234, Orlando 11111
Branch #4	10/19 New Branch from SA	123, Main 11111
Branch #5	9/19 Test Branch	123, Main 11111
Branch #6	Demo Me!	123, orlando 11111
Branch #7	Demo Branch second attempt	123. Main, Orlando 11111
Branch #8	SAGU Created branch 8/2	987 Main, hi, Orlando 11111
Branch #9	CMSGU generated branch 8/2	123 Main, Orlando 11111
Branch #10	Bug 113 Branch	1234, Orlando 11111
Branch #11	6/29 New Branch 2	123, chicago 60051
Branch #12	6/29 New Branch 1	123, chicago 60051
Branch #13	CMSGU Adding an Approved Branch	123, Chicago 60051
Branch #14	Test Create Approved Branch	123, Chicago 60051
Branch #15	New Branch from Form CMS-1572	1, new york 12345
Branch #16	Branch Created from Form CMS-1572	1, hello 60651
Branch #17	Test Branch	234, asdfasfdsafd 60477
Branch #18	SAGU Added branch to certified provider	123, Chicago 60654
Branch #19	CMSGU added branch to certified Provider	123 Main Street, Chicago 60654
Branch #20	That Branch	125 Main Street, Chicago 60051 7
Branch #21	This Branch	124 Main Street, Chicago 60051

Figure 23: Home Health Agency Survey Report Form CMS-1572 (page 1 of 2)

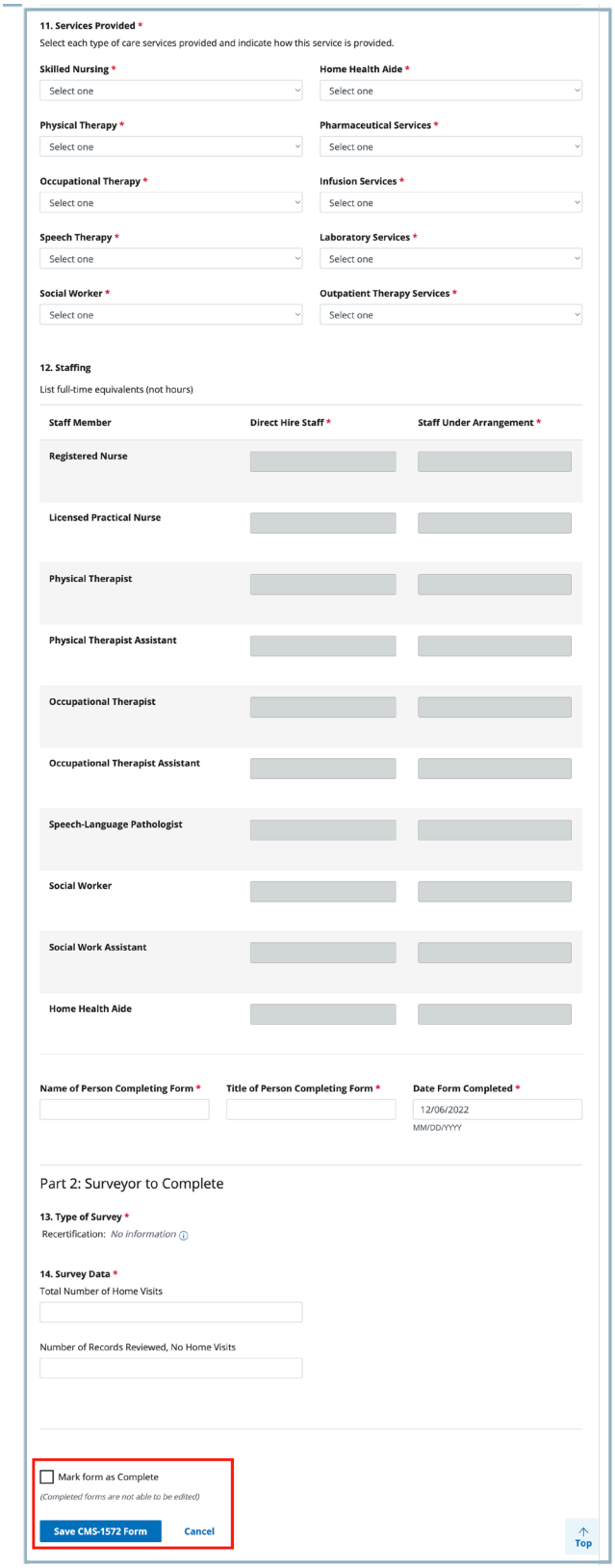


Figure 24: Home Health Agency Survey Report Form CMS-1572 (page 2 of 2)

4. CMS-670

Purpose: To demonstrate how to add or manage time team members spent on the survey.

Notes:

- Only surveyors can enter CMS-670 information.
- QA team members can act on behalf of surveyors and have the same privileges as a team member does.
- CMS-670 can only be accessed from the survey record. For more information on searching for and accessing a survey, refer to the S&C User Manual, Manage a Survey on QTSO.

4.1 Go to the survey record. For more information on searching for and accessing a survey, refer to the S&C User Manual, Manage a Survey, on QTSO.

4.2 Click **CMS-670** on the left menu of the survey record to go to **Time Entries**. See *Figure 25, CMS-670*.

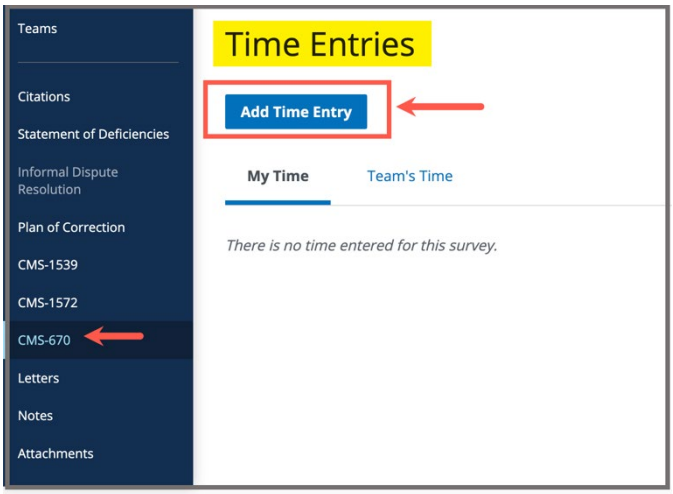


Figure 25: CMS-670

4.3 Click **Add Time Entry** to add time. The **Add Time Entry** window opens. See *Figure 26, Add Time Entry for ASC, HHA, Hospice*.

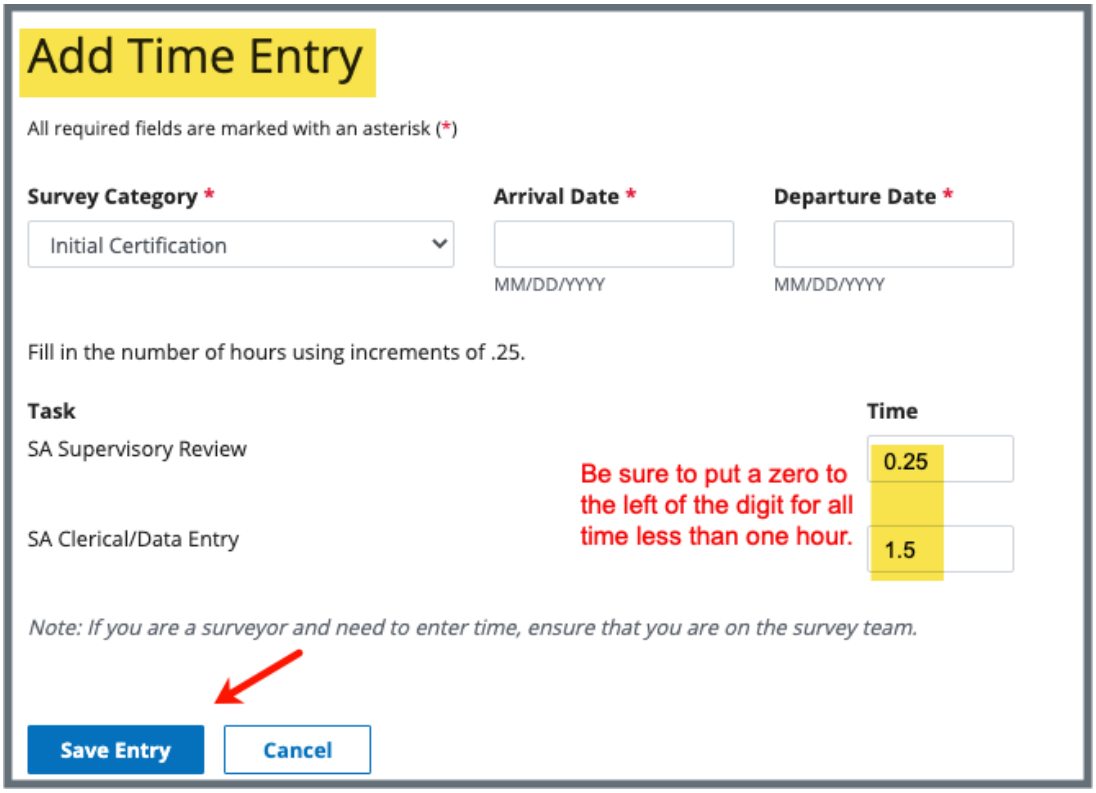


Figure 26: Add Time Entry for ASC, HHA, Hospice

4.4 Fill out the information.

Note: Fill out time in increments of .25. Time less than one (1) hour must have a zero to the left of the decimal point. For example, 30 minutes is written as **0.5**. Fifteen minutes is written as **0.25**.

4.5 Click **Save Entry**. Detailed combined time information is shown.

Note: The surveyor can view **My Time** or **Team's Time** on the **Time Entries** page.

4.6 Click **Edit** to edit information, if desired.

Note: Hours can be added or deleted by the surveyor who entered the time or the QA team member. If the QA team member or the surveyor is unavailable, any staff may be assigned as QA staff and edit or delete the time entry. Refer to the Manage a Survey User Manual on QTSO for more information on assigning a new QA team member.

5. CMS-377

Purpose: To demonstrate how to use the ASC request for initial certification or to update the certification information in the Medicare program.

Note: The CMS-377 form can be added, viewed, and edited offline. See the Offline Job Aid for further details on working offline.

5.1 Go to the ASC survey record. For more information on searching for and accessing an ASC survey, refer to the Manage a Survey User Manual on QTSO.

5.2 Click **CMS-377** on the left menu of the survey record to go to the **Ambulatory Surgical Center Request Form CMS-377**. See *Figure 27, CMS-377*.

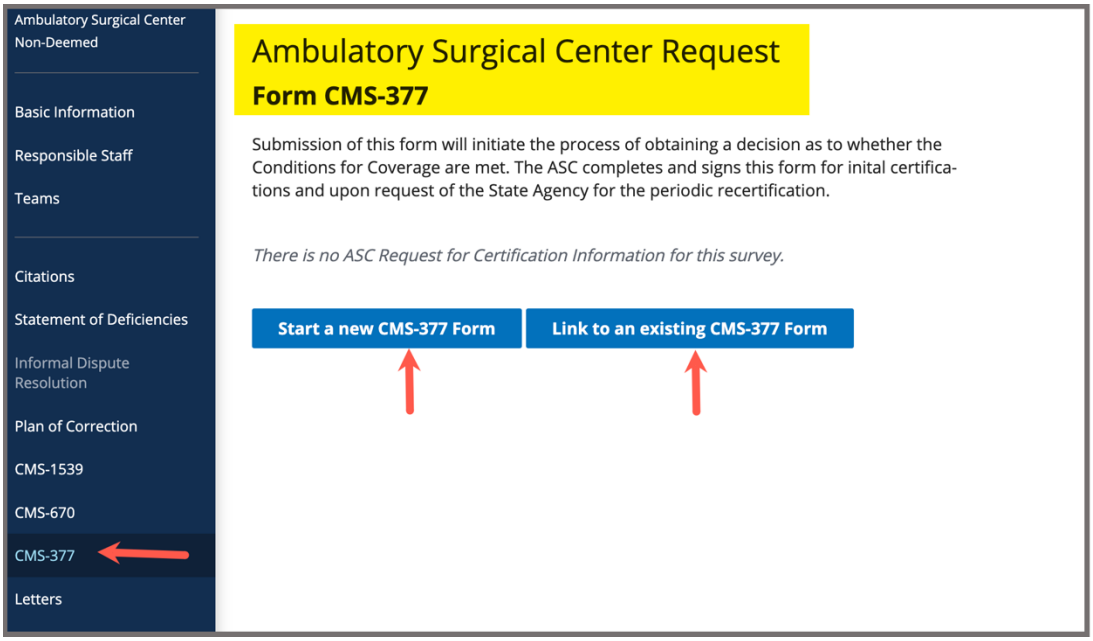


Figure 27: CMS-377

Note: **CMS-377** can also be accessed from the **Provider History** page. Refer to Access a Form for more information, if needed.

a. Click **Start a new CMS-377 Form** to start a new form. The form opens on the same page. Continue to step 6.3.

b. Click **Link to an existing CMS-377 Form** to link a form to the survey. The **Link Form to Survey** window pops up.

- Click the desired form from the list.
- Click **Save.** The process is complete.

5.3 Fill out the information. See *Figure 28, Ambulatory Surgical Center Request Form CMS-377*.

5.4 Click **Mark form as Complete**, if desired.

Note: Completed forms cannot be edited or deleted.

5.5 Click **Save CMS-377 Form**.

Notes:

- Click **Save CMS-377 Form** at any time to save in progress work, even if required fields are not filled out.
- When **Save CMS-377 Form** is clicked for an in progress or completed form, a date and time stamp that captures **Last Updated by** or **Completed by** user information automatically generates. This information displays on the upper right corner of the form and in the **Provider Forms** table. Refer to Add a Form for more information, if needed.

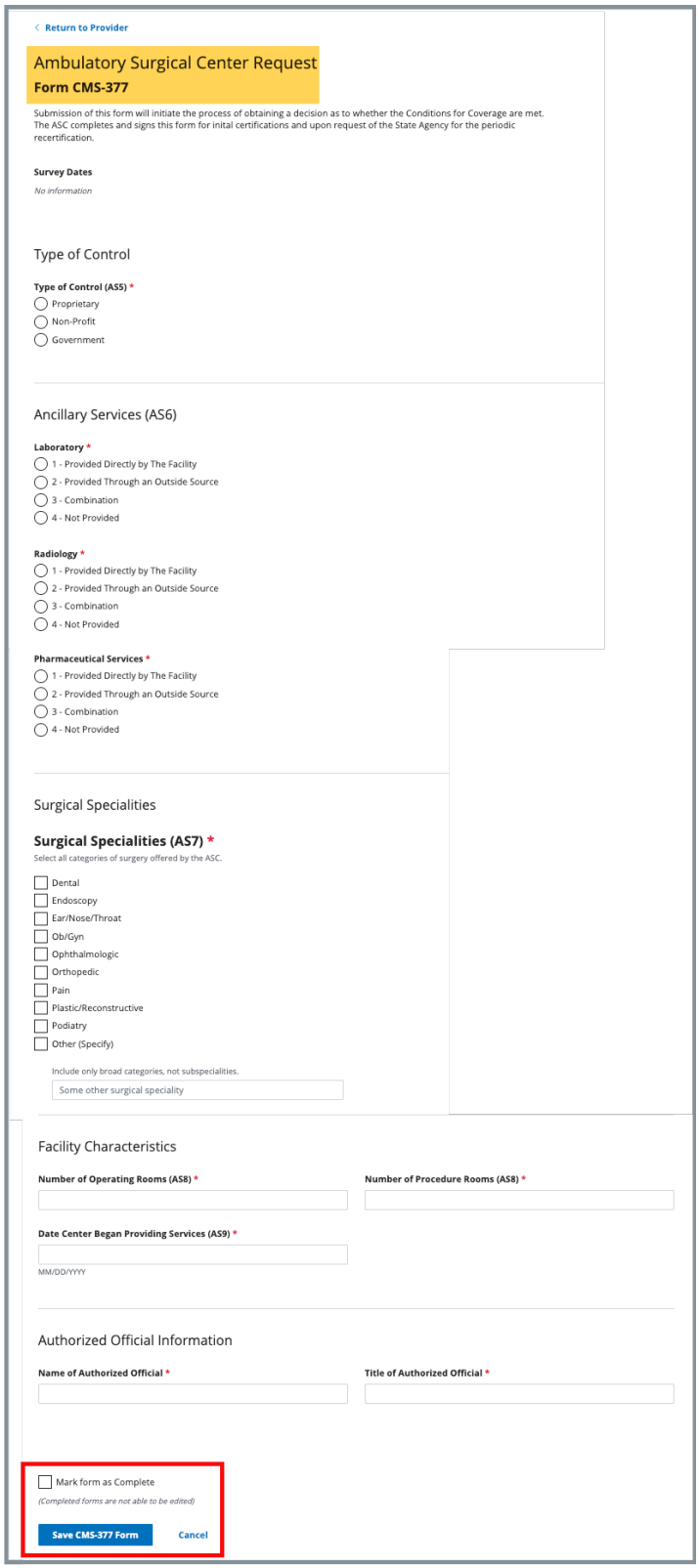


Figure 28: Ambulatory Surgical Center Request Form-377

6. CMS-417

Purpose: To demonstrate how to use the Hospice Request for Certification in the Medicare Program.

Note: The CMS-417 form can be added, viewed, and edited offline. See the Offline Job Aid for further details on working offline.

6.1 Go to the Hospice survey record. For more information on searching for and accessing a Hospice survey, refer to the Manage a Survey User Manual on QTSO.

6.2 Click **CMS-417** on the left menu of the survey record to go to the **Hospice Request for Certification in the Medicare Program Form CMS-417**. See *Figure 29, CMS-417 Menu Item*.

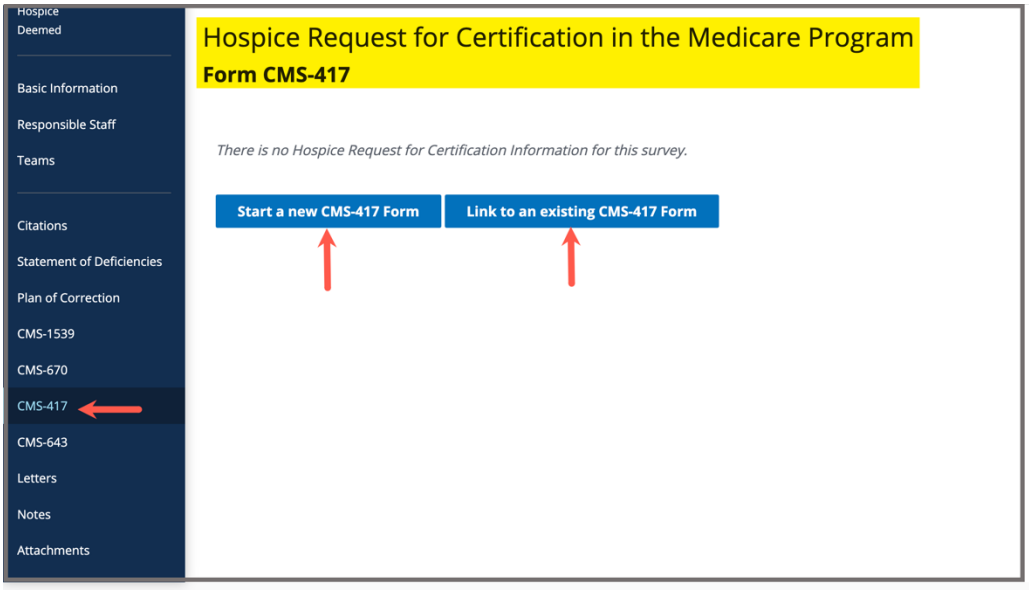


Figure 29: CMS-417 Menu Item

Note: **CMS-417** can also be accessed from the **Provider History** page. Refer to Access a Form for more information, if needed.

a. Click **Start a new CMS-417 Form** to start a new form. The form opens on the same page. Continue to step 7.3.

b. Click **Link to an existing CMS-417 Form** to link a form to the survey. The **Link Form to Survey** window pops up.

- Click the desired form from the list.
- Click **Save.** The process is complete.

6.3 Fill out the information. See *Figure 30, CMS-417 Form*.

6.4 Click **Mark form as Complete**, if desired.

Note: Completed forms cannot be edited or deleted.

6.5 Click **Save CMS-417 Form**.

Notes:

- Click **Save CMS-417 Form** at any time to save in progress work, even if required fields are not filled out.
- When **Save CMS-417 Form** is clicked for an in progress or completed form, a date and time stamp that captures **Last Updated by** or **Completed by** user information automatically generates. This information displays on the upper right corner of the form and in the **Provider Forms** table. Refer to Add a Form for more information, if needed.

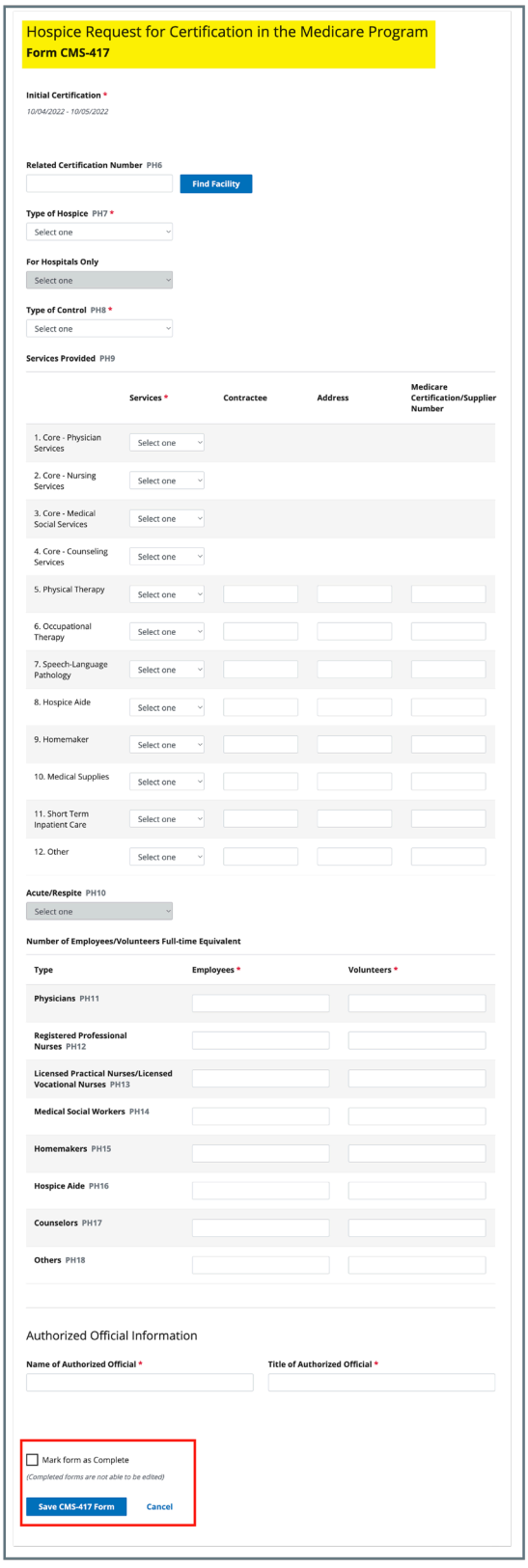


Figure 30: CMS-417 Form

7. CMS-643

Purpose: To demonstrate how to use the Hospice Survey and Deficiencies Report.

Note: The CMS-643 form can be added, viewed, and edited offline. See the Offline Job Aid for further details on working offline.

7.1 Go to the Hospice survey record. For more information on searching for and accessing a Hospice survey, refer to the Manage a Survey User Manual on QTSO.

7.2 Click **CMS-643** on the left menu of the survey record to go to the **Hospice Survey and Deficiencies Report Form CMS-643**. See *Figure 31, CMS-643 Menu Item*.

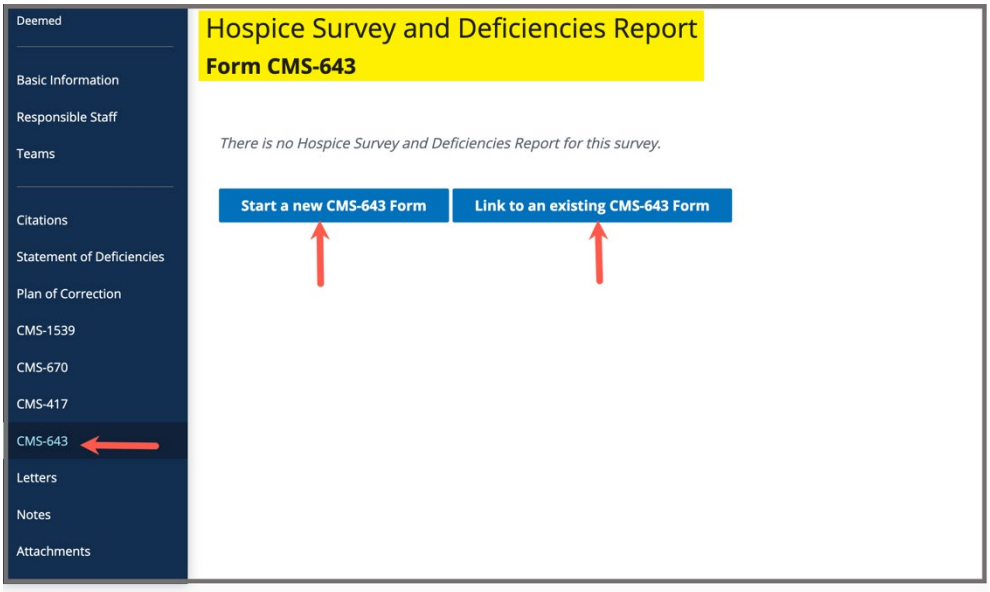


Figure 31: CMS-643 Menu Item

a. Click **Start a new CMS-643 Form** to start a new form. The form opens on the same page. Continue to step 8.3.

b. Click **Link to an existing CMS-643 Form** to link a form to the survey. The **Link Form to Survey** window pops up.

- Click the desired form from the list.
- Click **Save.** The process is complete.

7.3 Fill out the information. See *Figure 32, CMS-643 Form*.

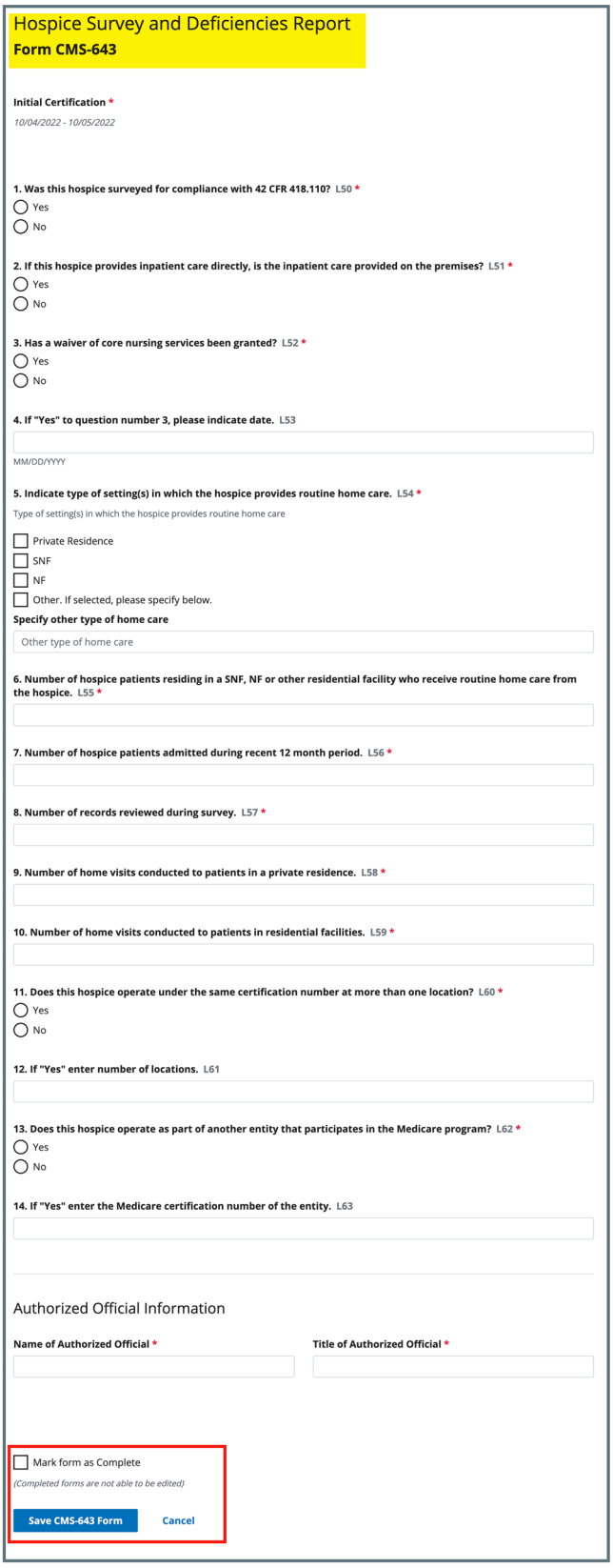
7.4 Click **Mark form as Complete**, if desired.

Note: Completed forms cannot be edited or deleted.

7.5 Click **Save CMS-643 Form**.

Notes:

- Click **Save CMS-643 Form** at any time to save in progress work, even if required fields are not filled out.
- When **Save CMS-643 Form** is clicked for an in progress or completed form, a date and time stamp that captures **Last Updated by** or **Completed by** user information automatically generates. This information displays on the upper right corner of the form and in the **Provider Forms** table. Refer to Add a Form for more information, if needed.



Hospice Survey and Deficiencies Report
Form CMS-643

Initial Certification *
10/04/2022 - 10/05/2022

1. Was this hospice surveyed for compliance with 42 CFR 418.110? L50 *
◯ Yes
◯ No

2. If this hospice provides inpatient care directly, is the inpatient care provided on the premises? L51 *
◯ Yes
◯ No

3. Has a waiver of core nursing services been granted? L52 *
◯ Yes
◯ No

4. If "Yes" to question number 3, please indicate date. L53
MM/DD/YYYY

5. Indicate type of setting(s) in which the hospice provides routine home care. L54 *
Type of setting(s) in which the hospice provides routine home care
☐ Private Residence
☐ SNF
☐ NF
☐ Other. If selected, please specify below.
Specify other type of home care
Other type of home care

6. Number of hospice patients residing in a SNF, NF or other residential facility who receive routine home care from the hospice. L55 *

7. Number of hospice patients admitted during recent 12 month period. L56 *

8. Number of records reviewed during survey. L57 *

9. Number of home visits conducted to patients in a private residence. L58 *

10. Number of home visits conducted to patients in residential facilities. L59 *

11. Does this hospice operate under the same certification number at more than one location? L60 *
◯ Yes
◯ No

12. If "Yes" enter number of locations. L61

13. Does this hospice operate as part of another entity that participates in the Medicare program? L62 *
◯ Yes
◯ No

14. If "Yes" enter the Medicare certification number of the entity. L63

Authorized Official Information

Name of Authorized Official *
Title of Authorized Official *

☐ Mark form as Complete
(Completed forms are not able to be edited)
Save CMS-643 Form Cancel

Figure 32: CMS-643 Form

8. CMS-1539

Purpose: Form CMS-1539 and the state agency certification file constitute the primary record of the determination to approve a provider or supplier. Form CMS-1539 processes updates to a provider's information in the national data system.

Notes:

- The CMS-1539 form can be added, viewed, edited, and printed offline. See the Offline Job Aid for further details on working offline.
- The form is available for HHA, ASC, and Hospice provider types for both Health (Initial, Recertification, Complaint) and LSC (Initial, Recertification, Complaint) survey types.
- The form can be downloaded as a .pdf both prior to completion and after completion.
- The form can be viewed in both Health and LSC surveys.

8.1 Create the CMS-1539 Form

8.1.1 Click the desired provider record. The **Provider History** page opens. For more information on searching for and accessing a provider, refer to the Manage a Provider User Manual on QTSO.

8.1.2 Click **Add Form** under **Provider Forms**. See *Figure 33, Add CMS-1539.*

8.1.3 Select **CMS-1539** from the drop-down menu.

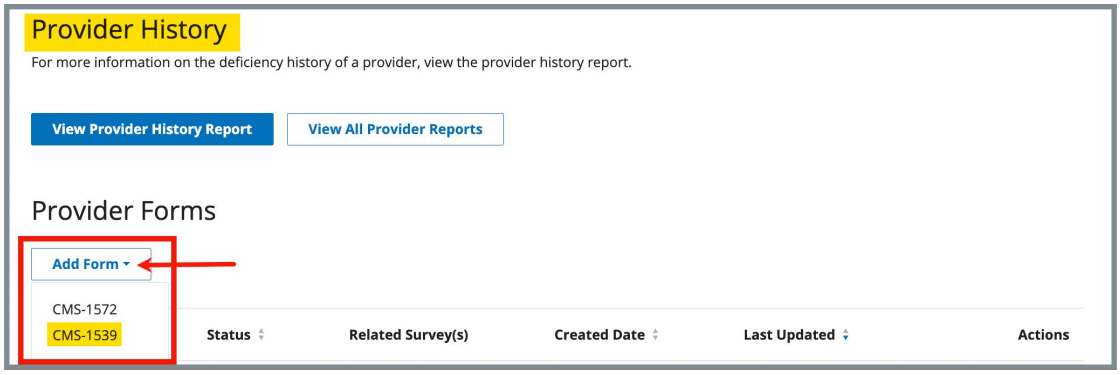


Figure 33: Add CMS-1539

8.1.4 Fill out the information. See *Figure 34, CMS-1539 (page 1 of 3), Figure 35, CMS-1539 (page 2 of 3), Figure 36, CMS-1539 (page 3 of 3).*

8.1.5 Click **Mark form as Complete**, if desired.

Note: Completed forms cannot be edited or deleted.

8.1.6 Click **Save CMS-1539 Form**.

Notes:

- Click **Save CMS-1539 Form** at any time to save in progress work, even if required fields are not filled out.
- When **Save CMS-1539 Form** is clicked for an in progress or completed form, a date and time stamp that captures **Last Updated by** or **Completed by** user information automatically generates. This information displays on the upper right corner of the form and in the **Provider Forms** table. Refer to Add a Form for more information, if needed.
- The CMS-1539 form can be downloaded prior to marking the form as complete.
  a. Click **Download PDF**. See *Figure 37, Download 1539 PDF.* The PDF saves to the computer and can be printed or reviewed.
  b. Open the form from the computer's downloads folder.

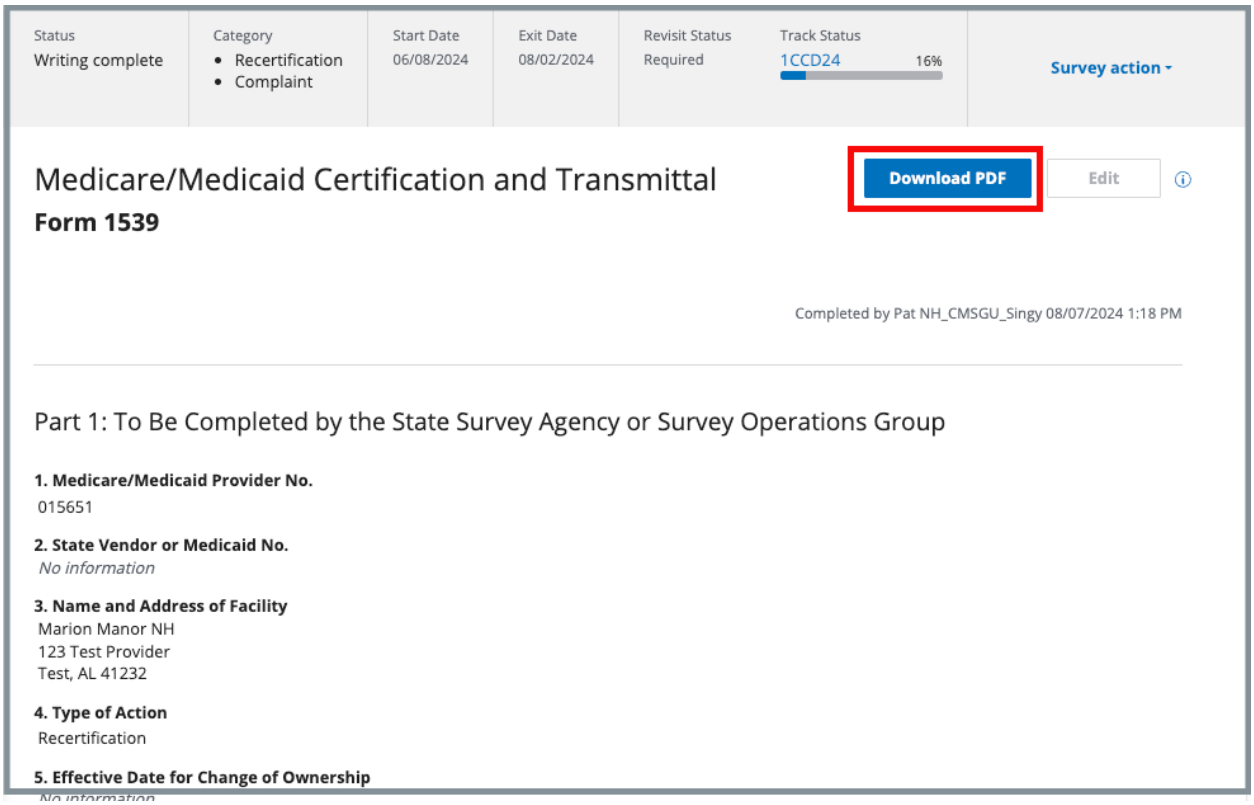
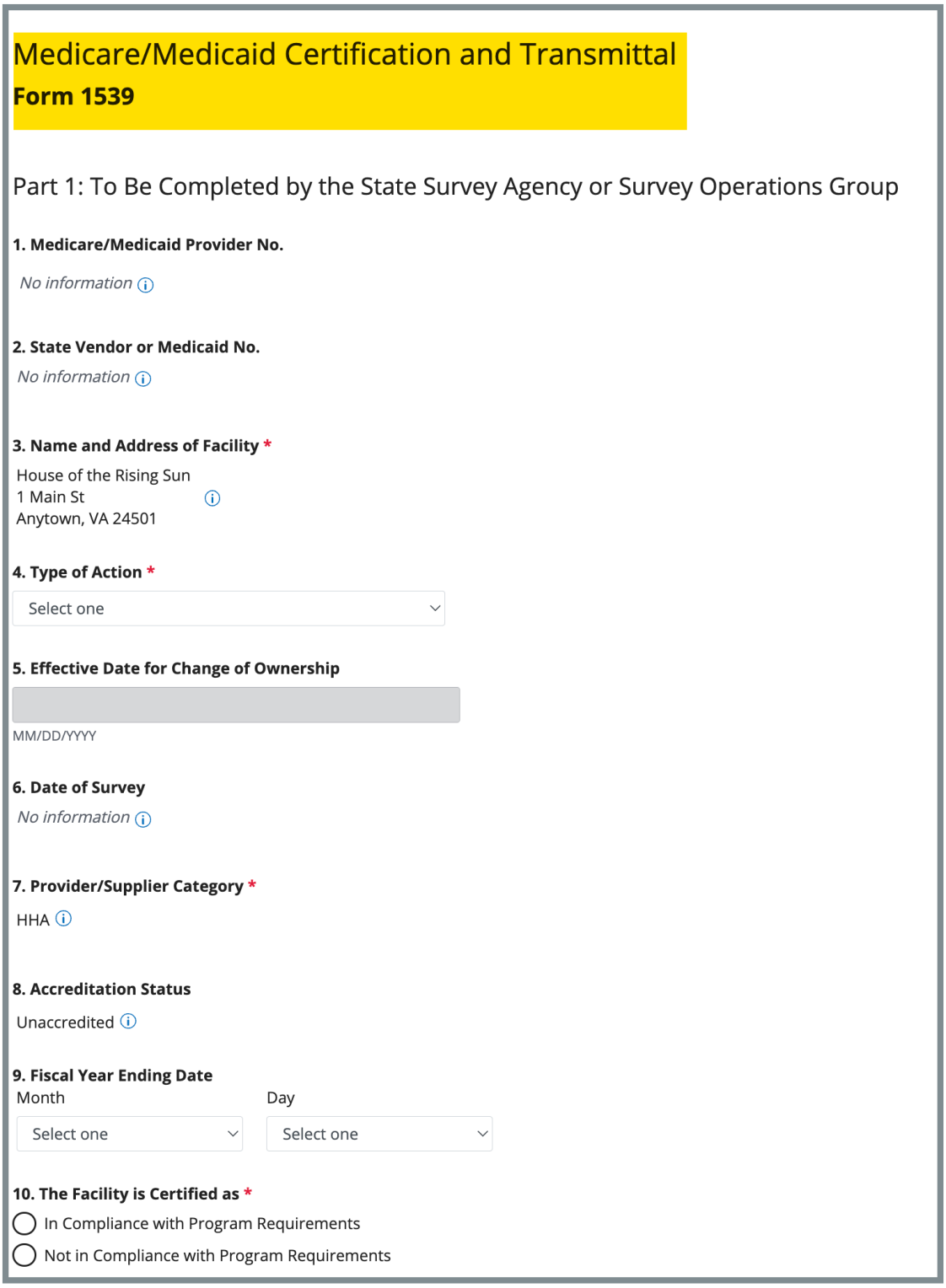


Figure 34: Download 1539 PDF



Medicare/Medicaid Certification and Transmittal
Form 1539

Part 1: To Be Completed by the State Survey Agency or Survey Operations Group

1. Medicare/Medicaid Provider No.

No information

2. State Vendor or Medicaid No.

No information

3. Name and Address of Facility *

House of the Rising Sun
1 Main St
Anytown, VA 24501

4. Type of Action *

Select one

5. Effective Date for Change of Ownership

MM/DD/YYYY

6. Date of Survey

No information

7. Provider/Supplier Category *

HHA

8. Accreditation Status

Unaccredited

9. Fiscal Year Ending Date

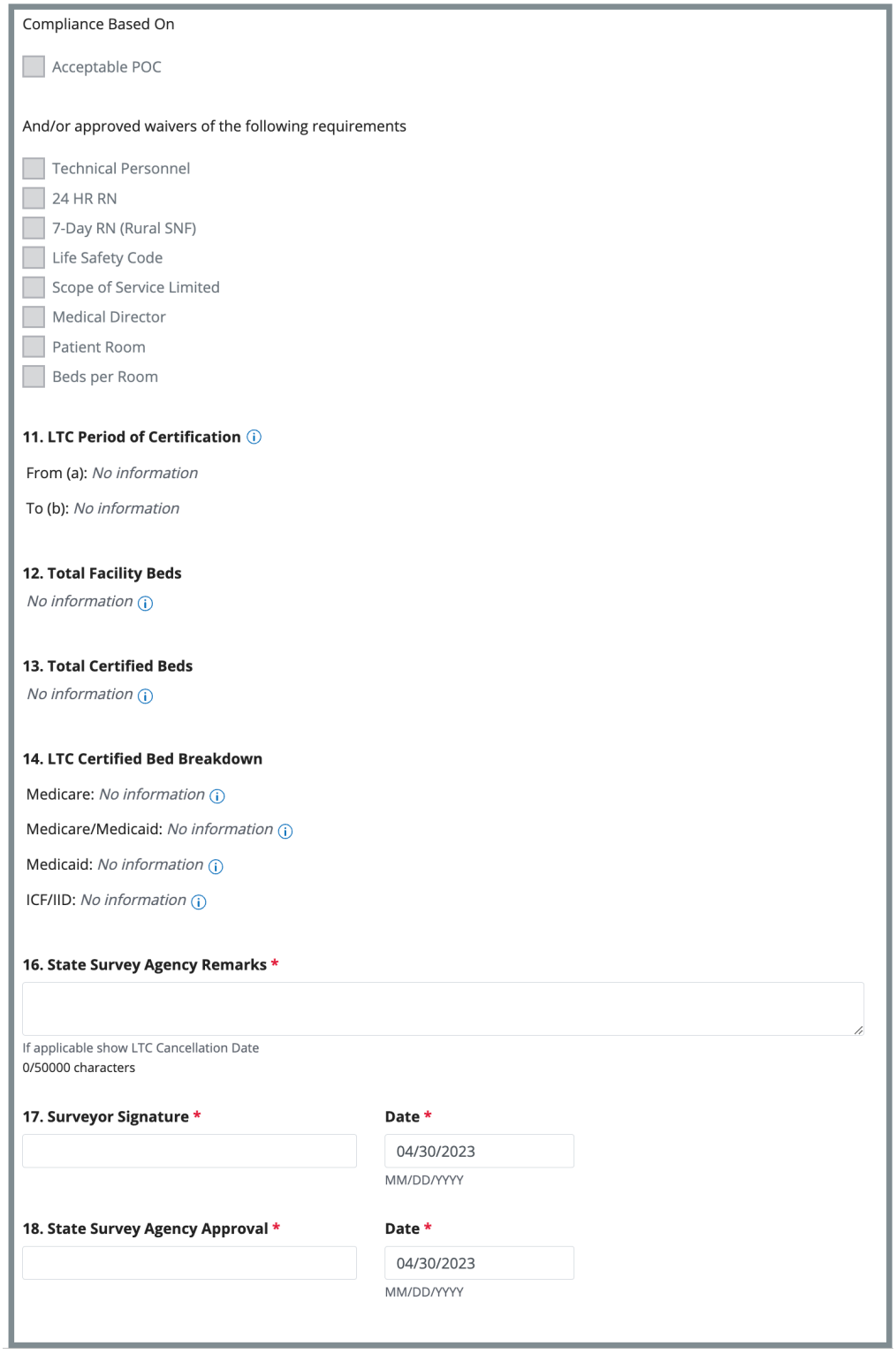
Month: Select one

Day: Select one

10. The Facility is Certified as *

- ◯ In Compliance with Program Requirements
- ◯ Not in Compliance with Program Requirements

Figure 35: CMS-1539 (page 1 of 3)



Compliance Based On

☐ Acceptable POC

And/or approved waivers of the following requirements

☐ Technical Personnel
☐ 24 HR RN
☐ 7-Day RN (Rural SNF)
☐ Life Safety Code
☐ Scope of Service Limited
☐ Medical Director
☐ Patient Room
☐ Beds per Room

11. LTC Period of Certification

From (a): *No information*

To (b): *No information*

12. Total Facility Beds

No information

13. Total Certified Beds

No information

14. LTC Certified Bed Breakdown

Medicare: *No information*

Medicare/Medicaid: *No information*

Medicaid: *No information*

ICF/IID: *No information*

16. State Survey Agency Remarks *

If applicable show LTC Cancellation Date
0/50000 characters

17. Surveyor Signature * **Date ***

04/30/2023
MM/DD/YYYY

18. State Survey Agency Approval * **Date ***

04/30/2023
MM/DD/YYYY

Figure 36: CMS-1539, page 2 of 3

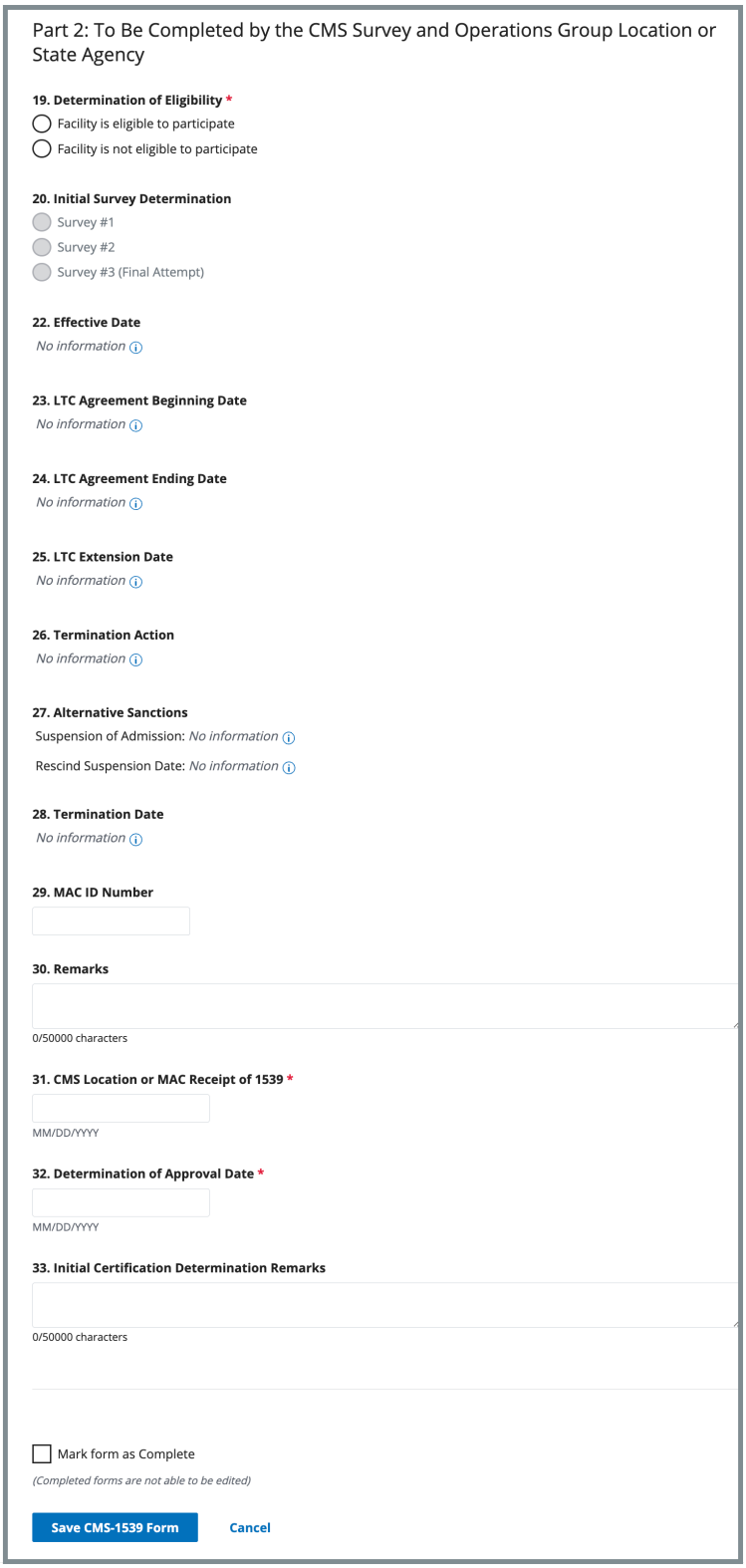


Figure 37: CMS-1539, page 3 of 3

8.2 Link the CMS-1539 Form to a Survey

Note: The form does not have to be marked complete to link to a survey.

8.2.1 Go to the **Provider History** page.

8.2.2 Click **Form action** under the **Actions** menu under the **Provider Forms** section. The **Form action** drop-down menu opens.

8.2.3 Click **Link Survey**. See *Figure 38, Link Survey.* The **Link Survey to Form CMS-1539** pop-up window opens.

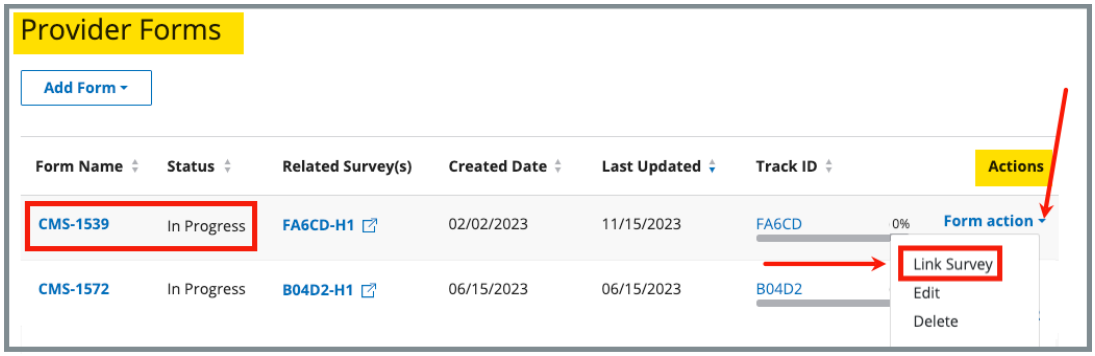


Figure 38: Link Survey

Note: Forms that have the **Status** of **In Progress** can be edited or deleted. Forms that have the **Status** of **Complete** can only be linked to a survey or downloaded. See *Figure 39, Completed Form Options.*

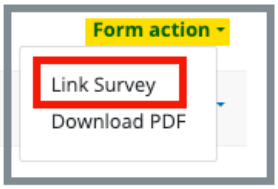


Figure 39: Completed Form Options

8.2.4 Type survey name or survey ID under **Search for Survey**. See *Figure 40, Link Survey to Form CMS-1539 Pop-Up Window.*

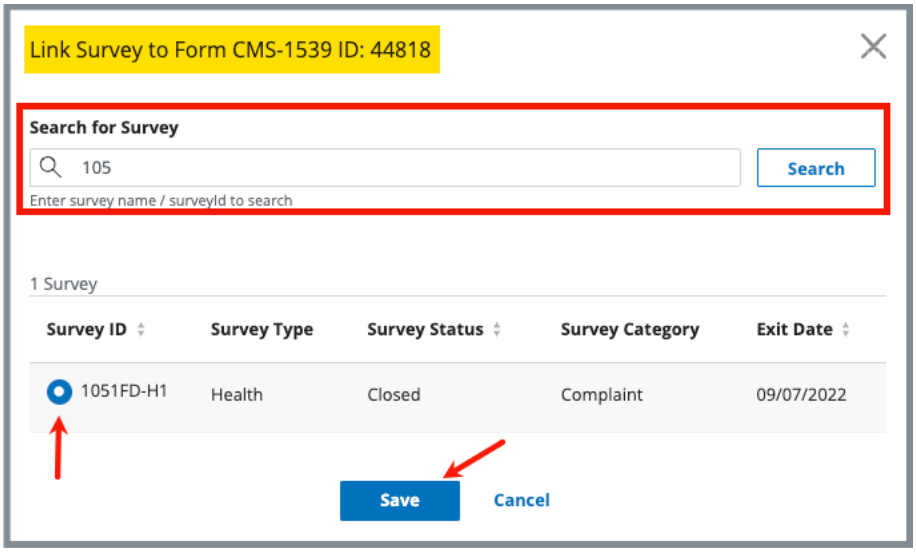


Figure 40: Link Survey to Form CMS-1539 Pop-Up Window

8.2.5 Click **Search** if the survey did not appear in a list below.

8.2.6 Select the radio button next to the correct survey.

8.2.7 Click **Save**. The **Linking Survey** pop-up window opens. See *Figure 41, Linking Survey Pop-Up Window.*

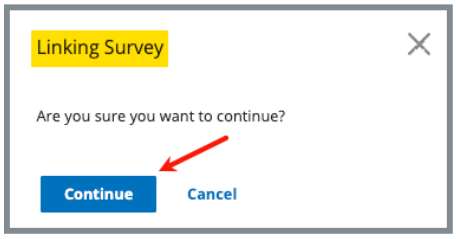


Figure 41: Linking Survey Pop-Up Window

8.2.8 Click **Continue**. The pop-up window closes.

8.2.9 Verify the survey is linked under **Related Survey(s)**. See *Figure 42, Related Survey.*

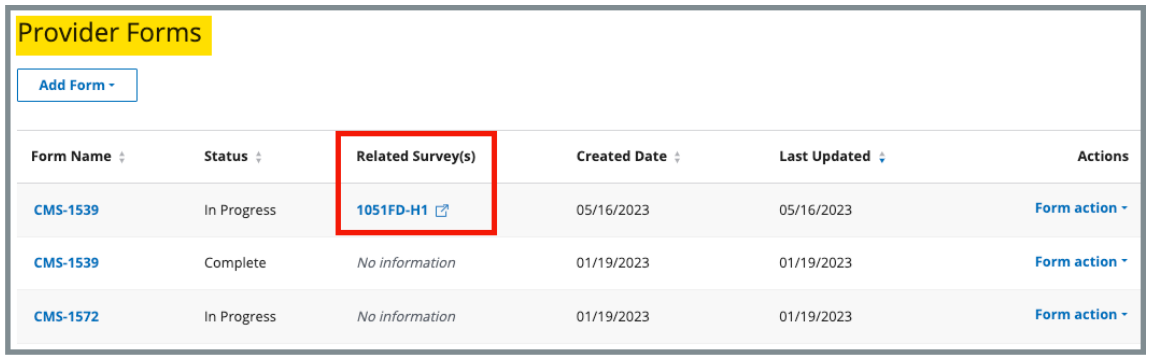


Figure 42: Related Survey

9. CMS-671

Purpose: Form CMS-671 is the long-term care facility application for Medicare and Medicaid.

Notes:

- The CMS-671 form is available for the Nursing Home provider type only.
- The CMS-671 form contains fields that were on the now decommissioned CMS-672 form.
- The CMS-671 form can be added, viewed, and edited offline. See the Offline Job Aid for further details on working offline.
- The completed form can be downloaded as a .pdf.

9.1 Create the CMS-671 Form

9.1.1 Click the desired provider record. The Provider History page opens. For more information on searching for and accessing a provider, refer to the Manage a Provider User Manual on QTSO.

9.1.2 Click **Add Form** under **Provider Forms**. See *Figure 43, Add CMS-671*.

9.1.3 Select **CMS-671** from the drop-down menu. The CMS-671 form opens.

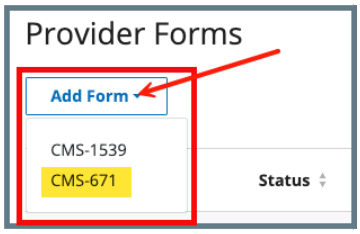


Figure 43: Add CMS-671

9.1.4 Fill out the information. See *Figure 44, CMS-671 (page 1 of 4), Figure 45, CMS-671 (page 2 of 4), Figure 46, CMS-671 (page 3 of 4), Figure 47, CMS-671 (page 4 of 4)*.

9.1.5 Click **Mark form as Complete**, if desired.

Note: Completed forms cannot be edited or deleted.

9.1.6 Click **Save CMS-671 Form**.

Notes:

- Click **Save CMS-671 Form** at any time to save in progress work, even if required fields are not filled out.
- When **Save CMS-671 Form** is clicked for an in progress or completed form, a date and time stamp that captures **Last Updated by** or **Completed by** user information automatically generates. This information displays on the upper right corner of the form and in the **Provider Forms** table. Refer to Add a Form for more information, if needed.

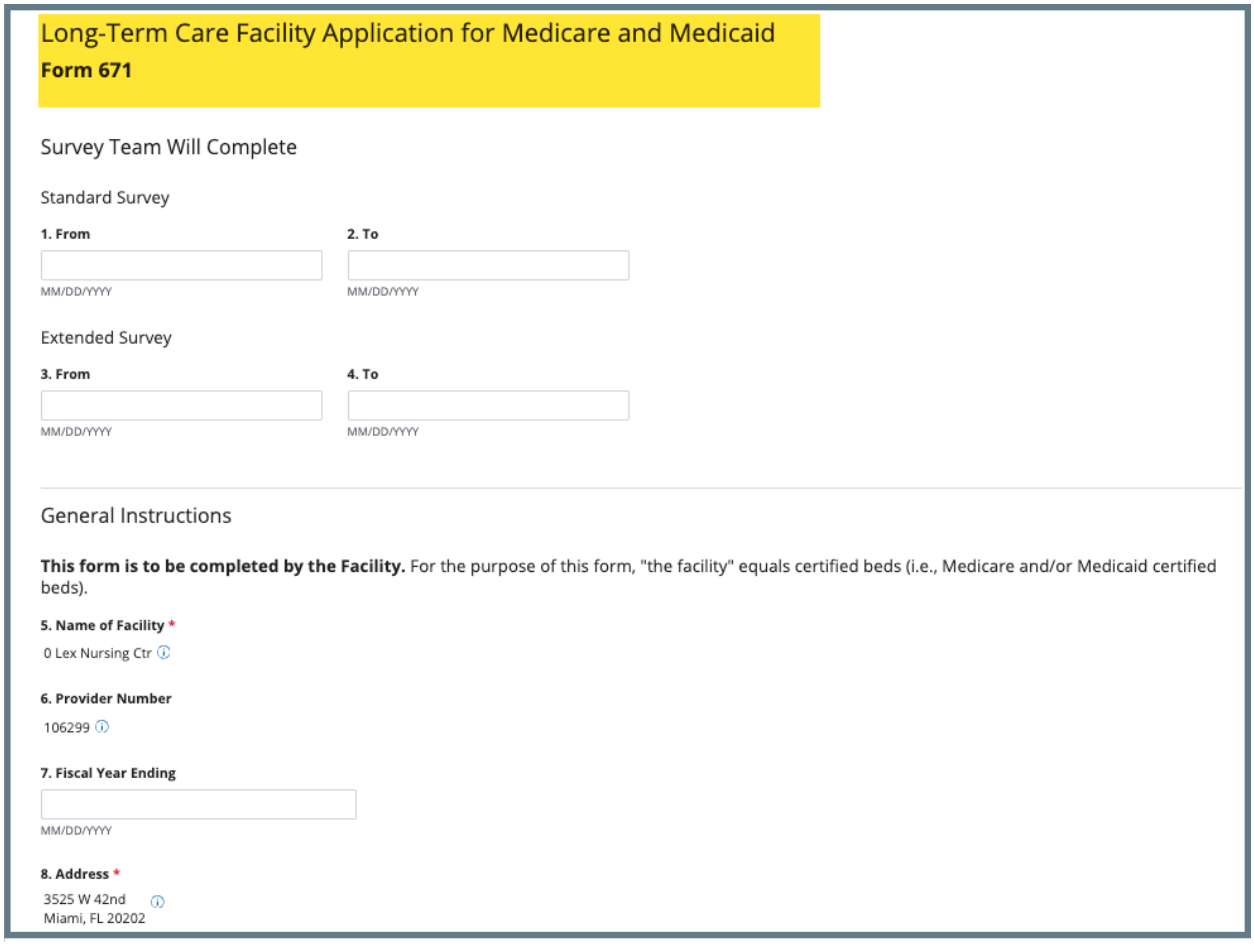


Figure 44: CMS-671 (page 1 of 4)

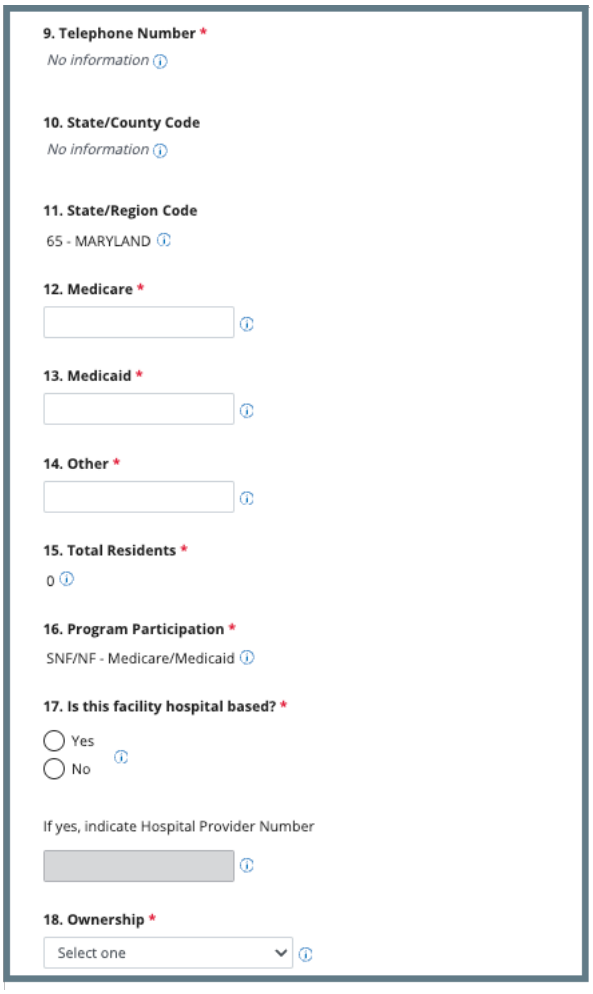


Figure 45: CMS-671 (page 2 of 4)

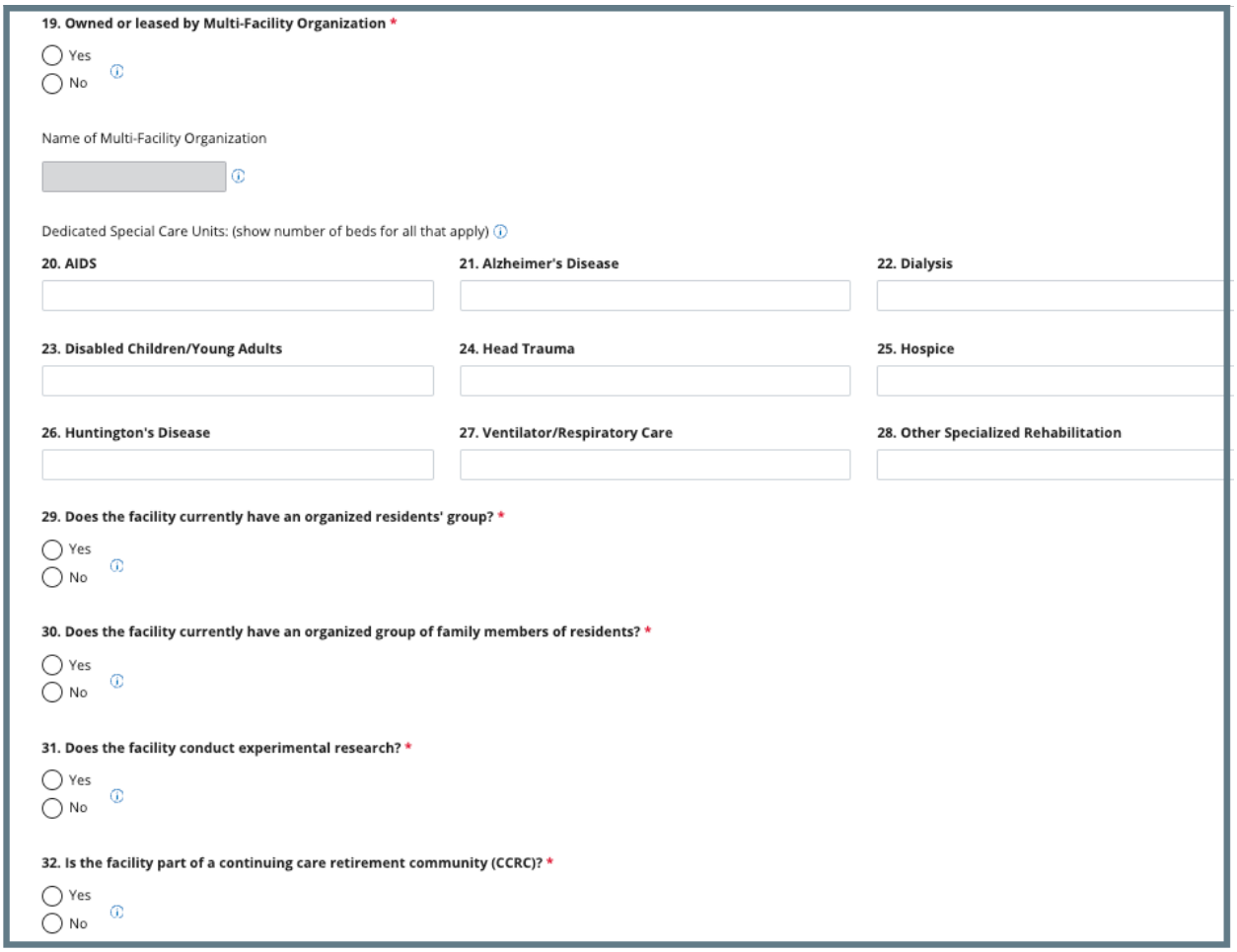


Figure 46: CMS-671 (page 3 of 4)

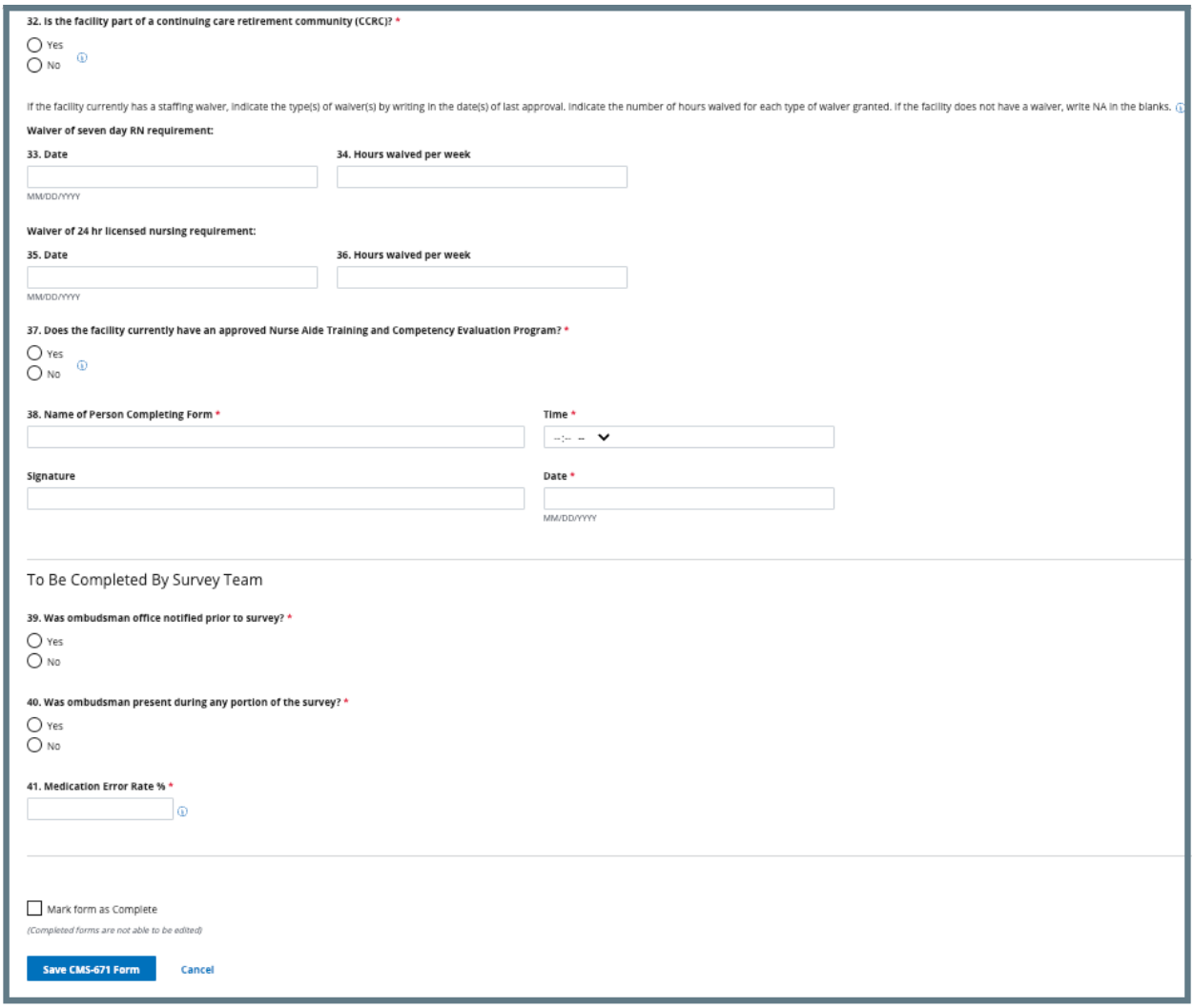


Figure 47: CMS-671 (page 4 of 4)

9.2 Link the CMS-671 Form to a Survey

Note: The form does not have to be marked complete to link to a survey.

9.2.1 Go to the **Provider History** page.

9.2.2 Click **Form action** under the **Actions** menu under the **Provider Forms** section. The **Form action** drop-down menu opens.

9.2.3 Click **Link Survey**. See *Figure 48, Link Survey.* The **Link Survey to Form CMS-671** pop-up window opens.

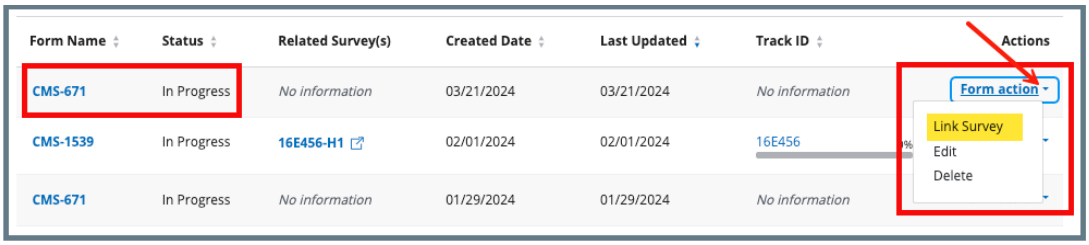


Figure 48: Link Survey

Note: Forms that have the **Status** of **In Progress** can be edited or deleted. Forms that have the **Status** of **Complete** can only be linked to a survey or downloaded. See *Figure 49, Completed Form Options.*

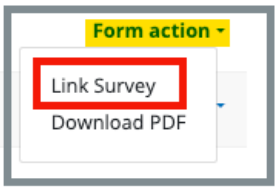


Figure 49: Completed Form Options

9.2.4 Type survey name or survey ID under **Search for Survey**. See *Figure 50, Link Survey to Form CMS-671 Pop-Up Window.*

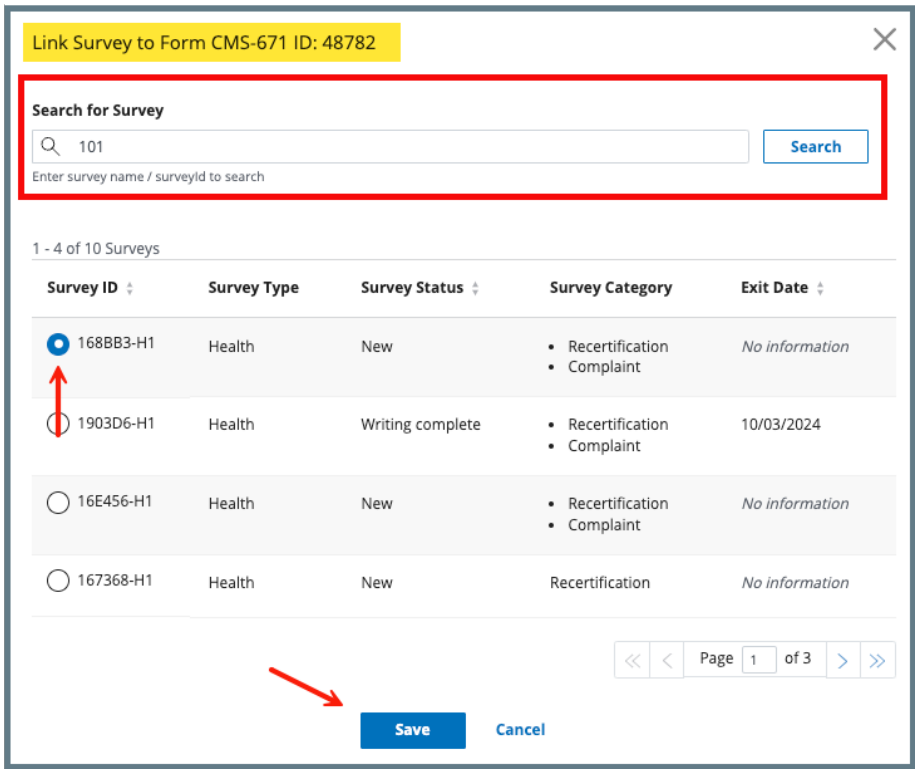


Figure 50: Link Survey to Form CMS-671 Pop-Up Window

9.2.5 Click **Search** if the survey did not appear in a list below.

9.2.6 Select the radio button next to the correct survey.

9.2.7 Click **Save**. The **Linking Survey** pop-up window opens. See *Figure 51, Linking Survey Pop-Up Window*.

Figure 51: Linking Survey Pop-Up Window

9.2.8 Click **Continue**. The pop-up window closes.

9.2.9 Verify the survey is linked under **Related Survey(s)**. See *Figure 52, Related Survey.*

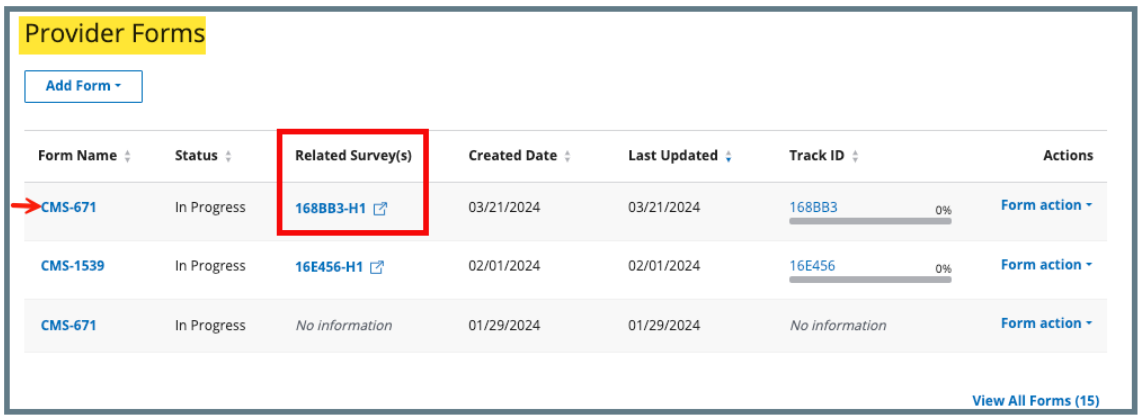


Figure 52: Related Survey