

Centers for Medicare & Medicaid Services

Internet Quality Improvement & Evaluation System (iQIES)

Survey and Certification (S&C)

Manage a Provider

User Manual

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1. Introduction

This user manual addresses the processes necessary to perform Survey & Certification (S&C) Provider functions in iQIES.

For information on other modules, refer to <u>Reference & Manuals</u> 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 <u>https://iqies.cms.gov/</u> with Health Care Quality Information Systems (HCQIS) Access Roles and Profile (<u>HARP</u>) login credentials. Refer to the <u>iQIES Onboarding Guide</u> for further information, if necessary.
- All screenshots included in this manual contain only test data. Current screens in iQIES may differ 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 the 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.

If there are surveys that occured prior to the newly selected Cycle starting survey, please verify that these surveys still belong to the enforcement case.

Figure 2: Notification Banner

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.*

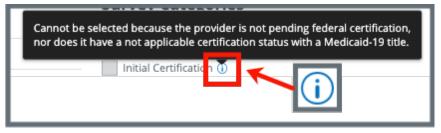


Figure 3: Tool Tip Icon

• 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:	ontact the iQIES Security Official (SO) for your ganization		
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: https://cmsqualitysupport.servicenowservices.c om/ccsq_support_central		
Idea Portal:	Feedback for future iQIES software development: <u>CCSQ Support Central</u> . Click Idea Portals and select Idea Portal.		
More information on iQIES:	Refer to the <u>QIES Technical Support Office</u> (QTSO) and the <u>Quality, Safety, & Education</u> <u>Portal</u> (QSEP). Logging in to HARP may be required before accessing some documentation in QTSO and QSEP.		
	iQIES reference materials include:		
	 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 <u>iQIES User Roles Matrix</u> for detailed information on roles.

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

Q Patt.

Figure 4: Help Icon

1.4 My Tasks Landing Page

- **Purpose:** My Tasks Landing Page is a tool used to track and display data for individual users. It consolidates information and processes into one area so that the user can see at a glance what actions must be performed.
 - 1.4.1 Log in to iQIES. The landing page displays the **My Tasks** tool. See *Figure 5, My Tasks Landing Page and Table 2, My Tasks Landing Page Detailed Callout*.
 - Note: The My Tasks landing page defaults to Active tasks. Click the drop-down menu and select Closed tasks to view completed tasks.

<u> </u>	asks a roviders Surveys	Intakes Enfor	rcements		
y Prov	viders Tasks er ‡	C ID ¢	d Provider Type 🗧	e Certification Status ‡	g Active tasks f Assigned Tasks
>	La Maison Suisse Deux 123 Main St Anytown, Florida 88990	CCN 10A518 FACID IQ0000004235034 () Enable Offline	NH	Certified	
>	House of the Rising Sun54 New 1 Main St Anytown, Florida 87960	CCN A28439 FACID IQ0000002535606	ННА	Certified	

Figure 5: My Tasks Landing Page

No.	Name	Description
а	Providers tab	Click each tab (Providers , Surveys , Intakes , Enforcements) to review the respective tasks. Not all tabs are available in all user roles.
b	Provider	The provider address shows as a link directly under Provider . Click the link to go directly to the Provider Basic Information page.

No.	Name	Description
с	ID	The provider CCN and FACID are shown. Click Enable Offline to enable the survey offline. For more details on how to enable offline, refer to <u>S&C</u> <u>User Manual: Offline</u> .
d	Provider Type	Shows the provider type (ASC, HHA, Hospice, Nursing Homes).
е	Certification Status	Shows certification status of the provider.
f	Assigned Tasks	Lists the assigned tasks.
g	Active/Closed Tasks	Toggle between Active and Closed tasks.
h	New	A blue New in an oval shape (badge) next to the Survey ID in the Survey tab indicates that the survey task's status is New .

Notes:

• Click the iQIES logo on the top left of the screen or **Home** to return to the **My Tasks** landing page at any time. See *Figure 6, iQIES Logo*.



Figure 6: iQIES Logo

• If there are no tasks, then a message appears below the selected tab. See *Figure 7, No Active Tasks,* for an example from the **Surveys** tab.

You h	ave no	active	Survey	Tasks.
	New Ta	sks will shov	w up here.	

Figure 7: No Active Tasks

1.4.2 Click caret next to the provider name and details open about tasks assigned. See *Figure 8, Task Status Details* and *Table 3, Task Status Details Detailed Callout*.

1	La Maison Suisse Deux 123 Main St Anytown, Florida 88990	CCN 10A518 FACID IQ00000004235034	NH	Certified	
Ļ	ASSIGNED TASK \$	DUE DATE 🔅	TASK STATUS		COMMENTS ‡
E	Branch Approver	09/26/2024	То Do	~	No comment 主
F	Provider Maintenance	09/26/2024	To Do	~	Existing comment 🗐

Figure 8: Task Status Details

No.	Name	Description
а	ASSIGNED TASK	The name of the task assigned.
b	DUE DATE	The date the task is due, if available.
с	TASK STATUS	The task status. Task statuses are: To Do, In Progress, Complete .
d	COMMENTS	Comments. A + (plus sign) indicates a comment has not been left. See <u>step 1.4.3</u> .

1.4.3 Click the + to leave a comment. The side menu opens. See *Figure 9, My Tasks Comments.*

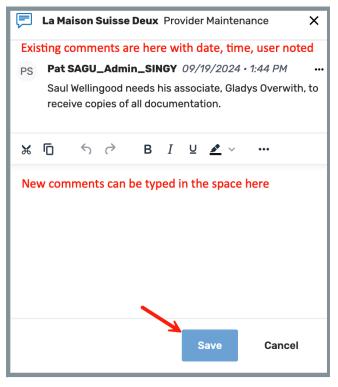


Figure 9: My Tasks Comments

1.4.4 Click **Save** to save comments. The side menu closes.

2. Manage a Provider Overview

A provider is any organization, institution, or individual that provides health care services to Medicare beneficiaries. Physicians, ambulatory surgical centers, and outpatient clinics are some of the providers of services covered under Medicare Part B.

This manual explains how to search, add, approve, or reject a provider, view and download reports, add buildings, multiple locations, branch addresses, operating details, additional contacts and explains certification and licensure and deeming information for Home Health Agencies (HHA), Ambulatory Surgical Centers (ASC), and Hospice provider types.

Contact the <u>iQIES Service Center</u> to delete a provider.

3. Search for a Provider

- 3.1 Go to **Survey & Certification** at the top of the iQIES home page. Click the arrow to open the drop-down menu.
- 3.2 Click **Search**. The **Search** screen opens. See *Figure 10, S&C Search*.

Note: The Providers tab is the default landing tab.



Figure 10: S&C Search

3.3 Select **Provider** or **DBA** (Doing Business As), **CCN** (CMS Certification Number) or **State Facility ID** (FACID) from the drop-down menu under **Search for Surveys**. See *Figure 11, Search*

Search		
Providers S	urveys Intakes	
earch for Providers		
Provider or DBA V Sea	arch	
Show Advanced Search	CCN State Facility	
Search Reset		

Figure 11: Search

- 3.4 Type search criteria.
- 3.5 Click **Search**. The provider information shows below. See *Figure 12, Provider Search Results*.

Note: Click **Show Advanced Search** for a more detailed search. Refer to step 3.7 for details.

Providers Survey:	s Intakes E	nforcements CI	/IPTS Cases		
Search for Providers					
Provider or DBA 👻 House of	the Rising Sun				
Search Reset					
Search Reset 1 - 10 of 44 Providers Provider	ID	Operating Status	Provider Type	Certification Status	Deemed Status
1 - 10 of 44 Providers	ID CCN 49K002 FACID IQ0000002489565	Status Open		Certification Status Certified Medicaid - 19	

Figure 12: Provider Search Results

3.6 Click desired provider name under **Provider**. The **Provider History** window opens with a list of provider forms, surveys, intakes, and enforcements related to the provider. See *Figure 13, Provider History Page*.

View Provider History Re	View All Provider Re	eports					
Provider Forms							
Add Form -							
Form Name 🕴	Status 0	Related Survey(s)	Created Date 🕴	Last Updated 🕴	Track ID 🕴		Acti
CMS-1539	Complete	EODA1-H1 🖾	03/29/2023	01/31/2024	E0DA1	100%	Form action
CMS-1572	Complete	EODA1-H1 🗹	01/31/2024	01/31/2024	EODA1	100%	Form action
CMS-1572	Complete	15A11A-H1 🖪	08/29/2023	01/31/2024	15A11A	0%	Form actio
						\rightarrow	View All Form
ecent Surveys							
Add Survey							
Add Survey							
Sets & Survey ID 🔅	Survey Type 💠	Survey Category 🗧	Exi	it Date 🗘 Status 🗧	Track ID	±.	Act
12B715-H1	Health	Validation Survey		Writing in pro	gress 12B715	0	%
12B714-H1	Health	Recertification, Complai	int	Writing in pro	gress 12B714	0	56
115866-H1	Health	Recertification, Complai	int	Writing in pro	gress 115866	0	%
							-
ecent Intakes							-
							-
Add Intake							-
Add Intake	Status ()	Priority b	Alleg	ations : Intake Start	Date ý Surv	ey Due Date 🕆	View All Survey
Add Intake	Status ÷ Pending Finalization			ations : Intake Start 08/08/2023		ey Due Date 👌	View All Survey
Add Intake	Pending Finalization	n Immediate Jeop n Immediate Jeop	bardy 1	08/08/2023 08/01/2023	No in No in	nformation	View All Survey
Add Intake	Pending Finalization	n Immediate Jeop n Immediate Jeop	bardy 1	08/08/2023	No in No in	nformation	View All Survey
Add Intake Add Intake Intake ID \diamond Complaint 726374 Complaint 726352	Pending Finalization	n Immediate Jeop n Immediate Jeop	bardy 1	08/08/2023 08/01/2023	No in No in	nformation	View All Survey
Add Intake	Pending Finalization Triage/Prioritization Triage/Prioritization	n Immediate Jeop n Immediate Jeop	bardy 1	08/08/2023 08/01/2023	No in No in	nformation	View All Survey Act View All Intake
Add Intake Intake ID Complaint 732400 Complaint 726374 Complaint 726352	Pending Finalization Triage/Prioritization Triage/Prioritization	n Immediate Jeop n Immediate Jeop	bardy 1	08/08/2023 08/01/2023	No in No in	nformation	View All Survey
Add Intake Intake ID ÷ Complaint 726374 Complaint 726352	Pending Finalization Triage/Prioritization Triage/Prioritization	n Immediate Jeop n Immediate Jeop	bardy 1	08/08/2023 08/01/2023 08/01/2023	No in No in	nformation	View All Survey

Figure 13: Provider History Page

Notes:

- Click Add [Form/Survey/Intake/Enforcement] to add a form, survey, intake, or enforcement directly from the Provider History page.
- Click View All [Forms, Surveys, Intakes, Enforcements] [#] at the bottom right of each list to view all the forms, surveys, intakes, or enforcements associated with the provider. The number next to View All is the total number of forms, surveys, intakes, or enforcements associated with the provider.
- 3.7 Click **Show Advanced Search**, if desired, to open the Advanced Search dropdown menu and narrow the search criteria. See *Figure 14, Provider Advanced Search*.

Providers Surveys	Intakes		
Search for Providers Provider or DBA Search Hide Advanced Search			
TYPE & ID	STATUS	LOCATION	
Provider Type	Deemed Status	Street Address	City
Select v	Select v		
Select one or more	Select one or more		
iQIES ID	State Licensed	State Florida × Select × v Select one or more	ZIP Code
License Number	Federal Certification Status	State Design	
	Select v	State Region	
	Select one or more	Select one 🗸	
Certification Title	Operating Status	CMS Location	
Medicare - 18	Both 🗸	Select v	
Medicaid - 19		Select one or more	
Search Reset			

Figure 14: Provider Advanced Search

3.8 Type in desired detailed criteria. Click **Search**. The provider information shows below.

Note: Click Hide Advanced Search to close the Advanced Search menu.

4. Certification Event

- **Purpose**: To organize certification documents for provider certification.
- **Note**: It may be necessary to refresh the page to update track status when changes are made.

View Certification Progress in Workload Management

View Certification Progress in Survey

View Certification Progress in Provider History Page

- 4.1 View Certification Progress in Workload Management
 - 4.1.1 Go to the iQIES home page.
 - 4.1.2 Click the **Survey** tab.
 - 4.1.3 View certification status under **Track Status** for each survey in Workload Management.
 - 4.1.4 Click survey number to view details. See *Figure 15, Workload Management Track Status.*

Track Status 🝦	
<u>192B18</u>	
<u>AF1F4</u> 60%	

Figure 15: Workload Management Track Status

4.1.5 Click the survey number to view detailed certification status. The track status for the selected survey opens.

4.1.6 Click the carets next to the survey number or **Track Forms** to view additional details. See *Figure 16, Detailed Certification Status*.

Status	Completed Date
Complete	-
Complete	04/30/2021
In Progress	-
Status	Completed Date
🔅 Not Started	-
Complete	11/02/2022
	Complete Complete Complete In Progress Status Not Started

Figure 16: Detailed Certification Status

4.2 View Certification Progress in Survey

Go to the **Survey Basic Information** page. See Figure 17, Survey Basic Information Page Certification Progress and Table 4, Basic Information Page Certification Progress Callout Details.

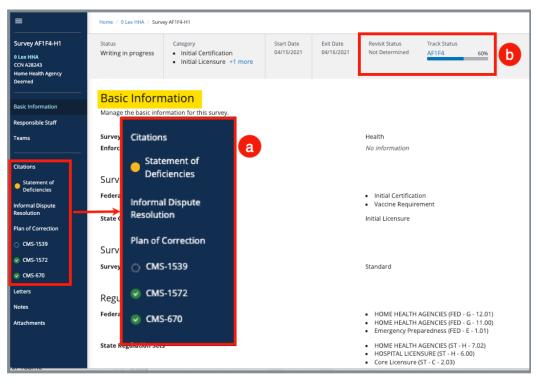


Figure 17: Survey Basic Information Page Certification Progress

Callout	Action				
	The left menu shows the status at a glance.				
	No fill Not Started: Form or information hasn't been started				
а	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. <u>See step 4.1.6</u> for further details.				

- 4.3 View Certification Progress on Provider History Page
 - 4.3.1 Go to the **Provider History** page. See *Figure 18, Provider History Page Certification Progress*.

	ory Report	View All Pro	vider Reports							
r <mark>ovider For</mark>	<mark>ms</mark>									
Add Form -										
orm Name 💠	Status 🔶	Related S	urvey(s)	Created Date 🝦	Last Updated 🛊		Track ID 🔅			Actions
CMS-1572	Complete	EFCF9-H1	12	04/28/2022	04/28/2022		EFCF9	25%	Form	n action -
				04/20/2022			_			
acopt Supe				UTILITULE			_			
ecent Surve	<u>eys</u>						_			
ecent Surve Add Survey	<u>eys</u>			UN EXCLUSION		l				
	2YS Survey Tyj	pe ¢	Survey Categ		Exit Date 🗘	Statu	: ¢ T	rack ID ÷		Actions
Add Survey		pe ÷	Survey Categ		Exit Date 🗧	Statu: New			0%	Actions
Add Survey	Survey Ty	pe ¢	Survey Categ	ory + re, State Licensure			I	rack ID ‡	0%	Actions

Figure 18: Provider History Page Certification Progress

4.3.2 Click survey number under **Track ID** to see detailed information on certification status. <u>See step 4.1.6</u> for further details.

5. View Provider Details

Click **View Details** on the **Provider History** page. The **Basic Information** page opens. See *Figure 19, View Details Link*.

Federal Certification Status Certified	View Details
Provider Histo	ry he deficiency history of a provider, view the provider history report.
View Provider History	Report View All Provider Reports

Figure 19: View Details Link

- 5.1 Click any selection on the left menu (e.g., **Mailing Address**, **Letters**) to go to a different page in iQIES and view further provider information. See *Figure 20, Provider Basic Information Page*.
 - **Note**: The left menu varies by provider type. The figure below shows the left menu for an HHA provider. these are the provider attributes that are provider specific:

HHA:	Additional Branch Addresses
ASC:	Locations
Hospice:	Inpatient Locations Multiple Locations
Nursing Homes	Buildings/Wings Performance Bed Summaries

5.2 Click Return to Provider to return to the Provider History page.

, ≡	Home / House of the Rising Sun5	4 / Provider Details		
Provider Details House of the Rising Sun54 CCN A28439	Federal Certification Status Certified	Title Medicare - 18		
Home Health Agency Non-Deemed C Return to Provider	Basic Informat			Edit
Basic Information Responsible Staff	Overview			
Manage Tasks	Provider Name		House Of The Rising Sun54	
Mailing Address	Provider Type		HHA	
Additional Branch	Provider Subtype		N/A	
Addresses	Address		1 Main St Anytown, FL 87960	
Operating and Ownership	Phone		4345551212	
Additional Contacts	Phone EXT		No information	
Certification	Fax		No information	
Licensure	Email		jeannevaljean@fake.com	
Deeming Information	Website		No information	
Administrators	County		No information	
Letters	CMS Location		4 - Atlanta	
Notes	State Region		No information	
Attachments	Management Unit		No information	
	Work Unit		No information	
£				

Figure 20: Provider Basic Information Page

6. Add a Provider

New providers are automatically set to **Pending Certification** status.

Review information in the <u>Certification and Licensure</u> section to certify a new provider, if necessary.

6.1 Click **Add a Provider** from the **Survey & Certification** drop-down menu to add a new provider. See *Figure 21, Add a Provider*. The **Add a Provider** window opens.



Figure 21: Add a Provider

6.2 Fill out the information. See *Figure 22, Add a Provider Basic Information*.

Notes:

- Greyed out areas cannot be filled out. They are disabled based on the provider's information.
- Check Same as Legal Business Name to automatically populate Doing Business as Name if both names are the same.
- Address 1 must be a locatable address. Use Address 2 for additional details, if necessary. For questions about a locatable address, go to the USPS ZIP Code locator and enter Street Address, City, and State and click Find. A new window opens with the locatable address.
- Address 2 can be a PO Box, but a provider that has a PO Box cannot be a practice location.

6.3 Click **Add Provider** to add the provider. The new **Provider History** page opens and can be viewed and edited.

Notes:

- An iQIES ID is automatically generated.
- New surveys and intakes can now be added.

Add a Provider		
Basic Information All required fields are marked with an asterisk (*)		
Legal Business Name *		
The provider name that is registered with the IRS and the Legal Busin	ess Name reported on the CMS 8	55
Same as Legal Business Name		
Doing Business As Name *		
The name under which the provider operates and the Doing Busines:	s As Name reported on the CMS 8	55
Provider Type *	Provider Subtype	
Select one		~
Primary Practice Location		
Address 1 *	Address 2	
City *	State *	ZIP Code *
	Select one	
County		
Add Provider Cancel		

Figure 22: Add a Provider Basic Information

7. Inpatient Care Provided

Purpose: To identify whether the Hospice provides care in an inpatient setting.

Note: Inpatient Care Provided is enabled for Hospice provider type only.

7.1 Click **Edit** on the **Provider Basic Information** page. See *Figure 23, Hospice Provider Details Edit Page*. The **Basic Information** edit page opens.



Figure 23: Hospice Provider Details Edit Page

7.2 Click the **Yes** or **No** radio button under **Inpatient Care Provided**. *See Figure 24, Inpatient Care Provided Radio Buttons*.

Note: Click Yes to enable the Inpatient Locations selection on the left menu.

Basic Information			
All required fields are marked with an asterisk	(*)		
Legal Business Name *			
Hill House Hospice			
The provider name that is registered with the IRS	and the	e Legal Business Name reported on the CMS 855	
 Same as Legal Business Name Doing Business As Name 			
Hill House Hospice			
The name under which the provider operates and	d the Do	ping Business As Name reported on the CMS 855	
Provider Type *		Provider Subtype	
Hospice	~		~
Inpatient Care Provided *			

Figure 24: Inpatient Care Provided Radio Buttons

7.3 Click Save.

8. Inpatient Locations

Purpose: To add locations and buildings for Life Safety Code surveys.

Notes:

- Inpatient Locations is enabled for Hospice provider type only.
- Inpatient Care Provided must be answered Yes to view Inpatient Locations.
- 8.1 Click **Inpatient Locations** on the left menu. See *Figure 25, Inpatient Locations*. The **Inpatient Locations** page opens.

Non-Deemed	Inpatient Locations	
< Return to Provider	Add and manage inpatient locations and buildings for this provider. These will be available for Life Safety Code Survey.	
Basic Information		
Responsible Staff	View Locations View Buildings Only	
Inpatient Locations	Add Inpatient Location	
Mailing Address		
Multiple Locations	Hill House Building 2 Delete Edit	
Operating Details	1 Building	
Additional Contacts	Primary Address Mailing Address	
Certification	Same as Primary Address	
Licensure		
Deeming Information		
Administrators	Buildings Add Building	
Letters		
Notes	> The Andrea Building Delete Edit	
Attachments	02 Building Sector Active Federal No effective date	

Figure 25: Inpatient Locations

8.2 Click **Add Inpatient Location**. The **Inpatient Location** fields open below. See *Figure 26, Inpatient Locations Fields*.

Inpatient Locations		
Add and manage inpatient locations and buildings for this provider. T	hese will be available for Life Safety (Code Survey.
	,	View Locations View Buildings Only
Add Inpatient Location		
All required fields are marked with an asterisk. (*)		
Location Name *		
Hill House Building 2		
500 characters		
Location Primary Address		
Address 1*	Address 2	
1 State St		
City *	State *	ZIP Code *
Anytown	Florida 🗸	89099
Location Mailing Address		
Location Mailing Address is the same as Primary		
Save Cancel		

Figure 26: Inpatient Locations Fields

- 8.3 Fill out the information.
- 8.4 Click **Save**. The **Inpatient Locations** page populates with the new location. See *Figure 27, Inpatient Locations Information*.

Inpatient Locations	
Add and manage inpatient locations and buildings for this provider. These will be available for Life Safety Code	e Survey.
Toggle between Locations and Buildings	/ Locations View Buildings Only
Hill House Building 2 No Buildings	Edit
Address	
1 State St Anytown, FL 89099	
Buildings	Add Building
No buildings Your buildings will show up here.	

Figure 27: Inpatient Locations Information

Note: Toggle between View Location and View Buildings to see each view. View Location shows the address of the building. View Buildings shows information about the buildings.

In the example above, **View Buildings Only** is in blue, so the buildings are what is shown.

A building must be added to create an LSC survey.

8.5 Click **Add Building** to add a building. The **Buildings** fields open below. See *Figure 28, Inpatient Locations Building*.

Hill House Building 2		Edit				
No Buildings						
Address						
1 State St Anytown, FL 89099						
niyuwi, rt 03033						
Buildings		Add Building				
		ная авлилур				
All required fleids are marked with an ast	erisk (*)					
Parent Location						
Hill House Building 2						
Thir House building 2						
Building Name *		Building Licensure				
The Andrea Building		State Licensed Only				
500 characters						
Building ID * Type		Number of Storles				
	Ilding	✓				
Limit 2 characters						
Plan Approval Date	Effective Date	Closed Date				
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY				
Construction Type	Construction	Date				
Select one	~					
	MM/DD/YYYY					
LSC Form Indicator *						
LSC 2012 Health Existing		~				
Regulation Set						
FED - K - 03.02						
Hazmat Area Separate	FSES Date					
Select one	~					
	MM/DD/YYYY					
Sprinkler Status	Sprinkler Required					
Select one	✓ Select one	×				
Building Location Detail						
Additional details such as landmarks, directions, etc.						
Save						

Figure 28: Inpatient Locations Building

8.6 Click **Save**. The **Inpatient Locations** page populates with the new building information. See *Figure 29, Inpatient Locations Buildings Information*.

Inpatient Locations						
Add and manage inpatient locations and buildings for this provider. These will be available for Life Safety Code Survey.						
Toggle between Locations and Buildings	View Locations View Buildings Only					
Add Inpatient Location						
Hill House Building 2 1 Building	Edit					
Address 1 State St Anytown, FL 89099						
Buildings	Add Building					
The Andrea Building 02 Building Active No effective date	Delete Edit					

Figure 29: Inpatient Locations Buildings Information

9. Responsible Staff

Purpose: Add new, delete, or view existing staff responsible for the complaint.

Notes:

- Responsible Staff are HARP ID users.
- One SAGU and one CMSGU must be selected as Responsible Staff for an intake of a deemed providers to complete triage when CMS approval is required.
- Adding Responsible Staff ensures that the appropriate individuals receive email notifications throughout the complaint process (approval, reviewing investigation findings).
- 9.1 Add Responsible Staff
 - 9.1.1 Click **Responsible Staff** on the left menu. The **Responsible Staff** page opens. See *Figure 30, Provider Responsible Staff*.
 - Note: The Add Responsible Staff page opens when there are no existing responsible staff.

Home Health Agency Non-Deemed	Add Responsible Staff						
< Return to Provider	Find and add the responsible staff for this provider.						
Basic Information	First Name	Last Name	Organization				
Responsible Staff			Select	~			
Manage Tasks	Management Unit	v	Work Unit				
Mailing Address	Select one	~	Select one	~			
Additional Branch Addresses Operating and Ownership	Search						

Figure 30: Provider Responsible Staff

9.1.2 Click **Add Staff** when there are existing staff to add additional responsible staff. The **Add Responsible Staff** page opens.

- It is only possible to add staff that are in the list of staff members.
- It is not possible to select options that are greyed out.
- Click the arrow next to **Name** to sort names in alphabetical or reverse alphabetical order.
- 9.1.3 Type last name in text box under **Last Name**.
- 9.1.4 Select CMS or State from the Organization drop-down menu.
- 9.1.5 Click **Search**. The search results appear below.
- 9.1.6 Check the box under **Select** next to the correct name.
- 9.1.7 Click **Save**.
- 9.1.8 Verify the staff member appears in the list below Responsible Staff.Note: Click Add Staff to add additional Responsible Staff.

9.2 Delete Responsible Staff

- 9.2.1 Click **Delete** under **Actions** to delete a staff member. A confirmation pop-up window opens.
- 9.2.2 Click **Delete**. See *Figure 31, Delete a Responsible Staff*.

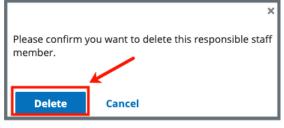


Figure 31: Delete a Responsible Staff

9.2.3 Verify that the staff member is no longer on the list.

10. Manage Tasks

Purpose: To manage and assign tasks for Nursing Home Responsible Staff.

Note: Manage Tasks is enabled for the Nursing Home provider type only.

Click **Manage Tasks** on the left menu. The Manage Tasks screen opens. See *Figure 32, Manage Tasks* and *Table 5, Manage Tasks Detailed Callout*.

Home Health Agency Non-Deemed < Return to Provider Basic Information Responsible Staff	Manage Tasks Manage and assign tasks for y Assign users to start managin Tasks					b Filte	er	
Manage Tasks	All × Search tasks	x v			-	Vie	w All v	/
Mailing Address	С	d	е		ſ		g	
Additional Branch Addresses	Task	Due Date	Status		Assigned To		Comments	
Operating and Ownership Additional Contacts Certification	Provider Maintenance	MM/DD/YYYY	Complete	~	SAGU_Admin_SINGY, Pat × Assign Staff	x v	Ŧ	
Licensure Deeming Information Administrators	Licensure Review	MM/DD/YYYY	To Do	~	SAGU_Admin_SINGY, Pat × test2.CMSSINGY, Pat × Assign Staff	×	Ŧ	
Letters Notes Attachments	Scheduling	MM/DD/YYYY	To Do	~	SAGU_Admin_SINGY, Pat × test2.CMSSINGY, Pat × Assign Staff	×	Ŧ	

Figure 32: Manage Tasks

Table 5: Manage	Tasks	Detailed	Callout
-----------------	-------	----------	---------

No.	Description
1	Select individual tasks from the drop-down menu under Tasks to assign to the Responsible Staff or select All
2	Select View All, Assigned , or Unassigned from the drop-down menu. View All is the default.
3	Each task that is selected shows under Task
4	The Due Date of the task
5	The Status of the task.
6	The Responsible Staff assigned to the task. More than one Responsible Staff can be assigned the task.
7	Click the 🕇 icon to add a comment.

11. Buildings/Wings

- **Purpose**: To add and manage locations and buildings for Life Safety Code surveys.
- **Note:** Buildings/Wings is enabled for the Nursing Home provider type only.
- 11.1 View Buildings and Wings

Click **Buildings/Wings** on the left menu. See *Figure 33, Buildings/Wings*. The **Buildings/Wings** page opens.

< Return to Provider	Buildings/Wings	
Basic Information	Click to view Buildings Only tab Add and manage locations and buildings for this provider. These will be available for Life Safety Code Survey.	
Responsible Staff	View Locations View Buildings Or	nlv
Manage Tasks		
Buildings/Wings	Marion Manor NH	1
Mailing Address	1 Building	
Operating and Ownership		
Additional Contacts	Primary Address	
Certification	123 Test Provider Test, AL 41232	
Licensure		
Performance		
Administrators	Buildings Add Building	
Bed Summaries	Marion Manor Maple Residence	
Letters	22 Building ● Active ● Federal ● State Licensed No effective date Delete ① Edit	
Notes		
Attachments		-

Figure 33: Buildings/Wings

- The Buildings/Wings page can be viewed for the Location or for the buildings associated with the location. Toggle between View Location and View Buildings Only to see each view. View Locations shows the address of the building. View Buildings Only shows information about open and closed buildings. See Figure 34, View Buildings Only.
- A building must be added before an LSC survey can be created.

Buildings/Wings		
Add and manage locations and buildings for this provider. These will be available for Life S	afety Code Survey.	
	View Locations	View Buildings Only
Open Buildings		
1 Building Click caret to expand for building details		
Marion Manor Maple Residence 22 Building Active Federal State Licensed No effective date Marion Manor NH Closed Buildings	Delete Edit	≞ (j)
No Buildings		
No buildings Your buildings will show up here.		

Figure 34: View Buildings Only

11.2 Add a Building

11.2.1 Click Add Building on the View Locations tab. The New Building window opens directly below Buildings. See *Figure 35, Add New Building*.

Buildings					Add Building	
All required fields are marke	All required fields are marked with an asterisk. (*)					
Parent Location *						
Marlon Manor NH			~			
Building binms				Building Lisonsure		
Building Name *				Building Licensure State Licensed		
500 characters				State Libersed		
Building ID * T	ype *			Number of Stories		
	Select one		~			
Limit 2 characters						
Plan Approval Date		Effective Da	te	Closed Date		
MM/DD/YYYY		MM/DD/YYYY		MM/DD/YYYY		
Construction Type			Construction Date			
Select one		~				
			MM/DD/YYYY			
Federal LSC Form Indicator	r *					
Select one					~	
Regulation Set						
Regulation Sec						
State LSC Form Indicator *						
Select one					~	
Regulation Set						
Regulation set						
Hazmat Area Separate		FSES Date				
Select one	\sim					
		MM/DD/YYYY				
Sprinkler Status		Sprinkler Re	nuirad			
Select one	\sim	Select one				
select one	Ŧ	Select offe	•			
Building Location Detail						
Additional details such as landma	rks, direction	s, etc.			/	
Save Cancel						

Figure 35: Add New Building

11.2.2 Fill out the information.

Notes:

- The **Building ID** is determined at the state level. The **Building ID** is added to the Statement of Deficiencies and cannot be changed or edited once saved.
- The LSC Form Indicator specifies the LSC regulation set that applies to the building.
- 11.2.3 Click **Save**. The new building information appears in the **Buildings** section. See *Figure 36, New Building Information*.

Buildings		Add Building
 Marion Manor Maple Residence 22 Building Active Federal State Licensed No effective date 	Delete	í) Edit
> The Andrea Deux 24 Building Active Federal State Licensed Effective 09/19/2024	Delete	Edit

Figure 36: New Buildings Information

Note: Click Add Building to add additional buildings.

11.3 Delete a Building

- **Note: Delete** is disabled (greyed out) when a citation is associated with a building.
- 11.3.1 Click **Delete** next to the building that needs to be deleted. A pop-up window opens asking for confirmation of the deletion. See *Figure 37, Delete Building Pop-up Window*.

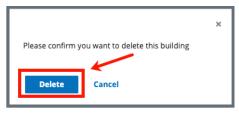


Figure 37: Delete Building Pop-up Window

11.3.2 Click **Delete** again. The building is removed from the **Buildings** list.

11.4 Edit a Building

- 11.4.1 Click **Edit** next to the building that needs to be edited. The current building information populates below **Buildings** and can be edited.
- 11.4.2 Click **Save**.

12. Mailing Address

12.1 Add a new mailing address

12.1.1 Click **Mailing Address** on the **Provider Details** window. See *Figure 38, Provider Mailing Address*. The **Mailing Address** window opens.

Mailing Address	
Same as Practice Location	
Address 1 *	Address 2
City *	State * ZIP Code *
	Select one 🗸
Save	
	Same as Practice Location Address 1 * City *

Figure 38: Provider Mailing Address

- 12.1.2 Fill out the information.
- 12.1.3 Click Save. The Mailing Address updates.

12.2 Edit an existing address

- 12.2.1 Click Mailing Address on the Provider Details window. The Mailing Address window opens
- 12.2.2 Click Edit. See Figure 39, Edit Mailing Address.



Figure 39: Edit Mailing Address

- 12.2.3 Fill out the information.
- 12.2.4 Click **Save**. The Mailing Address is added.

13. Locations

Note: Locations is enabled for the ASC provider type only.

Click **Locations** on the left menu of the **Provider Details** window. See *Figure 40, Locations*. The **Locations** window opens.

Non-Deemed	Locations	
< Return to Provider	Add and manage locations and buildings for this provider. These will be available for Life Safety Code Survey.	View Buildings Only
Basic Information		
Responsible Staff		View Locations View Buildings Only
Locations	Alaska ASC 💿	
Mailing Address	1 Building	
Operating Details		
Additional Contacts	Primary Address	
Certification	500 Primary Street Cityville, AK 12345	
Licensure		
Deeming Information	Click caret for Building details	
Administrators	Buildings	Add Building
Letters		
Notes	Structure 1 01 Building Active Federal No effective date	Delete Edit
Attachments		

Figure 40: Locations

- The Locations page can be viewed for the Location or for the buildings associated with the Location. Toggle between View Location and View Buildings Only to see each view. View Locations shows the address of the building. View Buildings Only shows information about open and closed buildings.
- In the example above, **View Buildings Only** is in blue, so the buildings are what is shown.
- A building must be added to create an LSC survey.
- ASC providers can have only one location, but they can have multiple buildings associated with that location.

13.1 Add a building

13.1.1 Click **Add Building** on the **View Locations** tab. The **New Building** window opens directly below Buildings. See *Figure 41, New Building*.

Buildings					Add Building
New Building	th an asterisk. (*))			×
Parent Location					
Andrea's All-Inclusive ASC					
Building Name *				Building Licensure State Licensed Only	
500 characters					
Building ID *	Type *		~	Number of Stories	
Limit 2 characters					
Plan Approval Date		Effective Date		Closed Date	
MM/DD/YYYY		MM/DD/YYYY		MM/DD/YYYY	
Construction Type			Construction Date		
Select one		~	MM/DD/YYYY		
LSC Form Indicator * Select one					~
Regulation Set					
Hazmat Area Separate		FSES Date			
Select one	~	MM/DD/YYYY			
Select one	~	Select one	ired 🗸		
		Junes and			
Building Location Detail					
Additional details such as landmarks, o	directions, etc.				
	_				
Save					

Figure 41: New Building

13.1.2 Fill out the information.

Notes:

- The **Building ID** is determined at the state level. The **Building ID** is added to the Statement of Deficiencies and cannot be changed or edited once saved.
- The LSC Form Indicator specifies the LSC regulation set that applies to the building.
- 13.1.3 Click **Save**. The new building information appears in the **Buildings** section. See *Figure 42, New Building Information*.

Delete Edit

Figure 42: New Buildings Information

Note: Click Add Building to add additional buildings.

13.2 Delete a building

- **Note: Delete** is disabled (greyed out) when a citation is associated with a building.
- 13.2.1 Click **Delete** next to the building that needs to be deleted. A pop-up window opens asking for confirmation of the deletion. See *Figure 43, Delete Building Pop-up Window*.

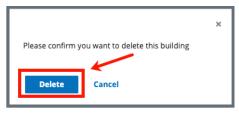


Figure 43: Delete Building Pop-up Window

13.2.2 Click **Delete** again. The building is removed from the **Buildings** list.

13.3 Edit a building

- 13.3.1 Click **Edit** next to the building that needs to be edited. The current building information populates below **Buildings** and can be edited.
- 13.3.2 Click **Save**.

14. Multiple Locations

Notes:

- Multiple Locations is enabled for the Hospice provider type only.
- Hospice providers can have multiple locations. Multiple locations are not considered as part of the Life Safety Code survey process.
- 14.1 Add a Location
 - 14.1.1 Click **Multiple Locations** on the left menu of the **Provider Details** window. See *Figure 44, Multiple Locations*. The **Locations** window opens.

Non-Deemed C Return to Provider	Multiple Locations All required fields are marked with an asterisk (*)				
Basic Information Responsible Staff	Location Name *				
Mailing Address Multiple Locations	Status	Open Date			
Operating Details Additional Contacts	Open	MM/DD/YYYY			
Certification	Address				
Licensure Deeming Information	Address 1 *		Address 2		
Administrators Letters	City *		State *	ZIP Code *	
Notes Attachments	County				
	Save				

Figure 44: Multiple Locations

14.1.2 Fill out the information.

- The **Building ID** is determined at the state level. The **Building ID** is added to the Statement of Deficiencies and cannot be changed or edited once saved.
- The LSC Form Indicator specifies the LSC regulation set that applies to the building.

14.1.3 Click **Save**. The new location information appears in the **Multiple Locations** section. See *Figure 45, Multiple Locations Information*.

Add Location				
location				
location				
location	Status 🗧	Opened 🗧	Closed 🗘	Action
	Status ‡ Open	Opened \$	Closed \$ Not Applicable	Action

Figure 45: Multiple Locations Information

Note: Click **Add Location** when there is another location to add.

14.2 Delete a Location

- **Note**: A location cannot be deleted if there is a Medicare Branch ID tied to it.
- 14.2.1 Click **Delete** next to the location that needs to be deleted. A pop-up window opens asking for confirmation of the deletion. See *Figure 46, Delete Location Pop-up Window*.

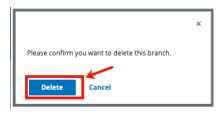


Figure 46: Delete Location Pop-up Window

14.2.2 Click **Delete** again. The location is removed from the **Multiple** Locations list.

14.3 Edit a Building

14.3.1 Click **Edit** next to the location that needs to be edited. The current location information opens and can be edited. See *Figure 47, Edit Multiple Locations*.

Multiple Loca	ations			
All required fields are mar	ked with an asterisk (*)			
Location Name *				
Hill House Building 1				
Status *	Open Date			
Open				
	MM/DD/YYYY			
Address				
Address 1 *		Address 2		
1 Main St				
City *		State *		ZIP Code *
Anytown		Florida	~	90809
County				
	-			

Figure 47: Edit Multiple Locations

- 14.3.2 Update information.
- 14.3.3 Click Save.

15. Additional Branch Addresses

Note: Additional Branch Addresses is enabled for the HHA provider type only.

- All non-Medicaid additional branch addresses are automatically reviewed by CMS. An email is then automatically sent to notify the SAGU of approval/disapproval.
- Medicaid Branch IDs do not need CMS approval.
- Providers must be certified to add an additional branch.
- New branches are assigned Branch CCNs.
- 15.1 Click **Additional Branch Addresses** on the **Provider Details** window. See *Figure 48, Provider Additional Branch Addresses*. The **Add Branch** window opens if there are no existing additional branches. If there are existing branches, click **Add Branch**.

Deemed		Add Branch			
< Return t	to Provider	All required fields are marked with an asterisk (*)			
Basic Infor	rmation	Branch Name *		Branch Type	
Responsib	ble Staff			Select one	~
Mailing Ad					
Additional		Medicare Branch ID Automatically generated upon CMS approval ii	f the provider is certified		
Addresses	•	satonaotany generated upon emo approvasi	and provider is certified		
Operating	; and Ownership	CMS Decision Date	CMS Decision Time		
Additional	l Contacts	No information	No information		
Certificatio	on	Additional Comments			
Licensure		No information			
Deeming I	Information				
Administra	ators	CMS Approval Notificatio	n *		
Letters		Add and manage the CMS users who will be no			
Notes			salled for approval of the medicare branch b.		
Attachmer	nts	Add CMS General Users			
		There are no staff members added.			
		Branch Status	Open Date		
		Open			
			MM/DD/YYYY		
		Branch Address			
		Address 1 *		Address 2	
		AU01655 1 **		Address 2	
		City *		State *	ZIP Code *
1				Select one	
		County			
		county			
		Save			
1					

Figure 48: Provider Additional Branch Addresses

- 15.2 Fill out the information.
- 15.3 Click **Save**. The **Additional Branch Addresses** updates and the multiple locations update is saved.

- There must be a designated CMSGU to approve the additional branch.
- An automatic email is sent to the CMSGU when **Save** is clicked.
- The CMS user then approves or disapproves the additional branch address.
- An automatic email is sent to the SAGU with the decision.
- Once the **Branch ID** is assigned, the additional branch can be edited but no longer be deleted.

16. Operating and Ownership

- 16.1 Operating Details
 - 16.1.1 Click **Operating and Ownership** on the **Provider Details** window. See *Figure 49, Provider Operating Details*. The **Operating Details** window opens.

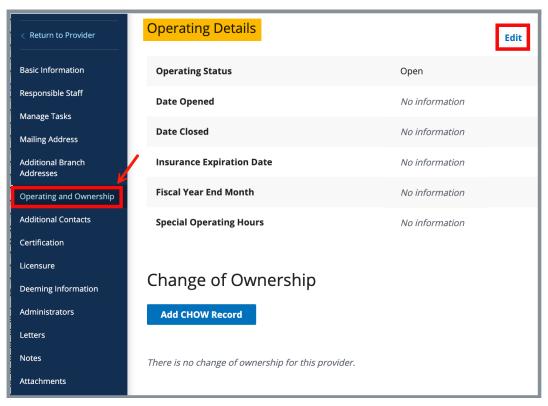


Figure 49: Provider Operating Details

- 16.1.2 Click **Edit** to make any updates. The editable **Operating Details** page opens.
- 16.1.3 Update information as needed.
- 16.1.4 Click **Save**. The **Operating Details** page opens, and the updated information is shown.

16.2 Change of Ownership (CHOW)

- 16.2.1 Click **Operating and Ownership** on the **Provider Details** window.
- 16.2.2 Click Add CHOW Record. See *Figure 50, Add CHOW Record*. The Add Change of Ownership window opens. See *Figure 51, Add Change of Ownership*.

Change of Owr	nership
Add CHOW Record	
	•

Figure 50: Add CHOW Record

Change of Ownership Type *		
Select one		~
Request Received Date	Effective Date *	
MM/DD/YYYY	MM/DD/YYYY	

Figure 51: Add Change of Ownership with Assignment

Note: There are two types of ownership:

With Assignment	The owner takes responsibility and
	ownership of the history of the provider. All
	prior information is retained and transfers to
	the new owner, including surveys and CCN.
Without Assignment	The current provider is terminated, and a

<u>Without Assignment</u> The current provider is terminated, and a new provider is created. No surveys or CCN are retained.

With Assignment

a. Select With Assignment (see *Figure 52, With Assignment*) under Change of Ownership Type.

Add Change of Own	ership	
Change of Ownership Type * With Assignment		~
Request Received Date	Effective Date *	
MM/DD/YYYY	MM/DD/YYYY	
Save		

Figure 52: With Assignment

Note: The **Request Received Date** is the date the CHOW recommendation was received from the State Agency.

- b. Type **Effective Date** or enter date from pop-up calendar.
- c. Click Save. The Operating Details/Change of Ownership window opens.
- d. Verify the CHOW record is correct. See *Figure 53, With Assignment CHOW Record*.

hange of Ov				
Add CHOW Record				
Туре	Related Provider	Request Received	Effective Date	Actions



Without Assignment

a. Select Without Assignment (see *Figure 54, Without Assignment*) under Change of Ownership Type.

Add Change of Own	ership
Change of Ownership Type *	
Without Assignment	~
Request Received Date	Effective Date *
MM/DD/YYYY	MM/DD/YYYY
Previous Provider Name *	
	Find Facility
Save	

Figure 54: Without Assignment

Note: The **Request Received Date** is the date the CHOW recommendation was received from the State Agency.

- b. Type **Effective Date** or enter date from pop-up calendar.
- c. Click **Find Facility**. The **Select Related Provider** pop-up window opens. See *Figure 55, Select Related Provider*.

Select Related Provi	der Be sure	to review state is	correct ×
Search for Provider AL Q 2297045 Enter provider or 1 Provider) ' DBA name, CCN, or State Facility ID (l	FACID)	Search
Provider 🔶	ID 💠	Provider Type 💲	Deemed Status 👙
2.21.22 315pm	CCN 01C000004 FACID IQ0000002684700	ASC	Non-Deemed
	Submit	Cancel	

Figure 55: Select Related Provider

- d. Select state from the drop-down menu.
- e. Type provider or DBA name, CCN, or State Facility ID (FACID) under Search for Provider.
- f. Click Search.
- g. Select the radio button next to the correct provider.
- h. Click Submit. The Add Change of Ownership window opens.
- i. Click Save. The Operating Details/Change of Ownership window opens.
- j. Verify the CHOW record is correct. See *Figure 56, Without Assignment CHOW Record.*

Change of Ow	nership			
Add CHOW Record				
Туре	Related Provider	Request Received	Effective Date	Actions
Without Assignment	2.21.22 315pm - CCN 01C0000004	No information	12/01/2023	Edit

Figure 56: Without Assignment CHOW Record

17. Additional Contacts

Once one additional contact is listed, the **Edit**, **Add Emergency Contact**, and **Add Additional Contact** buttons appear. See *Figure 57*, *Edit*, *Add Emergency Contact and Add Additional Contact Buttons*.

Michael Johnson	Contacts		
Provider Contact	Phone	Edit	Delete
	(405) 222-1111		
	23		
	Fax		
	(405) 222-1112		
	Email		
	mj@noemail.com		
	Website		
	www.cms.hhs.gov		

Figure 57: Edit, Add Emergency Contact and Add Additional Contact Buttons

17.1 Add First Additional Contact

17.1.1 Click **Additional Contacts** on the **Provider Details** window. See *Figure 58, Provider Additional Contacts*. The **Additional Contacts** window opens.

< Return to Provider	Additional Cor			
Basic Information				
Responsible Staff	Contact Name		Contact Type	
Manage Tasks			Primary	~
Buildings/Wings	Phone	Ext	Fax	
Mailing Address				
Operating and Ownership	E-Mail		Website	
Additional Contacts				
Certification				
Licensure	Save			
Performance				

Figure 58: Provider Additional Contacts

- 17.1.2 Fill out the information.
- 17.1.3 Click Save. The Additional Contacts updates and is listed.

- 17.2 Edit Additional Contacts
 - 17.2.1 Click **Edit** to make any updates. Another **Additional Contacts** page opens and all fields except **Contact Type** can be updated.
 - 17.2.2 Fill out the information.
 - 17.2.3 Click Save.
- 17.3 Add Emergency Contact
 - 17.3.1 Click Add Emergency Contact to add an emergency contact.
 Another Additional Contacts page opens and all fields except Contact Type can be updated.
 - 17.3.2 Fill out the information.
 - 17.3.3 Click Save.
- 17.4 Add Additional Contact After One Contact has been Added
 - 17.4.1 Click Add Additional Contact to add an emergency contact.
 Another Additional Contacts page opens and all fields except Contact Type can be updated.
 - 17.4.2 Fill out the information.
 - 17.4.3 Click **Save**.

18. Certification

- Certified providers have a unique system-generated CCN assigned. The CCNs are state and provider-specific.
- Only CMS General Users can change the certification status from **Pending** to **Certified** or **Terminated** for a Medicare, Medicare/Medicaid provider.
- Stage Agency users with S&C Provider Administrator or State Agency Admin privileges can certify and terminate Medicaid Title 19.
- The certification date derives from the most recent survey exit date and be editable for non-deemed Providers.
- **Certification Date** is editable for deemed providers when there is no certification survey in iQIES.
- Certification Changes and CCN transitions: Users with appropriate privileges can edit and update the Certification Title. The system automatically assigns the applicable CCN, and the prior record will be listed in the Certification History table.

18.1 Click **Certification** on the **Provider Details** window. See *Figure 59, Provider Federal Certification Details.* The **Certification** window opens with details on the certification and the certification history.

Home Health Agency Non-Deemed	Certificatio	n					Edit
< Return to Provider							
Basic Information	Federal Certif	ication					
Responsible Staff							
Manage Tasks	Federal Certificat	ion Status			Certified		
Mailing Address	CCN				A28439		
Additional Branch Addresses	Certification Date	2			01/05/202	22 (j)	
Operating and Ownership Additional Contacts	Original Participa	ition Date			No inforn	nation	
Certification	Title	Title			Medicare - 18		
Licensure	NPI				No inform	nation	
Deeming Information							
Administrators	Certification H	licton					
Letters		listory					
Notes							
Attachments	Certification Status	Certification Title	CCN	Certification Date	Original Participation Date	Termination Date	Withdrawal Type
	Certified	No information	<i>No informa- tion</i>	No information	No information	No information	No information

Figure 59: Provider Federal Certification Details

- 18.2 Click **Edit** to make any updates. The **Certification** page opens with current certification and certification history details.
- 18.3 Update information as needed.

Note: Once assigned, the CCN cannot be changed.

18.4 Click Save. The Certification page updates with the edited information.

19. Licensure

19.1 Click **Licensure** on the **Provider Details** window. See *Figure 60, Provider Federal Certification Details*. The **Licensure** window opens.

Non-Deemed	Licensure	Edit
< Return to Provider		
Basic Information		
Responsible Staff	State Licensure	
Manage Tasks	State Licensed	Yes
Mailing Address		
Additional Branch Addresses	State Licensure Status	Licensed
Operating and Ownership	License Type	ANNUAL
Additional Contacts	License Number	B52
Certification	Issue Date	09/19/2024
Licensure Deeming Information	Effective Date	09/19/2024
Administrators	Expiration Date	09/19/2027
Letters		
Notes	Additional Information	
Attachments		
	Employer/Tax Identification Number	No information
	State Facility ID	IQ0000002535606

Figure 60: Provider Federal Certification Details

- 19.2 Click Edit to make any updates. The Licensure page opens.
- 19.3 **Update** information as needed.

Note: Once assigned, the CCN cannot be changed.

19.4 **Click Save**. The **Licensure** page updates with the edited information.

20. Deeming Information

A deemed provider is when S&C activities are handled by an Accrediting Organization (AO) instead of the state survey agency.

Only a CMS General User (CMSGU) can certify or terminate a provider.

It is not necessary to add a survey or deeming information to certify a provider.

20.1 View Deeming Information

Click **Deeming Information** on the **Provider Details** window. See *Figure 61, Deeming Information Details.* The **Deeming Information** window opens. **Notes**:

- The **Deemed Status** and **Deemed Date** are directly under **Deeming** Information.
- The **State Survey Jurisdiction History** can be tracked, and the provider can be certified as deemed while under SA Jurisdiction.
- CMSGUs and State Agency General Users (SAGU) can update the **Compliance Date** and **Return to AO** date.
- Only the CMSGU can update the **Reason for Change**.
- Existing AOs, if any, are shown under the **Add Accrediting Organization** button.

Provider Details ULEX HHA CCN A28243 Home Health Agency Deemed CREATER CONTROL CONTR	Deeming Information CMS approval is required for a provider to be deemed. Current Deemed Accreditation Status Current Deemed Accreditation Date ① CMS Approval of Deemed Status Date ③ State Survey Jurisdiction History	Deemed 05/01/2023 07/14/2022		
Manage Tasks Mailing Address	Deemed Status Suspended Date	Compliance Date	Returned to AO Date	
Additional Branch Addresses	06/06/2022	No information	No information	
Operating and Ownership	05/10/2022	No information	No information	
Additional Contacts Certification Licensure Deeming Information Administrators Letters Notes	Accrediting Organizations Add a new accrediting organization and manage accreditation Add Accrediting Organization 1 Accrediting Organization	n organizations and status.		
Attachments	The Joint Commission (TJC)			Edit
	AO Facility Id		No information	
	Deemed Accreditation Status		Deemed Accredited	i
	Initial Deemed Accreditation Date ()		05/01/2023	
	Current Deemed Accreditation Date 🕕		05/01/2023	
	Expiration Date		05/31/2023	
	CMS Approval Status		Approved	

Figure 61: Deeming Information Details

20.2 View State Survey Jurisdiction History

Click **View** under **State Survey Jurisdiction History** to view or edit the Jurisdiction History on the <u>Deeming Information</u> page. The **State Survey Jurisdiction Details** window opens. See *Figure 62, State Survey Jurisdiction Details*.

Note: Only the CMSGU can edit the **State Survey Jurisdiction Details**. All details except for the **Deemed Status Suspended Date** can be edited.

< Return to Deeming Information State Survey Jurisdiction Details Edit					
Deemed Status	Suspended Date		04/2	20/2023	
Compliance Date			No information		
Reason for Compliance Date Change			No information		
Return to AO Date			No information		
Reason for Return Date Change			No information		
Surveys Within State Jurisdiction					
Survey	Survey Type	Survey Category	Exit Date	Status	
11710A-H1	Health	Recertification	05/02/2023	Writing in progress	

Figure 62: State Survey Jurisdiction Details

20.3 Add Accrediting Organization

20.3.1 Click Add Accrediting Organization on the <u>Deeming Information</u> page. The Add Accrediting Organization window opens. See *Figure 63, Add Accrediting Organization*.

Add Accreditin	d with an asterisk (*)	
Accrediting Organization	n *	
The Joint Commission (T	זורא	~
AO Facility ID		
Accreditation Status * Pending Accredited Withdrawn Terminated Expired 		
Accreditation Date *		٦
10/21/2021		
MM/DD/YYYY		
Expiration Date *		
10/21/2024		
MM/DD/YYYY		
	Cancel	

Figure 63: Add Accrediting Organization

20.3.2 Fill out the applicable information.

20.3.3 Click **Save Section** to save the AO. The **Deeming Information** page opens, and the updated AO information is listed below.

Notes:

- Click **Edit** on the **Deeming Information** page to edit any AO information.
- Only CMS General Users can select the approval status and approval date of the accreditation.
- The approval date is the same date as the Accreditation Date.

21. Performance

- **Note: Performance** is enabled for the Nursing Home and Hospice provider types only.
- 21.1 Click **Performance** on the **Provider Details** window. See *Figure 64, Performance*. The **Performance** window opens.

Marion Manor Nursing Home Inc CCN 365181 Nursing Home	Performance		
< Return to Provider	Program Selection *	Date Selected for Program *	Program Status
	Select one		Select one
Basic Information		MM/DD/YYYY	
Responsible Staff	Survey Cycle *	Survey Due Date *	Status Changed Date *
Manage Tasks	Select one		
Buildings/Wings		MM/DD/YYYY	MM/DD/YYYY
Mailing Address	Notes		Text Editor Keyboard Shortcuts 🗹
Operating and Ownership	B i <u>U</u> ⊡ ⊫ ≔		
Additional Contacts			1
Certification			
Licensure			
Performance			
Administrators			
Bed Summaries			
Letters			
Notes	Powered by Froala		
Attachments			
	Save		

Figure 64: Performance

- 21.2 Fill out the information.
- 21.3 Click **Save**. The **Performance** page updates with Performance and Special Focus details. The page can be viewed and edited. See *Figure 65, Performance and Special Focus Details.*

Notes:

- Click **Edit** to edit information, if desired.
- It is not possible to edit or delete a note created by another user.
- The Program Selection cannot be edited.

Performance				[Edit
Program Selection		Nursin	g Home Special Focus		
Date Selected for Progr	'am	09/19/2	2024		
Special Focus Status		Active			
Survey Cycle		6 Mont	ths		
Survey Due Date		10/03/2	2024		
Last edit by: NH_CMSGU_Singy ^{09/19/2024}					
Doris Schutt has asked t	us to review performance.				
Months as Special Focus # of Surveys Since in Special Focus			1		
Most Recent Survey			No informa	ation	
# of Citations in Most Recent Survey			No informa	ntion	
# of Surveys With IJ Cite	ed		0		
Deleted Common History	y Related Intakes	Related Enforcements	All Citations		-
Related Survey History	-				+
Survey ID	Survey Date	Survey Category	Met/Not Met Survey		+
12345D-H1	00/00/0000	Recertification	🛛 Met	Active	
12345D-H1	00/00/0000	Recertification	O Not Met	Active	
12345D-H1	00/00/0000	Complaint	8 Not Met	Active	

Figure 65: Performance and Special Focus Details

Note: Click each tab under Special Focus Details (Related Survey History, Related Intakes, Related Enforcements, All Citations) to view details about the provider performance.

22. Administrators

22.1 Click **Administrators** on the **Provider Details** window. See *Figure 66, Add Administrator*. The **Add Administrator** window opens.

Deemed C Return to Provider	Administrators Manage all administrators for	this provider.		Add Administrator
Basic Information Responsible Staff	Henry Jekyll	Primary Administrator		Edit Delete
Manage Tasks	Contact Details			
Mailing Address	Phone Number	Fax Number	Email	Address
Additional Branch Addresses	No information	No information	No information	
Operating and Ownership	Administrator Details			
Additional Contacts	Administrator Type	Administrator Qualificati	ons	
Certification	Medical Director	Physician		
Licensure	License Number	Start Date	End Date	Expiration Date
Deeming Information	No information	No information	No information	No information
Administrators				

Figure 66: Add Administrator

22.2 Fill out the information.

Notes:

- Only one Administrator can be primary.
- Only the last five administrators, including the current one, can be listed.
- 22.3 Click **Save**. The **Administrators** page updates with new Administrator. The page can be viewed and edited.

Note: Click **Edit** to edit information, if desired. It is not possible to edit or delete a note created by another user.

22.4 Click **Delete** to delete an administrator. A pop-up window opens and asks for confirmation to delete. Click **Delete** again to confirm removal.

23. Bed Summaries

- **Purpose**: To manage bed summaries for the provider.
- **Note:** Bed Summaries is enabled for the Nursing Home provider type only.
- 23.1 Click **Bed Summaries** on the **Provider Details** window. See *Figure 67, Add Bed Summary*. The **Bed Summaries** window opens.
 - Note: The first time the Bed Summaries window opens, it is called Add Bed Summary.

Figure 67: Add Bed Summary

23.2 Fill out the information.

Note: Total Facility Beds and Total Certified Beds update automatically.

23.3 Click **Save**. The **Bed Summaries** page updates. The page can be viewed and edited. See *Figure 68, Bed Summaries* for a completed form.

Note: Click Edit to edit information, if desired.

anage bed summaries for	this provider.		Add Be	d Summary
9/19/2024			Edit	Delete
Bed Summary Break	down			
Medicare	Medicare/Medicaid	Medicaid	ICF/IID	
15	25	20	5	
Licensed Only				
30				
Bed Summary Totals				
Total Facility Beds	Total Certified Beds			
95	65			

Figure 68: Bed Summaries

23.4 Click **Delete** to delete bed summaries. A pop-up window opens and asks for confirmation to delete. Click **Delete** again to confirm removal.

24 Terminate a Provider

Purpose: To terminate a provider.

Notes:

- The CMSGU user role, Provider Administrator user role and State Agency Admin user role have permission to terminate a provider.
- The CMSGU user role is shown. Other user roles may see slightly different screens.
- A provider must be certified to be terminated.
- 24.1 Click **Certification** from the **Provider Basic Information** page. See *Figure 69, Certification Left Menu*. The **Certification** page opens.

Provider Details House of the Rising Sun ASC	Federal Certification Status Title Certified Medicare - 18	
CCN 10C0001668 Ambulatory Surgical Center Deemed	Basic Information	er. Edit
< Return to Provider		
Basic Information	Overview	
Responsible Staff	Provider Name	House Of The RIsing Sun ASC
Manage Tasks	Provider Type	ASC
Locations	Provider Subtype	N/A
Mailing Address	Address	1 Main St Suite 202
Operating and Ownership		Anytown, FL 98765
Additional Contact	Phone	8005551212
Certification	Phone EXT	No information
Licensure	Fax	No information
Deeming Information	Email	eburdon@fake.org
Administrators	Website	No information
Letters	County	No information
Notes	CMS Location	4 - Atlanta
	State Region	37 - ORLANDO
Attachments	Management Unit	No information
	Work Unit	No information

Figure 69: Certification Left Menu

24.2 Click Edit. The Certification page becomes editable.

24.3 Click **Terminated** under **Federal Certification Status**. See *Figure 70, Federal Certification Status*. Additional fields open under **Federal Certification**.

Certification All required fields are marked with an asterisk (*)		
Federal Certification		
CCN	Certification Date *	Original Participation Date *
10C0001668	01/19/2023	03/04/2025
	Latest certification survey's exit date: 2023-01-19	MM/DD/YYYY
Federal Certification Status * Not Applicable Pending Condication Certification Terminated		

Figure 70: Federal Certification Status

- 24.4 Select the radio button next to the **Withdrawal Type**: **Involuntary Withdrawal** or **Voluntary Withdrawal**.
- 24.5 Select the termination date under **Termination Date**. See *Figure 71, Federal Certification Details.*

Federal Certification
Withdrawal Type * Involuntary Withdrawal Voluntary Withdrawal
Termination Date * Reason * 03/04/2025 Select one MM/DD/YYYY *
Federal Certification Status * Not Applicable Pending Certification Certified Terminated

Figure 71: Federal Certification Details

24.6 Select the reason for termination from the drop-down menu under **Reason**. See *Figure 72, Termination Reason*.

Note: There are three reasons for termination:

- Fail to Meet Health/Safety
- Fail to Meet Agreement
- Provider Status Change

Certification All required fields are marked with a	s astarick (*)		
·			
Federal Certification			
Withdrawal Type *			
 Involuntary Withdrawal 	Involuntary Withdrawal		
Voluntary Withdrawal			
Termination Date *	Reason *		
03/04/2025	✓ Select one		
MM/DD/YYYY	Fail to Meet Health/Safety		
	Fail to Meet Agreement Provider Status Change		
	Provider Status Change		

Figure 72: Termination Reason

24.7 Click **Save**. A pop-up window opens to verify whether the certification should be terminated. See *Figure 73, Termination Pop-Up Window*.

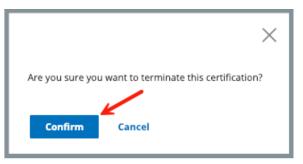


Figure 73: Termination Pop-Up Window

24.8 Click **Confirm**.

24.9 Verify that **Federal Certification Status** is now **Terminated**. See *Figure 74, Federal Certification Status*.

Federal Certification Status Terminated	Title No information		
Certification			Edit
Federal Certificatio	n		
Withdrawal Type		Involuntary Withdrawal	
Termination Date		03/04/2025	
Reason		Fail to Meet Health/Safety	
CCN		10C0001668	
Title		No information	
Certification Histor	у		
There is no certification hist	ory for this provider.		

Figure 74: Federal Certification Status

25. Letters

- Purpose:To add, upload, generate a letter from an existing template, edit a
Letter Overview, delete a letter, or add recipients to a letter.
Nonstandardized templates can be edited in the Letters section of the
applicable S&C area (providers, surveys, intakes, enforcements).
- **Note**: Letter templates are created in the Letter Template Management section. Review <u>S&C User Manual: Letter Template Management</u> for more information.

25.1Add/Upload a letter

25.1.1 Click Letters on the left menu to go to Letters. See Figure 75, *Providers Letters*.

Non-Deemed	Letters
< Return to Provider	Add and manage the letters for this provider, by uploading letters or generating letters from available templates.
Basic Information Responsible Staff	Add Letter
Locations	There are no letters for this provider.
Mailing Address	
Operating Details	
Additional Contacts	
Certification	
Licensure	
Deeming Information	
Administrators	
Letters	
Notes	
Attachments	

Figure 75: Providers Letters

25.1.2 Click **Add Letter**. The **Letter Overview** window opens. See *Figure 76, Providers Letter Overview*.

Letter Overview	
All required fields are marked with an asterisk (*)	
Letter Name *	
0/255 characters	
Letter Description	
0/255 characters	li
Status	
Select one	~
Federal / State Licensure Federal State Licensure	
Letter Category	
Select	\$
Save	

Figure 76: Providers Letter Overview

- 25.1.3 Fill out the information.
- 25.1.4 Click **Save**. The information updates in a new screen. See *Figure 77, Letter Attachment and Recipient*.

< Return to Letters				
Letter: Test Letter 2	Letter Name	Edit		
Overview				
Description	test letter			
Status	Draft			
Federal/State Licensure	Federal			
Date Created	10/04/2021 5:33 PM			
Letter Category	Request POC			
Attachments Upload Letter Generate from template				
There are no attachments for this letter.	There are no attachments for this letter.			
Recipients				
Add Recipient				
There are no recipients for this letter.	There are no recipients for this letter.			
Delete Letter				

Figure 77: Letter Attachment and Recipient

- 25.1.5 Scroll down to **Attachments**. Click **Upload Letter** to upload a letter from the computer.
- 25.1.6 Click **Select File**. The Windows Explorer window pops up. For Mac users, the Finder window pops up.
- 25.1.7 Select the file to be attached. Click **Open**. The file is attached and ready to be saved.
- 25.1.8 Type a file description in the **File Description** field, if desired.
- 25.1.9 Click **Save**. The letter is attached to the survey.

25.2Generate a letter from an existing template

- 25.2.1 Click Add Letter. The Letter Overview page opens.
 - Note: If there is already an existing letter that can be reused, click Generate from template under the Actions drop-down menu and go to step 20.2.5.
- 25.2.2 Type the letter name under **Letter Name**. Add additional information, if desired.
- 25.2.3 Click Save. The Letter: [Template Name] page opens.
- 25.2.4 Click **Generate** from template under **Attachments**. See *Figure 78, Generate from Template.* The **Add Letter** page opens.

Attachments	
Upload Attachment	Generate from template

Figure 78: Generate from Template

25.2.5 Click the circle next to the desired template. See *Figure 79, Add Letter Template*.

Add Letter Select a template.		Cancel
8 Letter Templates	Description \Leftrightarrow	Filter by keyword Q. Standardized \$
O Andrea's Test Template	Demo	No
Ben Test Provider	test	No

Figure 79: Add Letter Template

- 25.2.6 Click Next. The Generate attachment from template page opens.
- 25.2.7 Update the template as desired. See *Figure 80, Letter Template*.

Notes:

- The template can be modified. Textholders can be removed, words can be edited and updated. Be aware that the text changes apply only to the current letter and not to the template. Refer to <u>Letter Template Management</u>, to edit the original template.
- Standardized templates cannot be modified in the Letters section of any S&C area (providers, surveys, intakes, enforcements). To modify a standardized template, the template owner must edit the template in Letter Template Management.

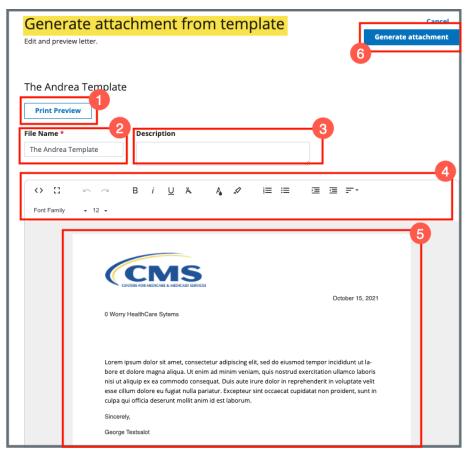


Figure 80: Letter Template

- 1. **Print Preview**: Click Print Preview to preview the .pdf version of the letter. The letter can be downloaded from Print Preview, if desired.
- 2. File Name: Edit the name, if desired.
- 3. **Description**: Enter keywords, if desired. Keywords are descriptive words that help the user find the content. For example, the template title might be "Unsubstantiated Claim," and the key words could be federal, minor. Separate the keywords with a comma.
- Editor: The editor allows content to be edited, including formatting, bulleting, etc. See <u>Appendix B, Tips and Tricks for Working in a</u> <u>Template</u>, for up-to-date details on each icon in the editor.
- 5. Letter: Shows how the letter looks. Verify inputs. Make any changes for nonstandardized templates, if desired.
- 6. **Generate attachment**: Click **Generate attachment** to create a .pdf that attaches to provider/survey/intake/enforcement record.

- 25.2.8 Click Generate Attachment to attach the letter to the record.
- 25.2.9 Verify the letter is attached under **File Name**. See *Figure 81, Letter Attachment*.

Attachments			
Upload Letter Gene	rate from template		
1 Letter Attachment			
File Name 🗧	Date Uploaded 🝦	Description ≑	Actions
The Andrea Template	10/15/2021 11:06 AM	No information	Edit Delete

Figure 81: Letter Attachment

25.3Add recipients to a letter

25.3.1 Click **Add Recipient** to add a recipient. The **Add Recipient** page opens. See *Figure 82, Add Recipient*.

Last Name	
Address 2	
State	ZIP Code
Select one	
	Address 2 State Select one

Figure 82: Add Recipient

- 25.3.2 Fill out the information.
- 25.3.3 Click Save. The Recipient Information updates.

25.4Edit a Letter Overview

25.4.1 Click **Edit Overview** from the **Actions** drop-down menu to edit a **Letter Overview**. See *Figure 83, Edit a Letter Overview*. The **Edit Letter Overview** opens. See *Figure 84, Edit Letter Overview*.



Figure 83: Edit a Letter Overview

Edit Letter Overview
All required fields are marked with an asterisk (*)
Letter Name *
Letter Name *
Test Letter
11/255 characters
Letter Description
0/255 characters
Status
Select one
Federal / State Licensure
 Federal
State Licensure
Letter Category
All × Select
Save Cancel
Cancer

Figure 84: Edit Letter Overview

- 25.4.2 Update fields.
- 25.4.3 Click **Save**.

25.5Delete a Letter

25.5.1 Click **Delete Letter** from the **Actions** drop-down menu to delete a letter. A pop-up note opens. See *Figure 85, Delete Letter Pop-Up Window*.



Figure 85: Delete Letter Pop-Up Window

25.5.2 Click **Delete**. The letter is removed from the list.

26. Notes

- **Purpose**: To add or review any notes. For example, notes can be added to give detailed administrator history, etc.
- 26.1 Click **Notes** on the left menu to view existing notes or add a note. See *Figure 86, Add Note*.
 - Note: When there are no existing notes, the Add Note page opens automatically when Notes is selected as in the figure below. When there are existing notes, click Add Note to add a new note.

Amoulatory Surgical Center	
Non-Deemed	Add Note
	Text Editor Keyboard Shortcuts 🗗
Basic Information	
Responsible Staff	
Locations	
Mailing Address	
Operating Details	
Additional Contacts	
Certification	
Licensure	
Deeming Information	Poweed by Fraala
Administrators	
Letters	
Notes 🔶	Save
Attachments	

Figure 86: Add Note

- 26.2 Add a note.
- 26.3 Click **Save**. The **Notes** window opens with note information. See *Figure 87, Notes*.

Notes Add and manage the notes for this survey.	
2 Note added	
Pat test2.SASINGY 10/04/2021 8:27 PM	Delete Edit
Further important survey notes	
Pat test2.SASINGY	Delete Edit
Important Survey Notes	



Note: Click **Edit** to edit information, if desired. It is not possible to edit or delete a note created by another user.

26.4 Click **Delete** to delete a note. A pop-up note opens. See *Figure 88, Delete Note Pop-Up Window*.

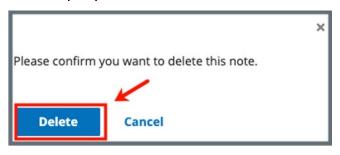


Figure 88: Delete Note Pop-Up Window

26.5 Click **Delete**. The updated **Notes** page opens.

27. Attachments

Note: Only one attachment can be added at a time.

27.1 Click **Attachments** on the left menu. The **Attachments** window opens. See *Figure 89, Attachments*.

Attachments
Add attachments for this provider and add a file description below.
Select File Supported file formats PDF (.pdf), Word (.doc, .docx), Excel (.xls, .xlsx, .csv), Text files (.txt, .rtf), Image files (.jpeg, .jpg, .png, .tif, .tiff), Video files (.mp4, .mov, .wmv, .3gp), Audio files (.mp3, .aac, .wav, .wma), and Message files (.msg, .eml).
Attachment name Provider John Doe Letter.docx Remove Optional: Type file description
File Description
0/255 characters
Save

Figure 89: Attachments

- 27.2 Click **Select File.** The Windows Explorer window pops up. For Mac users, the Finder window pops up.
- 27.3 Select the file to be attached. Click **Open**.
- 27.4 Type a file description in the File Description field, if desired.
- 27.5 Click **Save**. The file is attached to the survey.

Note: Click **Edit** to edit information, or click **Download** to download the document, if desired. See *Figure 90, Edit or Download an Existing Attachment.*

textfile.txt	Existing attachment
Date Uploaded	08/04/2021 12:13 PM
Uploaded By	Pat x
File Size	0 KB
Category	Survey
Source	Survey 793755
Download	

Figure 90: Edit or Download an Existing Attachment

Appendix A: Provider Textholder Text

Each provider, survey, intake, or enforcement area has area-appropriate textholders. Provider Textholders are listed below.

Provider Textholders			
Accrediting Organization (AO)	Custom Text Prompt	Provider Mailing Address	
Admin 1 st Name	Letter Sent Date	Provider State	
Admin Full Name	Medicaid ID Number	Provider State ID (FACID)	
Admin Last Name	Provider Address 1 (Street)	Provider State License Number	
Admin Salutation	Provider Address 2	Provider Telephone	
Admin Short with Salutation	Provider CCN	Provider Type Abbrev	
Admin Title	Provider City	Provider Type Full Description	
Administrator Email	Provider Doing Business As	Provider Zip	
Building ID List	Provider Fax Number	Title (Mapped from Provider Certification & Licensure tab)	
Buildings List	Provider Full Address	Today's Date	
Buildings List Open	Provider Legal Name	Today's Date Full	
Accrediting Organization (AO)	Custom Text Prompt	Provider Mailing Address	

Appendix B: Tips and Tricks for Working in a Template

The letters template is very similar to working in Google Docs or Microsoft Word. Here are a few tips and tricks to help:

Template Menu



Hover over the template menu to see screen tips on what each of these icons are:

- 1. Show HTML code
- 2. Put document in full screen (make it bigger)
- 3. Undo/Redo
- Insert an image. A small Drop image box opens. Drag and drop a file or click the box and search for the file.
- 5. Insert a table
- 6. Insert a horizontal line
- 7. Insert a page break
- 8. Highlight text and click to make **bold**
- 9. Highlight text and click to *italicize*
- 10. Highlight text and click to <u>underline</u>
- 11. Clear formatting

- 12. Highlight text and click to change text color
- 13. Highlight text and click to highlight text
- 14. Create a numbered list
- 15. Create a bulleted list
- 16. Insert a checklist
- 17. Indent/Remove indent
- Alignment: Left, Center, Right, Justified
- 19. Adjust the line height
- 20. Select a font
- 21. Select a font size
- 22. Help: shows handy shortcuts, keyboard navigation, plugins and version