

**Centers for Medicare & Medicaid Services** 

# Internet Quality Improvement & Evaluation System (iQIES)

# Survey and Certification (S&C)

# Manage a Provider

**User Manual** 

Version 2.0 April 8, 2025

# **Table of Contents**

| 1.  | Intr | oduction   | 1  |
|-----|------|--|----|
|     | 1.1  | Getting Started in S&C – Important Information to Know | 1  |
|     | 1.2  | iQIES Service Center                                   | 4  |
|     | 1.3  | Roles and Permissions                                  |    |
|     | 1.4  | My Tasks Landing Page                                  | 6  |
| 2.  | Mar  | nage a Provider Overview                               | 10 |
| 3.  | Sea  | rch for a Provider                                     | 10 |
| 4.  | Cert | ification Event  | 14 |
|     | 4.1  | View Certification Progress in Workload Management     |    |
|     | 4.2  | View Certification Progress in Survey                  | 16 |
|     | 4.3  | View Certification Progress on Provider History Page   | 17 |
| 5.  | Viev | v Provider Details                                     | 18 |
| 6.  | Add  | a Provider   | 20 |
| 7.  | Inpa | ntient Care Provided                                   | 22 |
| 8.  | Inpa | itient Locations                                       | 23 |
| 9.  | Res  | ponsible Staff   | 28 |
|     | 9.1  | Add Responsible Staff                                  | 28 |
|     | 9.2  | Delete Responsible Staff                               | 30 |
| 10. | Mar  | nage Tasks   | 31 |
| 11. | Buil | dings/Wings  | 32 |
|     |      | View Buildings and Wings                               |    |
|     |      | Add a Building   |    |
|     |      | Delete a Building                                      |    |
|     |      | Edit a Building  | 37 |

i

| 12. | Mailing Address  | 38 |
|-----|--|----|
|     | 12.1 Add a new mailing address                               | 38 |
|     | 12.2 Edit an existing address                                | 39 |
| 13. | Locations  | 40 |
|     | 13.1 Add a building  | 41 |
|     | 13.2 Delete a building                                       | 43 |
|     | 13.3 Edit a building   | 44 |
| 14. | Multiple Locations   | 45 |
|     | 14.1 Add a Location  | 45 |
|     | 14.2 Delete a Location                                       | 47 |
|     | 14.3 Edit a Building   | 48 |
| 15. | Additional Branch Addresses                                  | 49 |
| 16. | Operating and Ownership                                      | 51 |
|     | 16.1 Operating Details                                       | 51 |
|     | 16.2 Change of Ownership (CHOW)                              | 52 |
| 17. | Additional Contacts  | 56 |
|     | 17.1 Add First Additional Contact                            | 57 |
|     | 17.2 Edit Additional Contacts                                | 58 |
|     | 17.3 Add Emergency Contact                                   | 58 |
|     | 17.4 Add Additional Contact After One Contact has been Added | 58 |
| 18. | Certification  | 59 |
| 19. | Licensure  | 61 |
| 20. | Deeming Information  | 62 |
| 2   | 0.1 View Deeming Information                                 | 62 |
| 2   | 0.2 View State Survey Jurisdiction History                   | 64 |
| 2   | 0.3 Add Accrediting Organization                             | 65 |
| 21. | Performance  | 67 |

| 22. | Administrators                                     | 69 |
|-----|--|----|
| 23. | Bed Summaries                                      | 70 |
| 24  | Terminate a Provider                               | 72 |
| 25. | Letters  | 76 |
|     | 25.1 Add/Upload a letter                           | 76 |
|     | 25.2 Generate a letter from an existing template   | 79 |
|     | 25.3 Add recipients to a letter                    | 83 |
|     | 25.4 Edit a Letter Overview                        | 84 |
|     | 25.5 Delete a Letter                               | 85 |
| 26. | Notes  | 86 |
| 27. | Attachments  | 88 |
| Арр | endix A: Provider Textholder Text                  | 90 |
| Арр | endix B: Tips and Tricks for Working in a Template | 91 |

# List of Figures

| Figure 1: Expandable Field                                      | 1  |
|---|----|
| Figure 2: Notification Banner                                   |    |
| Figure 3: Tool Tip Icon   | 2  |
| Figure 4: Help Icon   | 5  |
| Figure 5: My Tasks Landing Page                                 | 6  |
| Figure 6: iQIES Logo  | 7  |
| Figure 7: No Active Tasks                                       | 7  |
| Figure 8: Task Status Details                                   | 8  |
| Figure 9: My Tasks Comments                                     | 9  |
| Figure 10: S&C Search   | 10 |
| Figure 11: Search   | 11 |
| Figure 12: Provider Search Results                              | 11 |
| Figure 13: Provider History Page                                | 12 |
| Figure 14: Provider Advanced Search                             | 13 |
| Figure 15: Workload Management Track Status                     | 14 |
| Figure 16: Detailed Certification Status                        | 15 |
| Figure 17: Survey Basic Information Page Certification Progress | 16 |
| Figure 18: Provider History Page Certification Progress         | 17 |
| Figure 19: View Details Link                                    | 18 |
| Figure 20: Provider Basic Information Page                      | 19 |
| Figure 21: Add a Provider                                       | 20 |
| Figure 22: Add a Provider Basic Information                     |    |
| Figure 23: Hospice Provider Details Edit Page                   | 22 |
| Figure 24: Inpatient Care Provided Radio Buttons                | 22 |
| Figure 25: Inpatient Locations                                  | 23 |
| Figure 26: Inpatient Locations Fields                           | 24 |

| Figure 27: Inpatient Locations Information           | 25 |
|--|----|
| Figure 28: Inpatient Locations Building              | 26 |
| Figure 29: Inpatient Locations Buildings Information | 27 |
| Figure 30: Provider Responsible Staff                | 28 |
| Figure 31: Delete a Responsible Staff                | 30 |
| Figure 32: Manage Tasks                              | 31 |
| Figure 33: Buildings/Wings                           | 32 |
| Figure 34: View Buildings Only                       | 33 |
| Figure 35: Add New Building                          | 34 |
| Figure 36: New Buildings Information                 | 35 |
| Figure 37: Delete Building Pop-up Window             | 36 |
| Figure 38: Provider Mailing Address                  | 38 |
| Figure 39: Edit Mailing Address                      | 39 |
| Figure 40: Locations                                 | 40 |
| Figure 41: New Building                              | 41 |
| Figure 42: New Buildings Information                 | 42 |
| Figure 43: Delete Building Pop-up Window             | 43 |
| Figure 44: Multiple Locations                        | 45 |
| Figure 45: Multiple Locations Information            | 46 |
| Figure 46: Delete Location Pop-up Window             | 47 |
| Figure 47: Edit Multiple Locations                   | 48 |
| Figure 48: Provider Additional Branch Addresses      | 49 |
| Figure 49: Provider Operating Details                | 51 |
| Figure 50: Add CHOW Record                           | 52 |
| Figure 51: Add Change of Ownership with Assignment   | 52 |
| Figure 52: With Assignment                           | 53 |
| Figure 53: With Assignment CHOW Record               | 53 |

| Figure 54: Without Assignment   | _ 54 |
|---|------|
| Figure 55: Select Related Provider  | _ 54 |
| Figure 56: Without Assignment CHOW Record                                   | _ 55 |
| Figure 57: Edit, Add Emergency Contact and Add Additional Contact Buttons _ | _ 56 |
| Figure 58: Provider Additional Contacts                                     | _ 57 |
| Figure 59: Provider Federal Certification Details                           | _ 60 |
| Figure 60: Provider Federal Certification Details                           | _61  |
| Figure 61: Deeming Information Details                                      | _ 63 |
| Figure 62: State Survey Jurisdiction Details                                | _64  |
| Figure 63: Add Accrediting Organization                                     | _ 65 |
| Figure 64: Performance  | _ 67 |
| Figure 65: Performance and Special Focus Details                            | _ 68 |
| Figure 66: Add Administrator  | _ 69 |
| Figure 67: Add Bed Summary  | _ 70 |
| Figure 68: Bed Summaries  | _71  |
| Figure 69: Certification Left Menu  | _ 72 |
| Figure 70: Federal Certification Status                                     | _ 73 |
| Figure 71: Federal Certification Details                                    | _ 73 |
| Figure 72: Termination Reason   | _ 74 |
| Figure 73: Termination Pop-Up Window  | _74  |
| Figure 74: Federal Certification Status                                     | _ 75 |
| Figure 75: Providers Letters  | _76  |
| Figure 76: Providers Letter Overview  | _ 77 |
| Figure 77: Letter Attachment and Recipient                                  | _ 78 |
| Figure 78: Generate from Template   | _ 79 |
| Figure 79: Add Letter Template  | _ 79 |
| Figure 80: Letter Template  | _ 81 |

| Figure 81: Letter Attachment                       | 82 |
|--|----|
| Figure 82: Add Recipient                           | 83 |
| Figure 83: Edit a Letter Overview                  | 84 |
| Figure 84: Edit Letter Overview                    | 84 |
| Figure 85: Delete Letter Pop-Up Window             | 85 |
| Figure 86: Add Note                                | 86 |
| Figure 87: Notes                                   | 87 |
| Figure 88: Delete Note Pop-Up Window               | 87 |
| Figure 89: Attachments                             | 88 |
| Figure 90: Edit or Download an Existing Attachment | 89 |

## List of Tables

| Table 1: My Tasks Landing Page Detailed Callout                                 | 6    |
|---|------|
| Table 2: Task Status Details Detailed Callout                                   | 8    |
| Table 3: Survey Basic Information Page Certification Progress Callout Details _ | _ 16 |
| Table 4: Manage Tasks Detailed Callout  | _ 31 |

## 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<br>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.* 

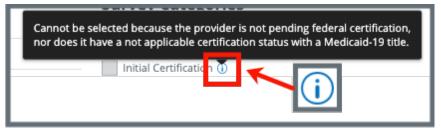


Figure 3: Tool Tip Icon

• 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)<br>Email: iQIES@cms.hhs.gov  |  |  |
| CCSQ Support Central:       | Create a new ticket or track an existing ticket:<br>https://cmsqualitysupport.servicenowservices.c<br>om/ccsq_support_central  |  |  |
| Idea Portal:                | Feedback for future iQIES software<br>development: <u>CCSQ Support Central</u> . Click Idea<br>Portals and select Idea Portal.   |  |  |
| More information on iQIES:  | Refer to the <u>QIES Technical Support Office</u><br>(QTSO) and the <u>Quality, Safety, &amp; Education</u><br><u>Portal</u> (QSEP). Logging in to HARP may be<br>required before accessing some documentation<br>in QTSO and QSEP.      |  |  |
|                             | iQIES reference materials include:   |  |  |
|                             | <ul> <li>Links to Training Videos for providers</li> <li>Assessment Management User Manual</li> <li>Quick Reference Guides</li> <li>Onboarding Guide</li> <li>Managing User Information</li> <li>Other helpful iQIES material</li> </ul> |  |  |

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

Figure 5: My Tasks Landing Page

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

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

#### 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<br>123 Main St<br>Anytown, Florida 88990 | CCN 10A518<br>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<br>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: <b>To Do, In</b><br><b>Progress, Complete</b> .      |
| 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.* 

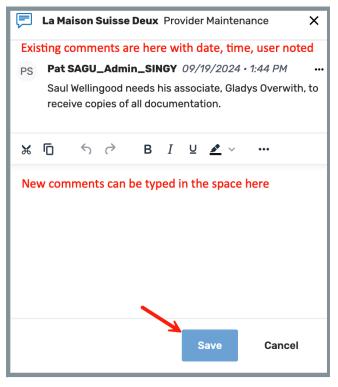


Figure 9: My Tasks Comments

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                |                       |  |
|-----------------------|-----------------------|--|
| <b>Providers</b> S    | urveys Intakes        |  |
| earch for Providers   |                       |  |
| Provider or DBA V Sea | arch                  |  |
| Show Advanced Search  | CCN<br>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<br>Status | Provider<br>Type | Certification Status                                      | Deemed<br>Status |
| 1 - 10 of 44 Providers                       | ID<br>CCN 49K002<br>FACID<br>IQ0000002489565 | Status<br>Open      |                  | <b>Certification Status</b><br>Certified<br>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 ÷<br>Pending Finalization                                       |                                      |                | ations : Intake Start<br>08/08/2023    |                | ey Due Date 👌 | View All Survey                     |
| Add Intake   | Pending Finalization   | n Immediate Jeop<br>n Immediate Jeop | bardy 1        | 08/08/2023<br>08/01/2023               | No in<br>No in | nformation    | View All Survey                     |
| Add Intake   | Pending Finalization   | n Immediate Jeop<br>n Immediate Jeop | bardy 1        | 08/08/2023                             | No in<br>No in | nformation    | View All Survey                     |
| Add Intake<br>Add Intake<br>Intake ID $\diamond$<br>Complaint 726374<br>Complaint 726352 | Pending Finalization   | n Immediate Jeop<br>n Immediate Jeop | bardy 1        | 08/08/2023<br>08/01/2023               | No in<br>No in | nformation    | View All Survey                     |
| Add Intake   | Pending Finalization<br>Triage/Prioritization<br>Triage/Prioritization | n Immediate Jeop<br>n Immediate Jeop | bardy 1        | 08/08/2023<br>08/01/2023               | No in<br>No in | nformation    | View All Survey Act View All Intake |
| Add Intake Intake ID  Complaint 732400 Complaint 726374 Complaint 726352                 | Pending Finalization<br>Triage/Prioritization<br>Triage/Prioritization | n Immediate Jeop<br>n Immediate Jeop | bardy 1        | 08/08/2023<br>08/01/2023               | No in<br>No in | nformation    | View All Survey                     |
| Add Intake<br>Intake ID ÷<br>Complaint 726374<br>Complaint 726352                        | Pending Finalization<br>Triage/Prioritization<br>Triage/Prioritization | n Immediate Jeop<br>n Immediate Jeop | bardy 1        | 08/08/2023<br>08/01/2023<br>08/01/2023 | No in<br>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.

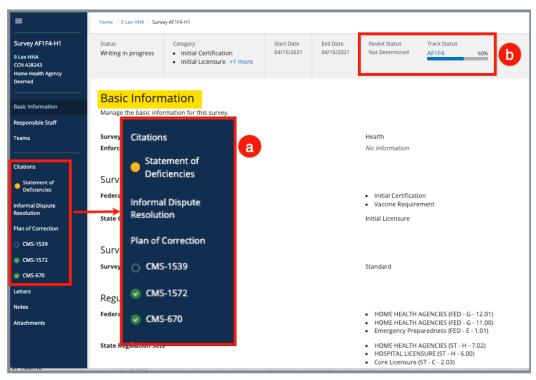


Figure 17: Survey Basic Information Page Certification Progress

| 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.<br>Click survey number under <b>Track Status</b> to see detailed<br>information on certification status. <u>See step 4.1.6</u> for<br>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 <del>-</del> |
|                           |                   |              |               | 04/20/2022                   |                |               | _          |           |      |                       |
| acopt Supe                |                   |              |               | UTILITULE                    |                |               | _          |           |      |                       |
| ecent Surve               | <u>eys</u>        |              |               |                              |                |               | _          |           |      |                       |
| ecent Surve<br>Add Survey | <u>eys</u>        |              |               | UN EXCLUSION                 |                | l             |            |           |      |                       |
|                           | 2YS<br>Survey Tyj | pe ¢         | Survey Categ  |                              | Exit Date 🗘    | Statu         | : ¢ T      | rack ID ÷ |      | Actions               |
| Add Survey                |                   | pe ÷         | Survey Categ  |                              | Exit Date 🗧    | Statu:<br>New |            |           | 0%   | Actions               |
| Add Survey                | Survey Ty         | pe ¢         | Survey Categ  | ory +<br>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<br>Certified | View Details  |
|---|---|
| Provider Histo                            | <b>ry</b><br>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<br>Multiple Locations       |
| Nursing Homes | Buildings/Wings<br>Performance<br>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<br>House of the Rising Sun54<br>CCN A28439 | Federal Certification Status<br>Certified | Title<br>Medicare - 18 |                                |      |
| Home Health Agency<br>Non-Deemed<br>C Return to Provider    | Basic Informat                            |                        |                                | Edit |
| Basic Information<br>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<br>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<br>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 |   |
| <ul> <li>Same as Legal Business Name</li> <li>Doing Business As Name</li> </ul> |          |   |   |
| 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<br>No Buildings  | Edit                              |
| Address  |                                   |
| 1 State St<br>Anytown, FL 89099  |                                   |
| Buildings  | Add Building                      |
| <b>No buildings</b><br>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<br>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<br>1 Building  | Edit                                 |  |  |  |  |  |
| Address<br>1 State St<br>Anytown, FL 89099   |                                      |  |  |  |  |  |
| Buildings  | Add Building                         |  |  |  |  |  |
| The Andrea Building<br>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<br>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<br>Addresses<br>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*.

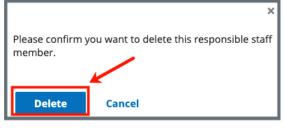


Figure 31: Delete a Responsible Staff

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<br>Non-Deemed<br>< Return to Provider<br>Basic Information<br>Responsible Staff | Manage Tasks<br>Manage and assign tasks for y<br>Assign users to start managin<br>Tasks |            |          |          |   | b Filte | er       |   |
|--|---|------------|----------|----------|---|---------|----------|---|
| Manage Tasks   | All × Search tasks  | x v        |          |          | -   | Vie     | w All v  | / |
| Mailing Address  | С   | d          | е        |          | ſ   |         | g        |   |
| Additional Branch<br>Addresses   | Task  | Due Date   | Status   |          | Assigned To   |         | Comments |   |
| Operating and Ownership<br>Additional Contacts<br>Certification                                    | Provider Maintenance  | MM/DD/YYYY | Complete | ~        | SAGU_Admin_SINGY, Pat × Assign Staff                          | x v     | Ŧ        |   |
| Licensure<br>Deeming Information<br>Administrators   | Licensure Review  | MM/DD/YYYY | To Do    | ~        | SAGU_Admin_SINGY, Pat ×<br>test2.CMSSINGY, Pat × Assign Staff | ×       | Ŧ        |   |
| Letters<br>Notes<br>Attachments  | Scheduling  | MM/DD/YYYY | To Do    | <b>~</b> | SAGU_Admin_SINGY, Pat ×<br>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 <b>Tasks</b> to assign to the <b>Responsible Staff</b> or select <b>All</b> |
| 2   | Select <b>View All, Assigned</b> , or <b>Unassigned</b> from the drop-down menu.<br><b>View All</b> is the default.               |
| 3   | Each task that is selected shows under <b>Task</b>  |
| 4   | The <b>Due Date</b> of the task   |
| 5   | The <b>Status</b> 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<br>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<br>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<br>Click caret to expand for building details   |                    |                     |
| Marion Manor Maple Residence<br>22   Building   Active   Federal   State Licensed   No effective date  <br>Marion Manor NH<br>Closed Buildings | Delete<br>Edit     | ≞ (j)               |
| No Buildings   |                    |                     |
| <b>No buildings</b><br>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 |
|---|--------|--------------|
| <ul> <li>Marion Manor Maple Residence</li> <li>22   Building   Active   Federal   State Licensed   No effective date</li> </ul> | Delete | í) Edit      |
| > The Andrea Deux<br>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*.

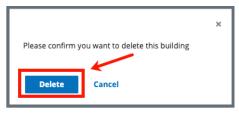


Figure 37: Delete Building Pop-up Window

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<br>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 *<br>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*.

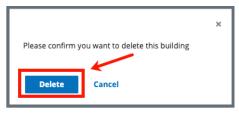


Figure 43: Delete Building Pop-up Window

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<br>All required fields are marked with an asterisk (*) |            |           |            |  |
|--|---|------------|-----------|------------|--|
| Basic Information<br>Responsible Staff   | Location Name *   |            |           |            |  |
| Mailing Address<br>Multiple Locations    | Status  | Open Date  |           |            |  |
| Operating Details<br>Additional Contacts | Open  | MM/DD/YYYY |           |            |  |
| Certification                            | Address   |            |           |            |  |
| Licensure<br>Deeming Information         | Address 1 *   |            | Address 2 |            |  |
| Administrators<br>Letters                | City *  |            | State *   | ZIP Code * |  |
| Notes<br>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 |
|              | <b>Status</b> ‡<br>Open | <b>Opened</b> \$ | 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*.

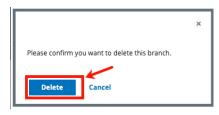


Figure 46: Delete Location Pop-up Window

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<br>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.

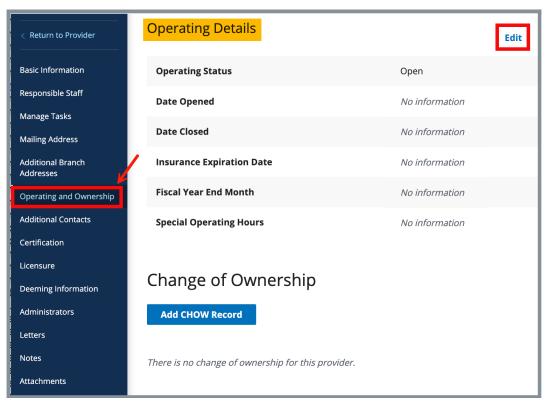


Figure 49: Provider Operating Details

- 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 *<br>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<br>AL Q 2297045<br>Enter provider or<br>1 Provider | )<br>' DBA name, CCN, or State Facility ID (l | FACID)             | Search          |
| Provider 🔶   | ID 💠  | Provider Type 💲    | Deemed Status 👙 |
| 2.21.22 315pm  | CCN 01C000004<br>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               | <b>Request Received</b> | 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<br>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<br>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<br>Status | Certification<br>Title | CCN                             | Certification<br>Date | Original<br>Participation Date | Termination<br>Date | Withdrawal<br>Type |
|   | Certified               | No information         | <i>No<br/>informa-<br/>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<br>Addresses   | State Licensure Status             | Licensed        |
| Operating and Ownership          | License Type                       | ANNUAL          |
| Additional Contacts              | License Number                     | B52             |
| Certification                    | Issue Date                         | 09/19/2024      |
| Licensure<br>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<br>CMS approval is required for a provider to be deemed.<br>Current Deemed Accreditation Status<br>Current Deemed Accreditation Date ①<br>CMS Approval of Deemed Status Date ③<br>State Survey Jurisdiction History | Deemed<br>05/01/2023<br>07/14/2022 |                     |      |
|---|---|------------------------------------|---------------------|------|
| Manage Tasks<br>Mailing Address   | Deemed Status Suspended Date  | Compliance Date                    | Returned to AO Date |      |
| Additional Branch<br>Addresses  | 06/06/2022  | No information                     | No information      |      |
| Operating and Ownership   | 05/10/2022  | No information                     | No information      |      |
| Additional Contacts<br>Certification<br>Licensure<br>Deeming Information<br>Administrators<br>Letters<br>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 * <ul> <li>Pending</li> <li>Accredited</li> <li>Withdrawn</li> <li>Terminated</li> <li>Expired</li> </ul> |                        |   |
| 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<br>Home Inc<br>CCN 365181<br>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<br><sup>09/19/2024</sup>          |                           |                      |                      |        |      |
| Doris Schutt has asked t                                       | us to review performance. |                      |                      |        |      |
| Months as Special Focus<br># 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<br>C Return to Provider         | Administrators<br>Manage all administrators for | this provider.            |                | Add Administrator |
|--|---|---------------------------|----------------|-------------------|
| Basic Information<br>Responsible Staff | Henry Jekyll                                    | Primary Administrator     |                | Edit Delete       |
| Manage Tasks                           | Contact Details                                 |                           |                |                   |
| Mailing Address                        | Phone Number                                    | Fax Number                | Email          | Address           |
| Additional Branch<br>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<br>House of the Rising Sun<br>ASC     | Federal Certification Status Title<br>Certified Medicare - 18 |                             |
|--|---|-----------------------------|
| CCN 10C0001668<br>Ambulatory Surgical Center<br>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<br>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<br>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<br>All required fields are marked with a | s astarick (*)                                |  |  |
|--|---|--|--|
| ·  |   |  |  |
| Federal Certification                                  |   |  |  |
| Withdrawal Type *                                      |   |  |  |
| <ul> <li>Involuntary Withdrawal</li> </ul>             | 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*.

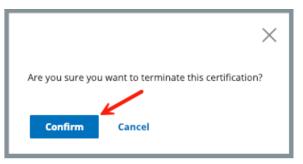


Figure 73: Termination Pop-Up Window

24.8 Click **Confirm**.

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

| Federal Certification Status<br>Terminated | Title<br>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<br/>Letter Overview, delete a letter, or add recipients to a letter.<br/>Nonstandardized templates can be edited in the Letters section of the<br/>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<br>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<br>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.

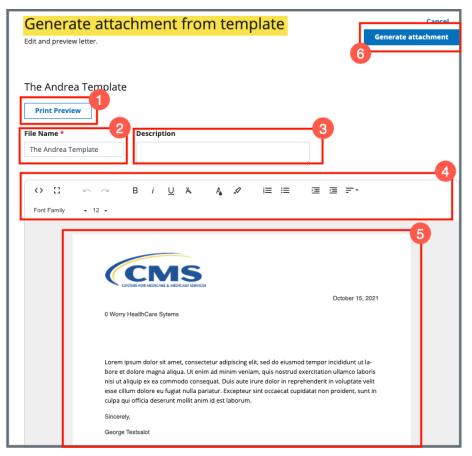


Figure 80: Letter Template

- 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                           |
| <ul> <li>Federal</li> </ul>                         |
| 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<br>Add and manage the notes for this survey. |             |
|--|-------------|
| 2 Note added                                       |             |
| Pat test2.SASINGY<br>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*.

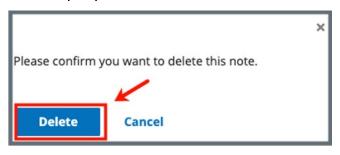


Figure 88: Delete Note Pop-Up Window

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 <sup>st</sup> Name    | Letter Sent Date               | Provider State   |  |
| Admin Full Name               | Medicaid ID Number             | Provider State ID (FACID)  |  |
| Admin Last Name               | Provider Address 1<br>(Street) | Provider State License<br>Number                                 |  |
| Admin Salutation              | Provider Address 2             | Provider Telephone   |  |
| Admin Short with Salutation   | Provider CCN                   | Provider Type Abbrev   |  |
| Admin Title                   | Provider City                  | Provider Type Full<br>Description                                |  |
| Administrator Email           | Provider Doing Business<br>As  | Provider Zip   |  |
| Building ID List              | Provider Fax Number            | Title (Mapped from<br>Provider Certification &<br>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