



Centers for Medicare & Medicaid Services

Internet Quality Improvement & Evaluation System (iQIES)

Survey and Certification (S&C) Manage a Form User Manual

Version 2.2

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Table of Contents

1. Introduction	1
1.1 Getting Started in S&C – Important Information to Know	1
1.2 iQIES Service Center	4
1.3 Roles and Permissions	5
2. Forms Overview	6
2.1 Access a Form	7
2.2 Add a Form	10
2.3 Edit a Form	12
2.4 Delete a Form	15
2.5 Link a Survey to a Form	17
2.6 Certification Event	19
3. CMS-377	21
4. CMS-417	24
5. CMS-643	27
6. CMS-670	30
7. CMS-671	32
7.1 Create the CMS-671 Form	32
7.2 Link the CMS-671 Form to a Survey	37
8. CMS-1539	40
8.1 Create the CMS-1539 Form	40
8.2 Link the CMS-1539 Form to a Survey	46
9. CMS-1572	49
10. CMS-3427	53
10.1 Create the CMS-3427 Form	53
10.2 Link the CMS-3427 Form to a Survey	66

List of Figures

Figure 1: Expandable Field	1
Figure 2: Notification Banner	2
Figure 3: Tool Tip Icon.....	3
Figure 4: Help Icon	5
Figure 5: HHA Provider Forms List	7
Figure 6: Actions for a Complete Form	8
Figure 7: Actions for an In Progress Form	9
Figure 8: Add Form.....	10
Figure 9: Save a Form.....	11
Figure 10: Form Last Updated By User Information	11
Figure 11: Hospice Provider Forms List.....	12
Figure 12: Edit a Form	13
Figure 13: Edit from Form Action Drop-Down	13
Figure 14: Edit a Form from Survey Record	14
Figure 15: Provider Forms List for CMS-643	15
Figure 16: Form Action Drop-Down	16
Figure 17: Delete a Form Pop Up Window.....	16
Figure 18: Provider Forms List for HHA.....	17
Figure 19: Form Action Drop-Down	17
Figure 20: Link Survey to Form Pop Up Window.....	18
Figure 21: Basic Information Page Certification Progress	19
Figure 22: CMS-377	21
Figure 23: Ambulatory Surgical Center Request Form-377.....	23
Figure 24: CMS-417 Menu Item	24
Figure 25: CMS-417 Form	26
Figure 26: CMS-643 Menu Item	27

Figure 27: CMS-643 Form	29
Figure 28: CMS-670.....	30
Figure 29: Add Time Entry for ASC, HHA, Hospice	31
Figure 30: Add CMS-671	32
Figure 31: CMS-671 (page 1 of 4).....	33
Figure 32: CMS-671 (page 2 of 4).....	34
Figure 33: CMS-671 (page 3 of 4).....	35
Figure 34: CMS-671 (page 4 of 4).....	36
Figure 35: Link Survey	37
Figure 36: Completed Form Options.....	37
Figure 37: Link Survey to Form CMS-671 Pop-Up Window.....	38
Figure 38: Linking Survey Pop-Up Window	38
Figure 39: Related Survey	39
Figure 40: Add CMS-1539	40
Figure 41: Download 1539 PDF	42
Figure 42: CMS-1539 (page 1 of 3).....	43
Figure 43: CMS-1539, page 2 of 3	44
Figure 44: CMS-1539, page 3 of 3	45
Figure 45: Link Survey	46
Figure 46: Completed Form Options.....	46
Figure 47: Link Survey to Form CMS-1539 Pop-Up Window.....	47
Figure 48: Linking Survey Pop-Up Window	47
Figure 49: Related Survey	48
Figure 50: CMS-1572.....	49
Figure 51: Home Health Agency Survey Report Form CMS-1572 (page 1 of 2)	51
Figure 52: Home Health Agency Survey Report Form CMS-1572 (page 2 of 2)	52
Figure 53: CMS-3427 Menu Item	54

Figure 54: CMS-3427 (page 1 of 10).....	56
Figure 55: CMS-3427 (page 2 of 10).....	57
Figure 56: CMS-3427 (page 3 of 10).....	58
Figure 57: CMS-3427 (page 4 of 10).....	59
Figure 58: CMS-3427 (page 5 of 10).....	60
Figure 59: CMS-3427 (page 6 of 10).....	61
Figure 60: CMS-3427 (page 7 of 10).....	62
Figure 61: CMS-3427 (page 8 of 10).....	63
Figure 62: CMS-3427 (page 9 of 10).....	64
Figure 63: CMS-3427 (page 10 of 10).....	65
Figure 64: Link Form to Survey Pop-Up Window	66
Figure 65: Linking Survey Pop-Up Window	66
Figure 66: Related Survey	67

List of Tables

Table 1: Notification Banner Color Descriptions	2
Table 2: Provider Forms List Field Description	8
Table 3: Basic Information Page Certification Progress Callout Details	20

1. Introduction

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

For information on other modules, refer to [Reference & Manuals](#) on QTSO.

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

Below is important general information about iQIES.

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

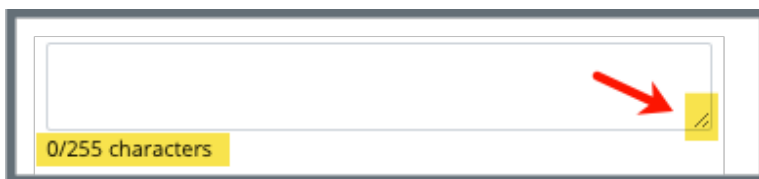


Figure 1: Expandable Field

- iQIES times out after 30 minutes of nonuse and reverts to the login page.
 - iQIES remains up and active as long as it is in use.
 - iQIES gives a five-minute warning before timing out.
 - The session resumes at the last accessed page after reauthentication.
 - Be sure to save data regularly. Pages that require saving are noted in this document, and have a **Save** button on the page.
- iQIES uses a smart search. Once three letters/digits are typed in the search bar, results are shown based on letters/digits entered. The more letters/digits entered, the narrower the search. If any of the results is the correct result, click the result to open.
- Review any notification banners. Some banners may have links to review further information; others may be a reminder of a task that must be completed. See *Figure 2, Notification Banner* and *Table 1, Notification Banner Color Descriptions*. These banners can be closed (X'd out) at any time.

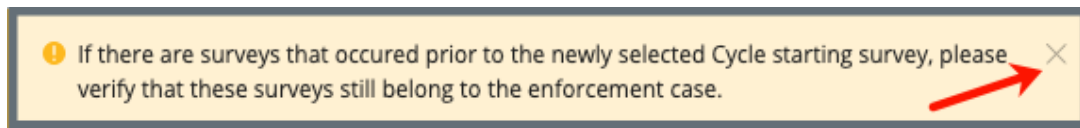


Figure 2: Notification Banner

Table 1: Notification Banner Color Descriptions

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

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

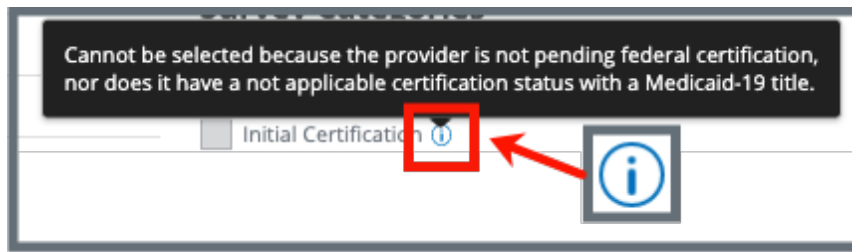


Figure 3: Tool Tip Icon

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

[Chrome](#)

[Edge](#)

1.2 iQIES Service Center

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

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

Technical Support: Contact the iQIES Service Center:

Phone: 888-477-7876 (select Option 1)

Email: iQIES@cms.hhs.gov

CCSQ Support Central: Create a new ticket or track an existing ticket: [CCSQ Support Central](#).

Idea Portal: Feedback for future iQIES software development: [CCSQ Support Central](#). Click **Idea Portals** and select **iQIES Idea Portal**.

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

iQIES reference materials include:

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

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

1.3 Roles and Permissions

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

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

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



Figure 4: Help Icon

2. Forms Overview

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

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

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

Notes:

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

2.1 Access a Form

Notes:

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

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

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

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

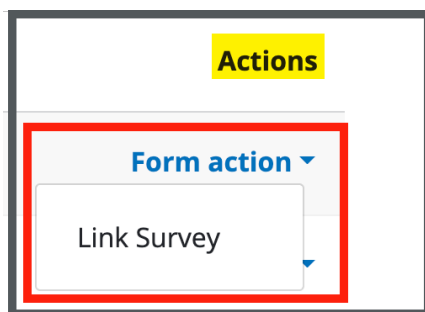
Provider Forms							
Add Form							
Form Name	Status	Related Survey(s)	Created Date	Last Updated	Track ID		Actions
CMS-1539	Complete	FA6CD-H1	02/02/2023	11/15/2023	FA6CD	0%	Form action
CMS-1572	In Progress	B04D2-H1	06/15/2023	06/15/2023	B04D2	0%	Form action
CMS-1539	In Progress	B04D2-H1	06/15/2023	06/15/2023	B04D2	0%	Form action

[View All Forms \(28\)](#)

Figure 5: HHA Provider Forms List

Table 2: Provider Forms List Field Description

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

*Figure 6: Actions for a Complete Form*

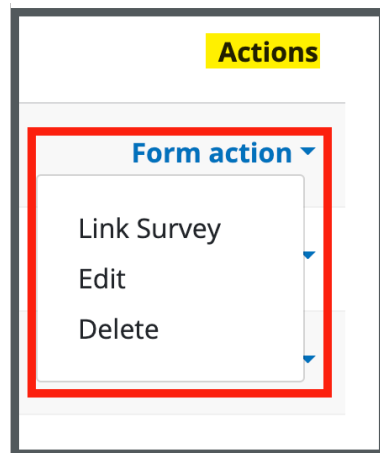


Figure 7: Actions for an In Progress Form

- 2.1.2 Click the desired form under **Form Name**.
- If the form has a **Related Survey**, the Survey page opens.
 - If the form is not linked to a survey, the Form page opens.

2.2 Add a Form

Notes:

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

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

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

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

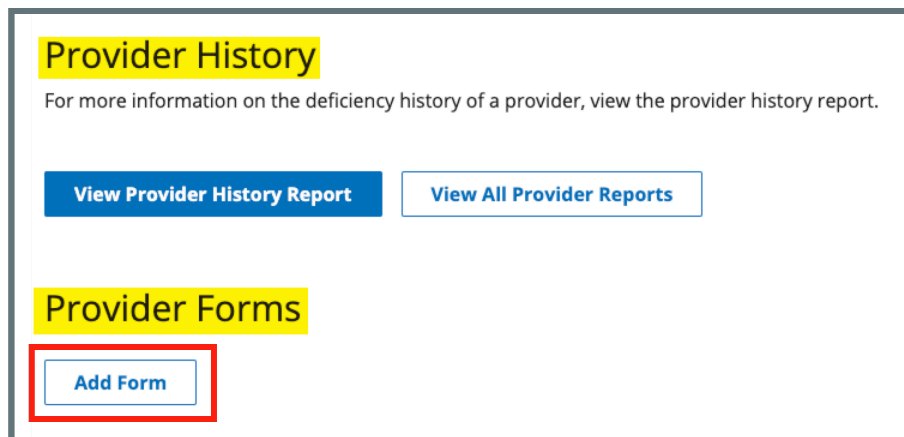


Figure 8: Add Form

2.2.3 Fill out the information.

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

Note: Completed forms cannot be edited or deleted.

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

Figure 9: Save a Form

Notes:

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

Figure 10: Form Last Updated By User Information

2.3 Edit a Form

Notes:

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

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

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

Provider Forms						
Add Form ▾						
Form Name ▾	Status ▾	Related Survey(s)	Created Date ▾	Last Updated ▾	Track ID ▾	Actions
CMS-643	Complete	11108F-L1 11108F-H1	09/08/2022	09/09/2022	11108F	Form action ▾
CMS-1539	In Progress	11108F-L1 11108F-H1	01/12/2023	01/12/2023	11108F	Form action ▾
CMS-417	In Progress	No information	01/26/2023	01/27/2023	No information	Form action ▾

[View All Forms \(4\)](#)

Figure 11: Hospice Provider Forms List

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

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

Figure 12: Edit a Form

Notes:

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

Form Name	Status	Related Survey(s)	Created Date	Last Updated	Track ID	Actions
CMS-643	Complete	11108F-L1 11108F-H1	09/08/2022	09/09/2022	11108F 14	Form action
CMS-1539	In Progress	11108F-L1 11108F-H1	01/12/2023	01/12/2023	11108F 14	Link Survey Edit Delete
CMS-417	In Progress	No information	01/26/2023	01/27/2023	No information	Form action

[View All Forms \(4\)](#)

Figure 13: Edit from Form Action Drop-Down

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

Hospice Request for Certification in the Medicare Program Form CMS-417

Initial Certification
No information

Last Updated by Pat cmsgu_fl 05/18/2023 1:46 PM

Related Certification Number PH6
Hospice E2E - CCN 101543 - Hospice

Type of Hospice PH7
Nursing Facility

For Hospitals Only
No information

Type of Control PH8
03 Voluntary Non-Profit - Other

Services Provided PH9

Services	Contractee	Address	Medicare Certification/Supplier Number
----------	------------	---------	--

Figure 14: Edit a Form from Survey Record

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

Note: Completed forms cannot be edited or deleted.

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

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

2.4 Delete a Form

Notes:

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

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

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

Provider Forms						
Add Form						
Form Name	Status	Related Survey(s)	Created Date	Last Updated	Track ID	Actions
CMS-643	Complete	11108F-L1 11108F-H1	09/08/2022	09/09/2022	11108F 14%	Form action
CMS-1539	In Progress	11108F-L1 11108F-H1	01/12/2023	01/12/2023	11108F 14%	Form action
CMS-417	In Progress	No information	01/26/2023	01/27/2023	No information	Form action

[View All Forms \(4\)](#)

Figure 15: Provider Forms List for CMS-643

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

Provider Forms

Add Form

Form Name	Status	Related Survey(s)	Created Date	Last Updated	Track ID	Actions
CMS-643	Complete	11108F-L1 11108F-H1	09/08/2022	09/09/2022	11108F 14 Form action Link Survey Edit Delete	
CMS-1539	In Progress	11108F-L1 11108F-H1	01/12/2023	01/12/2023	11108F 14 Form action Link Survey Edit Delete	
CMS-417	In Progress	No information	01/26/2023	01/27/2023	No information	Form action

View All Forms (4)

Figure 16: Form Action Drop-Down

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

- Click **Delete** to delete the form.
- Click **Cancel** or the **X** in the upper right corner to return to the **Provider Forms** table.



The screenshot shows a confirmation dialog box with a white background and a thin grey border. In the top right corner, there is a red square button with a white 'X' icon. The main text of the dialog is 'Please confirm you want to delete this form: CMS-643.' located in the center. At the bottom, there are two buttons: a blue button with the text 'Delete' and a white button with the text 'Cancel'. Both buttons have a red border. A red arrow points from the 'Delete' button towards the top right corner of the dialog.

Please confirm you want to delete this form: CMS-643.

Delete **Cancel**

Figure 17: Delete a Form Pop Up Window

2.5 Link a Survey to a Form

Notes:

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

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

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

Form Name	Status	Related Survey(s)	Created Date	Last Updated	Track ID	Actions
CMS-1539	Complete	FA6CD-H1	02/02/2023	11/15/2023	FA6CD 0%	Form action
CMS-1572	In Progress	B04D2-H1	06/15/2023	06/15/2023	B04D2 0%	Form action
CMS-1539	In Progress	B04D2-H1	06/15/2023	06/15/2023	B04D2 0%	Form action

View All Forms (28)

Figure 18: Provider Forms List for HHA

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

Form Name	Status	Related Survey(s)	Created Date	Last Updated	Track ID	Actions
CMS-1539	Complete	FA6CD-H1	02/02/2023	11/15/2023	FA6CD 0%	Form action
CMS-1572	In Progress	B04D2-H1	06/15/2023	06/15/2023	B04D2 0%	Form action
CMS-1539	In Progress	B04D2-H1	06/15/2023	06/15/2023	B04D2 0%	Form action - Link Survey - Edit - Delete

Figure 19: Form Action Drop-Down

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

Link Survey to Form CMS-1572 ID: 42214

Search for Survey

test

Enter survey name / surveyId to search

1 - 4 of 13 Surveys

Survey ID	Survey Type	Survey Status	Survey Category	Exit Date
1161E3-H2	Health	New	- Revisit - Recertification	10/05/2022
105A9D-H1	Health	New	Recertification	No information
120330-H1	Health	New	Validation Survey	No information
1226A1-H1	Health	Writing in progress	Recertification	No information

Page 1 of 4

Save Cancel

Figure 20: Link Survey to Form Pop Up Window

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

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

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

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

2.6 Certification Event

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

Notes:

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

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

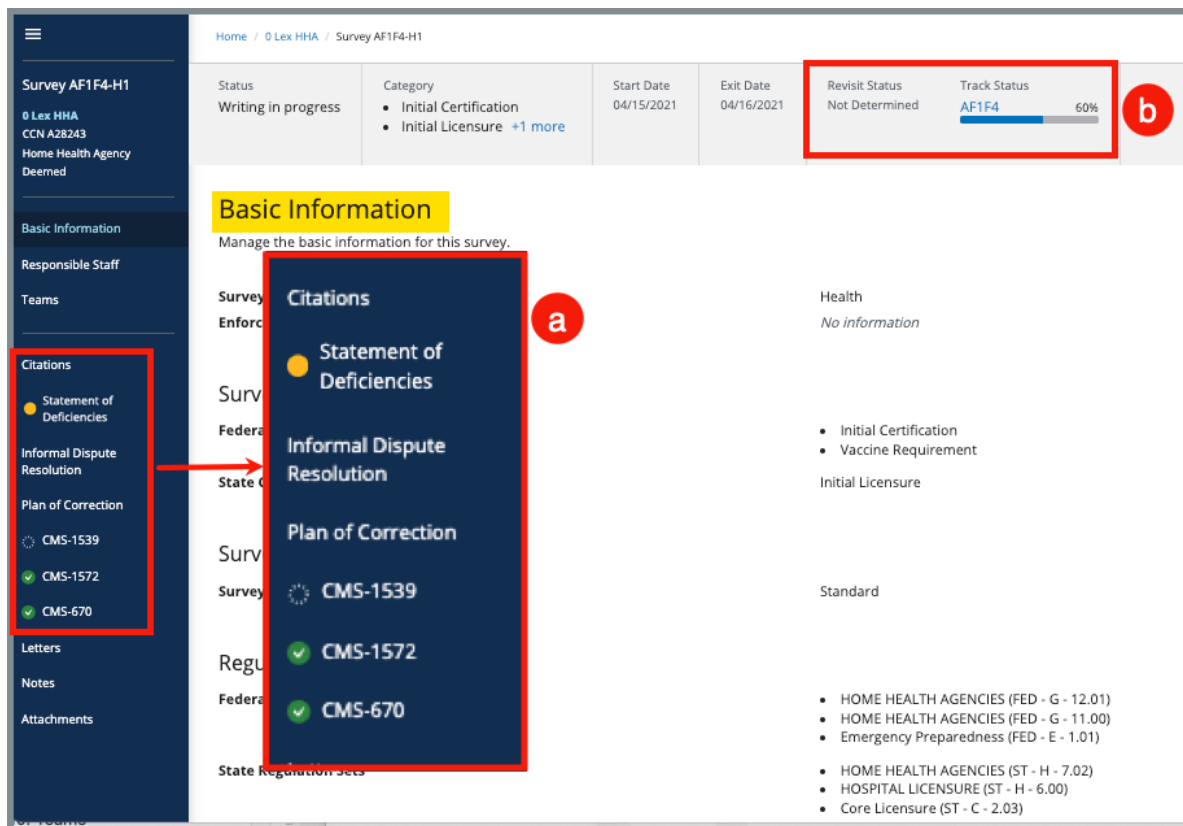


Figure 21: Basic Information Page Certification Progress

Table 3: Basic Information Page Certification Progress Callout Details

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

3. CMS-377

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

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

- 3.1 Go to the ASC survey record. For more information on searching for and accessing an ASC survey, refer to the [Manage a Survey User Manual](#) on QTSO.
- 3.2 Click **CMS-377** on the left menu of the survey record to go to the **Ambulatory Surgical Center Request Form CMS-377**. See *Figure 22, CMS-377*.

Ambulatory Surgical Center
Non-Deemed

Basic Information

Responsible Staff

Teams

Citations

Statement of Deficiencies

Informal Dispute Resolution

Plan of Correction

CMS-1539

CMS-670

CMS-377

Letters

Ambulatory Surgical Center Request Form CMS-377

Submission of this form will initiate the process of obtaining a decision as to whether the Conditions for Coverage are met. The ASC completes and signs this form for initial certifications and upon request of the State Agency for the periodic recertification.

There is no ASC Request for Certification Information for this survey.

Start a new CMS-377 Form

Link to an existing CMS-377 Form

Figure 22: CMS-377

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

- a. Click **Start a new CMS-377 Form** to start a new form. The form opens on the same page. Continue to step 6.3.
 - b. Click **Link to an existing CMS-377 Form** to link a form to the survey. The **Link Form to Survey** window pops up.
 - Click the desired form from the list.
 - Click **Save**. The process is complete.
- 3.3 Fill out the information. See *Figure 23, Ambulatory Surgical Center Request Form CMS-377*.
- 3.4 Click **Mark form as Complete**, if desired.
- Note:** Completed forms cannot be edited or deleted.
- 3.5 Click **Save CMS-377 Form**.

Notes:

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

[Return to Provider](#)

Ambulatory Surgical Center Request Form CMS-377

Submission of this form will initiate the process of obtaining a decision as to whether the Conditions for Coverage are met. The ASC completes and signs this form for initial certifications and upon request of the State Agency for the periodic recertification.

Survey Dates
No information

Type of Control

Type of Control (AS5) *

☐ Proprietary
☐ Non-Profit
☐ Government

Ancillary Services (AS6)

Laboratory *

☐ 1 - Provided Directly by The Facility
☐ 2 - Provided Through an Outside Source
☐ 3 - Combination
☐ 4 - Not Provided

Radiology *

☐ 1 - Provided Directly by The Facility
☐ 2 - Provided Through an Outside Source
☐ 3 - Combination
☐ 4 - Not Provided

Pharmaceutical Services *

☐ 1 - Provided Directly by The Facility
☐ 2 - Provided Through an Outside Source
☐ 3 - Combination
☐ 4 - Not Provided

Surgical Specialties

Surgical Specialties (AS7) *

Select all categories of surgery offered by the ASC.

☐ Dental
☐ Endoscopy
☐ Ear/Nose/Throat
☐ Ob/Gyn
☐ Ophthalmologic
☐ Orthopedic
☐ Pain
☐ Plastic/Reconstructive
☐ Podiatry
☐ Other (Specify)

Include only broad categories, not subspecialties.
Some other surgical specialty

Facility Characteristics

Number of Operating Rooms (AS8) * **Number of Procedure Rooms (AS8) ***

Date Center Began Providing Services (AS9) *

MM/DD/YYYY

Authorized Official Information

Name of Authorized Official * **Title of Authorized Official ***

☐ Mark form as Complete
(Completed forms are not able to be edited)

[Save CMS-377 Form](#) [Cancel](#)

Figure 23: Ambulatory Surgical Center Request Form-377

4. CMS-417

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

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

- 4.1 Go to the Hospice survey record. For more information on searching for and accessing a Hospice survey, refer to the [Manage a Survey User Manual](#) on QTSO.
- 4.2 Click **CMS-417** on the left menu of the survey record to go to the **Hospice Request for Certification in the Medicare Program Form CMS-417**. See *Figure 24, CMS-417 Menu Item*.



Figure 24: CMS-417 Menu Item

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

- a. Click **Start a new CMS-417 Form** to start a new form. The form opens on the same page. Continue to step 7.3.
- b. Click **Link to an existing CMS-417 Form** to link a form to the survey. The **Link Form to Survey** window pops up.
 - Click the desired form from the list.
 - Click **Save**. The process is complete.

4.3 Fill out the information. See *Figure 25, CMS-417 Form*.

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

Note: Completed forms cannot be edited or deleted.

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

Notes:

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

**Hospice Request for Certification in the Medicare Program
Form CMS-417**

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

Related Certification Number PH6
 Find Facility

Type of Hospice PH7 *

For Hospitals Only

Type of Control PH8 *

Services Provided PH9

Services *	Contractee	Address	Medicare Certification/Supplier Number
1. Core - Physician Services Select one			
2. Core - Nursing Services Select one			
3. Core - Medical Social Services Select one			
4. Core - Counseling Services Select one			
5. Physical Therapy Select one			
6. Occupational Therapy Select one			
7. Speech-Language Pathology Select one			
8. Hospice Aide Select one			
9. Homemaker Select one			
10. Medical Supplies Select one			
11. Short Term Inpatient Care Select one			
12. Other Select one			

Acute/Respite PH10

Number of Employees/Volunteers Full-time Equivalent

Type	Employees *	Volunteers *
Physicians PH11		
Registered Professional Nurses PH12		
Licensed Practical Nurses/Licensed Vocational Nurses PH13		
Medical Social Workers PH14		
Homemakers PH15		
Hospice Aide PH16		
Counselors PH17		
Others PH18		

Authorized Official Information

Name of Authorized Official * **Title of Authorized Official ***

☐ Mark form as Complete
(Completed forms are not able to be edited)
Save CMS-417 Form Cancel

Figure 25: CMS-417 Form

5. CMS-643

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

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

- 5.1 Go to the Hospice survey record. For more information on searching for and accessing a Hospice survey, refer to the [Manage a Survey User Manual](#) on QTSO.
- 5.2 Click **CMS-643** on the left menu of the survey record to go to the **Hospice Survey and Deficiencies Report Form CMS-643**. See *Figure 26, CMS-643 Menu Item*.

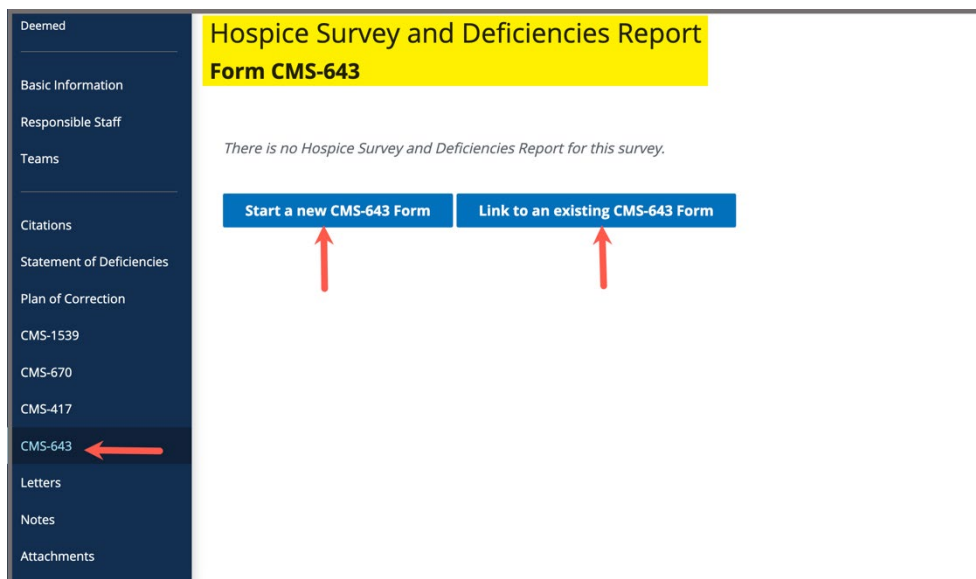


Figure 26: CMS-643 Menu Item

- a. Click **Start a new CMS-643 Form** to start a new form. The form opens on the same page. Continue to step 8.3.
- b. Click **Link to an existing CMS-643 Form** to link a form to the survey. The **Link Form to Survey** window pops up.
 - Click the desired form from the list.
 - Click **Save**. The process is complete.

5.3 Fill out the information. See *Figure 27, CMS-643 Form*.

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

Note: Completed forms cannot be edited or deleted.

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

Notes:

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

Hospice Survey and Deficiencies Report
Form CMS-643

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

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

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

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

4. If "Yes" to question number 3, please indicate date. L53

MM/DD/YYYY

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

Other type of home care

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

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

8. Number of records reviewed during survey. L57 *

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

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

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

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

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

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

Authorized Official Information

Name of Authorized Official * **Title of Authorized Official ***

☐ Mark form as Complete
(Completed forms are not able to be edited)

Save CMS-643 Form
Cancel

Figure 27: CMS-643 Form

6. CMS-670

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

Notes:

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

- 6.1 Go to the survey record. For more information on searching for and accessing a survey, refer to the S&C User Manual, [Manage a Survey](#), on QTSO.
- 6.2 Click **CMS-670** on the left menu of the survey record to go to **Time Entries**. See *Figure 28, CMS-670*.

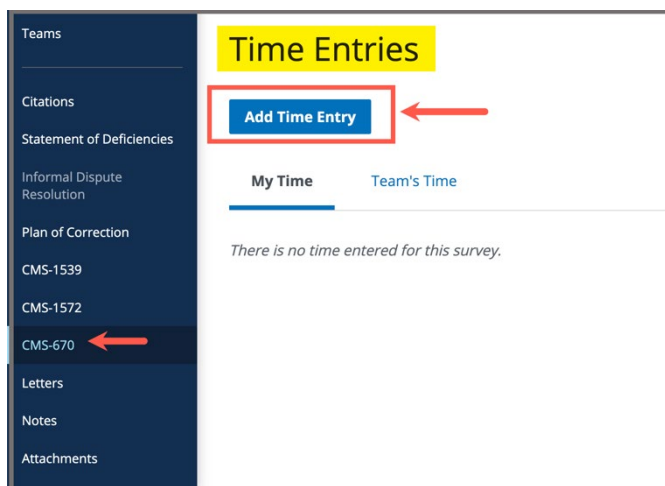


Figure 28: CMS-670

- 6.3 Click **Add Time Entry** to add time. The **Add Time Entry** window opens. See *Figure 29, Add Time Entry for ASC, HHA, Hospice*.

Add Time Entry

All required fields are marked with an asterisk (*)

Survey Category *
Initial Certification ▼

Arrival Date *
MM/DD/YYYY

Departure Date *
MM/DD/YYYY

Fill in the number of hours using increments of .25.

Task	Time
SA Supervisory Review	0.25
SA Clerical/Data Entry	1.5

Be sure to put a zero to the left of the digit for all time less than one hour.

Note: If you are a surveyor and need to enter time, ensure that you are on the survey team.

Save Entry **Cancel**

Figure 29: Add Time Entry for ASC, HHA, Hospice

6.4 Fill out the information.

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

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

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

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

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

7. CMS-671

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

Notes:

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

7.1 Create the CMS-671 Form

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

7.1.2 Click **Add Form** under **Provider Forms**. See *Figure 30, Add CMS-671*.

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

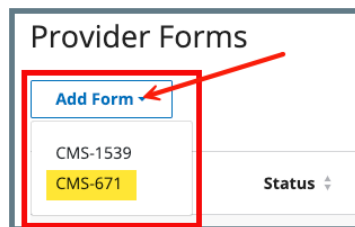


Figure 30: Add CMS-671

7.1.4 Fill out the information. See *Figure 31, CMS-671 (page 1 of 4)*, *Figure 32, CMS-671 (page 2 of 4)*, *Figure 33, CMS-671 (page 3 of 4)*, *Figure 34, CMS-671 (page 4 of 4)*.

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

Note: Completed forms cannot be edited or deleted.

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

Notes:

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

Long-Term Care Facility Application for Medicare and Medicaid Form 671

Survey Team Will Complete

Standard Survey

1. From

MM/DD/YYYY

2. To

MM/DD/YYYY

Extended Survey

3. From

MM/DD/YYYY

4. To

MM/DD/YYYY

General Instructions

This form is to be completed by the Facility. For the purpose of this form, "the facility" equals certified beds (i.e., Medicare and/or Medicaid certified beds).

5. Name of Facility *
 0 Lex Nursing Ctr ⓘ

6. Provider Number
 106299 ⓘ

7. Fiscal Year Ending

MM/DD/YYYY

8. Address *
 3525 W 42nd ⓘ
 Miami, FL 20202

Figure 31: CMS-671 (page 1 of 4)

9. Telephone Number *
No information ⓘ

10. State/County Code
No information ⓘ

11. State/Region Code
65 - MARYLAND ⓘ

12. Medicare *
 ⓘ

13. Medicaid *
 ⓘ

14. Other *
 ⓘ

15. Total Residents *
0 ⓘ

16. Program Participation *
SNF/NF - Medicare/Medicaid ⓘ

17. Is this facility hospital based? *
☐ Yes ⓘ
☐ No ⓘ

If yes, indicate Hospital Provider Number
 ⓘ

18. Ownership *
Select one ▼ ⓘ

Figure 32: CMS-671 (page 2 of 4)

19. Owned or leased by Multi-Facility Organization *

☐ Yes ☐ No ⓘ

Name of Multi-Facility Organization

ⓘ

Dedicated Special Care Units: (show number of beds for all that apply) ⓘ

20. AIDS	21. Alzheimer's Disease	22. Dialysis
23. Disabled Children/Young Adults	24. Head Trauma	25. Hospice
26. Huntington's Disease	27. Ventilator/Respiratory Care	28. Other Specialized Rehabilitation

29. Does the facility currently have an organized residents' group? *

☐ Yes ☐ No ⓘ

30. Does the facility currently have an organized group of family members of residents? *

☐ Yes ☐ No ⓘ

31. Does the facility conduct experimental research? *

☐ Yes ☐ No ⓘ

32. Is the facility part of a continuing care retirement community (CCRC)? *

☐ Yes ☐ No ⓘ

Figure 33: CMS-671 (page 3 of 4)

32. Is the facility part of a continuing care retirement community (CCRC)? *

☐ Yes [?](#)
☐ No [?](#)

If the facility currently has a staffing waiver, indicate the type(s) of waiver(s) by writing in the date(s) of last approval. Indicate the number of hours waived for each type of waiver granted. If the facility does not have a waiver, write NA in the blanks. [?](#)

Waiver of seven day RN requirement:

33. Date **34. Hours waived per week**
MM/DD/YYYY

Waiver of 24 hr licensed nursing requirement:

35. Date **36. Hours waived per week**
MM/DD/YYYY

37. Does the facility currently have an approved Nurse Aide Training and Competency Evaluation Program? *

☐ Yes [?](#)
☐ No [?](#)

38. Name of Person Completing Form * **Time ***

Signature **Date ***
MM/DD/YYYY

To Be Completed By Survey Team

39. Was ombudsman office notified prior to survey? *

☐ Yes
☐ No

40. Was ombudsman present during any portion of the survey? *

☐ Yes
☐ No

41. Medication Error Rate % * [?](#)

☐ Mark form as Complete
(Completed forms are not able to be edited)

Figure 34: CMS-671 (page 4 of 4)

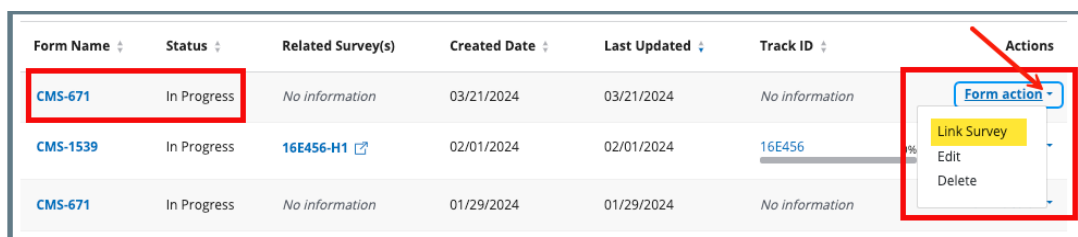
7.2 Link the CMS-671 Form to a Survey

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

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

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

7.2.3 Click **Link Survey**. See *Figure 35, Link Survey*. The **Link Survey to Form CMS-671** pop-up window opens.



The screenshot shows a table with columns: Form Name, Status, Related Survey(s), Created Date, Last Updated, Track ID, and Actions. The first row is highlighted with a red box around the 'Form Name' and 'Status' columns. The 'Form Name' is 'CMS-671' and the 'Status' is 'In Progress'. The 'Actions' column for this row has a dropdown menu open, showing options: 'Form action', 'Link Survey', 'Edit', and 'Delete'. A red arrow points to the 'Form action' dropdown button.

Form Name	Status	Related Survey(s)	Created Date	Last Updated	Track ID	Actions
CMS-671	In Progress	No information	03/21/2024	03/21/2024	No information	Form action - Link Survey Edit Delete
CMS-1539	In Progress	16E456-H1	02/01/2024	02/01/2024	16E456	
CMS-671	In Progress	No information	01/29/2024	01/29/2024	No information	

Figure 35: Link Survey

Note: Forms that have the **Status** of **In Progress** can be edited or deleted. Forms that have the **Status** of **Complete** can only be linked to a survey or downloaded. See *Figure 36, Completed Form Options*.

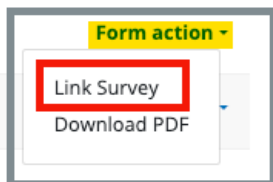


Figure 36: Completed Form Options

7.2.4 Type survey name or survey ID under **Search for Survey**. See *Figure 37, Link Survey to Form CMS-671 Pop-Up Window*.

Link Survey to Form CMS-671 ID: 48782

Search for Survey

101 Search

Enter survey name / surveyId to search

1 - 4 of 10 Surveys

Survey ID	Survey Type	Survey Status	Survey Category	Exit Date
☒ 168BB3-H1	Health	New	- Recertification - Complaint	No information
☐ 1903D6-H1	Health	Writing complete	- Recertification - Complaint	10/03/2024
☐ 16E456-H1	Health	New	- Recertification - Complaint	No information
☐ 167368-H1	Health	New	Recertification	No information

<< < Page 1 of 3 > >>

Save Cancel

Figure 37: Link Survey to Form CMS-671 Pop-Up Window

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

7.2.6 Select the radio button next to the correct survey.

7.2.7 Click **Save**. The **Linking Survey** pop-up window opens. See *Figure 38, Linking Survey Pop-Up Window*.

Linking Survey

101

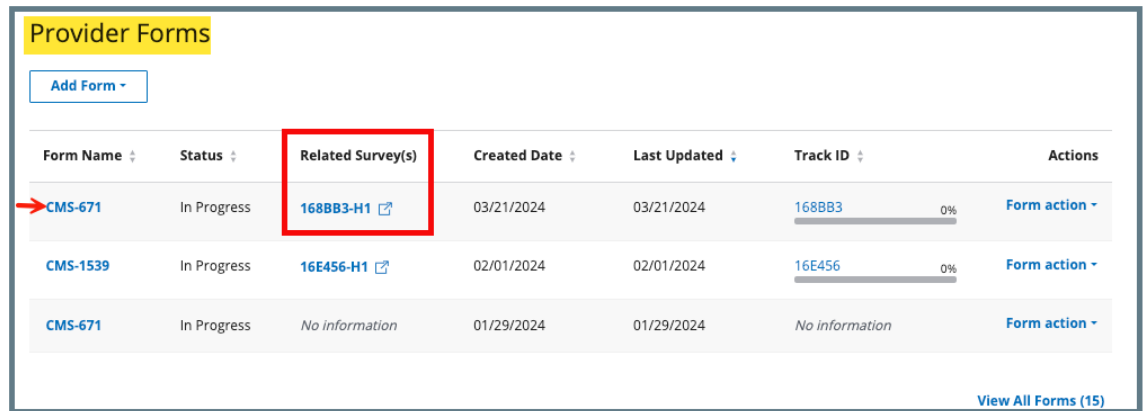
Are you sure you want to continue?

Continue Cancel

Figure 38: Linking Survey Pop-Up Window

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

7.2.9 Verify the survey is linked under **Related Survey(s)**. See *Figure 39, Related Survey*.



The screenshot displays a table titled "Provider Forms" with a yellow header. Below the header is a button labeled "Add Form". The table has seven columns: "Form Name", "Status", "Related Survey(s)", "Created Date", "Last Updated", "Track ID", and "Actions". There are three rows of data. The first row shows "CMS-671" in progress, with a related survey of "168BB3-H1" (highlighted in a red box). The second row shows "CMS-1539" in progress, with a related survey of "16E456-H1". The third row shows "CMS-671" in progress, with no related survey information. Each row has a "Form action" link. A red arrow points to the "CMS-671" form name in the first row. At the bottom right, there is a link "View All Forms (15)".

Form Name	Status	Related Survey(s)	Created Date	Last Updated	Track ID	Actions
CMS-671	In Progress	168BB3-H1	03/21/2024	03/21/2024	168BB3 0%	Form action
CMS-1539	In Progress	16E456-H1	02/01/2024	02/01/2024	16E456 0%	Form action
CMS-671	In Progress	No information	01/29/2024	01/29/2024	No information	Form action

View All Forms (15)

Figure 39: Related Survey

8. CMS-1539

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

Notes:

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

8.1 Create the CMS-1539 Form

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

8.1.2 Click **Add Form** under **Provider Forms**. See *Figure 40, Add CMS-1539*.

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

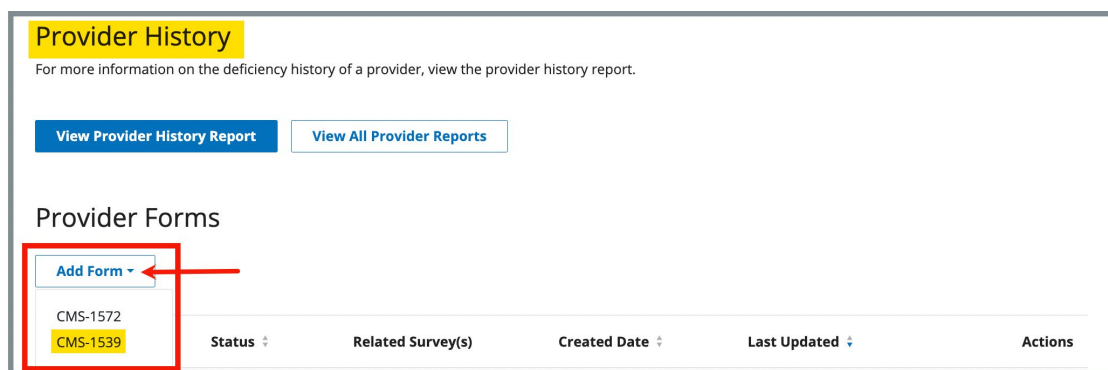


Figure 40: Add CMS-1539

8.1.4 Fill out the information. See *Figure 41, CMS-1539 (page 1 of 3)*, *Figure 42, CMS-1539 (page 2 of 3)*, *Figure 43, CMS-1539 (page 3 of 3)*.

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

Note: Completed forms cannot be edited or deleted.

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

Notes:

- Click **Save CMS-1539 Form** at any time to save in progress work, even if required fields are not filled out.
- When **Save CMS-1539 Form** is clicked for an in progress or completed form, a date and time stamp that captures **Last Updated by** or **Completed by** user information automatically generates. This information displays on the upper right corner of the form and in the **Provider Forms** table. Refer to [Add a Form](#) for more information, if needed.
- The CMS-1539 form can be downloaded prior to marking the form as complete.
 - a. Click **Download PDF**. See *Figure 44, Download 1539 PDF*. The PDF saves to the computer and can be printed or reviewed.
 - b. Open the form from the computer's downloads folder.

Status Writing complete	Category • Recertification • Complaint	Start Date 06/08/2024	Exit Date 08/02/2024	Revisit Status Required	Track Status 1CCD24 16%	Survey action ▾
----------------------------	--	--------------------------	-------------------------	----------------------------	----------------------------	-----------------

Medicare/Medicaid Certification and Transmittal Form 1539

Download PDF

Edit ⓘ

Completed by Pat NH_CMSGU_Singy 08/07/2024 1:18 PM

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

1. Medicare/Medicaid Provider No.
015651

2. State Vendor or Medicaid No.
No information

3. Name and Address of Facility
Marion Manor NH
123 Test Provider
Test, AL 41232

4. Type of Action
Recertification

5. Effective Date for Change of Ownership
No information

Figure 41: Download 1539 PDF

Medicare/Medicaid Certification and Transmittal Form 1539

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

1. Medicare/Medicaid Provider No.

No information ⓘ

2. State Vendor or Medicaid No.

No information ⓘ

3. Name and Address of Facility *

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

4. Type of Action *

Select one ▼

5. Effective Date for Change of Ownership

MM/DD/YYYY

6. Date of Survey

No information ⓘ

7. Provider/Supplier Category *

HHA ⓘ

8. Accreditation Status

Unaccredited ⓘ

9. Fiscal Year Ending Date

Month

Day

Select one ▼

Select one ▼

10. The Facility is Certified as *

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

Figure 42: CMS-1539 (page 1 of 3)

Compliance Based On
☐ Acceptable POC

And/or approved waivers of the following requirements
☐ Technical Personnel
☐ 24 HR RN
☐ 7-Day RN (Rural SNF)
☐ Life Safety Code
☐ Scope of Service Limited
☐ Medical Director
☐ Patient Room
☐ Beds per Room

11. LTC Period of Certification ⓘ
From (a): *No information*
To (b): *No information*

12. Total Facility Beds
No information ⓘ

13. Total Certified Beds
No information ⓘ

14. LTC Certified Bed Breakdown
Medicare: *No information* ⓘ
Medicare/Medicaid: *No information* ⓘ
Medicaid: *No information* ⓘ
ICF/IID: *No information* ⓘ

16. State Survey Agency Remarks *

If applicable show LTC Cancellation Date
0/50000 characters

17. Surveyor Signature ***Date ***

04/30/2023
MM/DD/YYYY

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

04/30/2023
MM/DD/YYYY

Figure 43: CMS-1539, page 2 of 3

Part 2: To Be Completed by the CMS Survey and Operations Group Location or State Agency

19. Determination of Eligibility *

☐ Facility is eligible to participate

☐ Facility is not eligible to participate

20. Initial Survey Determination

☐ Survey #1

☐ Survey #2

☐ Survey #3 (Final Attempt)

22. Effective Date

No information ⓘ

23. LTC Agreement Beginning Date

No information ⓘ

24. LTC Agreement Ending Date

No information ⓘ

25. LTC Extension Date

No information ⓘ

26. Termination Action

No information ⓘ

27. Alternative Sanctions

Suspension of Admission: No information ⓘ

Rescind Suspension Date: No information ⓘ

28. Termination Date

No information ⓘ

29. MAC ID Number

30. Remarks

0/50000 characters

31. CMS Location or MAC Receipt of 1539 *

MM/DD/YYYY

32. Determination of Approval Date *

MM/DD/YYYY

33. Initial Certification Determination Remarks

0/50000 characters

☐ Mark form as Complete

(Completed forms are not able to be edited)

Save CMS-1539 Form Cancel

Figure 44: CMS-1539, page 3 of 3

8.2 Link the CMS-1539 Form to a Survey

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

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

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

8.2.3 Click **Link Survey**. See *Figure 45, Link Survey*. The **Link Survey to Form CMS-1539** pop-up window opens.

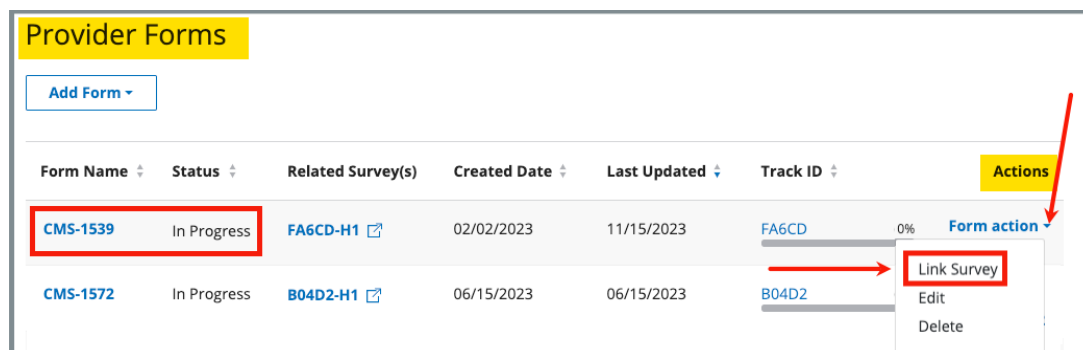


Figure 45: Link Survey

Note: Forms that have the **Status** of **In Progress** can be edited or deleted. Forms that have the **Status** of **Complete** can only be linked to a survey or downloaded. See *Figure 46, Completed Form Options*.

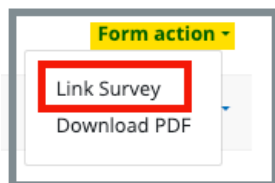


Figure 46: Completed Form Options

8.2.4 Type survey name or survey ID under **Search for Survey**. See *Figure 47, Link Survey to Form CMS-1539 Pop-Up Window*.

Link Survey to Form CMS-1539 ID: 44818

Search for Survey

105 Search

Enter survey name / surveyId to search

1 Survey

Survey ID	Survey Type	Survey Status	Survey Category	Exit Date
1051FD-H1	Health	Closed	Complaint	09/07/2022

Save Cancel

Figure 47: Link Survey to Form CMS-1539 Pop-Up Window

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

8.2.6 Select the radio button next to the correct survey.

8.2.7 Click **Save**. The **Linking Survey** pop-up window opens. See *Figure 48, Linking Survey Pop-Up Window*.

Linking Survey

Are you sure you want to continue?

Continue Cancel

Figure 48: Linking Survey Pop-Up Window

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

8.2.9 Verify the survey is linked under **Related Survey(s)**. See *Figure 49, Related Survey*.

Provider Forms					
Add Form					
Form Name	Status	Related Survey(s)	Created Date	Last Updated	Actions
CMS-1539	In Progress	1051FD-H1	05/16/2023	05/16/2023	Form action
CMS-1539	Complete	No information	01/19/2023	01/19/2023	Form action
CMS-1572	In Progress	No information	01/19/2023	01/19/2023	Form action

Figure 49: Related Survey

9. CMS-1572

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

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

- 9.1 Go to the HHA survey record. For more information on searching for and accessing an HHA survey, refer to the S&C User Manual, [Manage a Survey](#) on QTSO.
- 9.2 Click **CMS-1572** on the left menu of the survey record to go to the **Home Health Agency Survey and Deficiencies Report Form CMS-1572**. See *Figure 50, CMS-1572*.

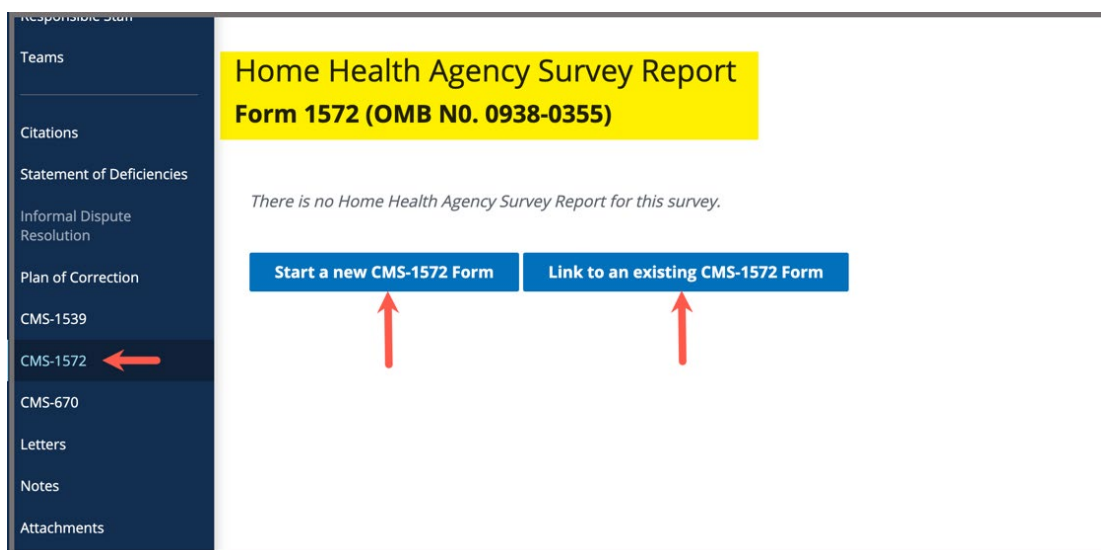


Figure 50: CMS-1572

Note: CMS-1572 can also be accessed from the **Provider History** page.

Refer to [Access a Form](#) for more information, if needed.

- a. Click **Start a new CMS-1572 Form** to start a new form. The form opens on the same page. Continue to step 3.3.
- b. Click **Link to an existing CMS-1572 Form** to link a form to the survey. The **Link Form to Survey** window pops up.
 - Click the desired form from the list.
 - Click **Save**. The process is complete.

- 9.3 Fill out the information. See *Figure 51, HHA Survey and Deficiencies Report Form CMS-1572 (page 1 of 2)* and *Figure 52, HHA Survey and Deficiencies Report Form CMS-1572 (page 2 of 2)*.

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

- 9.4 Click **Mark form as Complete**, if desired.

Notes:

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

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

Notes:

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

Home Health Agency Survey Report
Form 1572 (OMB NO. 0938-0355)

Part 1: To Be Completed by Facility Staff

1. Name of Facility *
Sigler Test Provider ⓘ

2. Provider Number *
148408 ⓘ

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

4. Telephone Number *
(800) 588-2300 ⓘ

5. Name of Administrator *

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

6. Administrator Qualifications *
RN ⓘ

7. Type of Control *
Select one

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

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

If yes, provide the hospice Medicare provider number
 6 alphanumeric characters

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

If yes, how many branches locations?
 21 ⓘ

All Branch Locations ⓘ

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

Figure 51: Home Health Agency Survey Report Form CMS-1572 (page 1 of 2)

11. Services Provided *
Select each type of care services provided and indicate how this service is provided.

Skilled Nursing * Select one	Home Health Aide * Select one
Physical Therapy * Select one	Pharmaceutical Services * Select one
Occupational Therapy * Select one	Infusion Services * Select one
Speech Therapy * Select one	Laboratory Services * Select one
Social Worker * Select one	Outpatient Therapy Services * Select one

12. Staffing
List full-time equivalents (not hours)

Staff Member	Direct Hire Staff *	Staff Under Arrangement *
Registered Nurse		
Licensed Practical Nurse		
Physical Therapist		
Physical Therapist Assistant		
Occupational Therapist		
Occupational Therapist Assistant		
Speech-Language Pathologist		
Social Worker		
Social Work Assistant		
Home Health Aide		

Name of Person Completing Form * **Title of Person Completing Form *** **Date Form Completed ***
MM/DD/YYYY

Part 2: Surveyor to Complete

13. Type of Survey *
Recertification: *No Information* ⓘ

14. Survey Data *
Total Number of Home Visits

Number of Records Reviewed, No Home Visits

☐ Mark form as Complete
(Completed forms are not able to be edited)

[↑ Top](#)

Figure 52: Home Health Agency Survey Report Form CMS-1572 (page 2 of 2)

10. CMS-3427

Purpose: Form CMS-3427 is the End Stage Renal Disease Application and Survey and Certification Report.

Notes:

- The CMS-3427 form is available for the End Stage Renal Disease (ESRD) provider type only.
- The CMS-3427 form can be added, viewed, and edited offline. See the [Offline Job Aid](#) for further details on working offline.
- Information on this form may be shown within iQIES. For example, ownership (question 16) is reflected on the Operating and Ownership page.
- The form can be downloaded as a .pdf both prior to completion and after completion.

10.1 Create the CMS-3427 Form

10.1.1 Go to the ESRD survey record. For more information on searching for and accessing an ESRD survey, refer to the S&C User Manual, [Manage a Survey](#) on QTSO.

10.1.2 Click **CMS-3427** on the left menu of the survey record to go to the End Stage Renal Disease Application and Survey and Certification Report. See *Figure 53, CMS-3427 Menu Item*. The CMS-3427 form opens.

Note: **CMS-3427** can also be accessed from the **Provider History** page. Refer to [Access a Form](#) for more information, if needed.

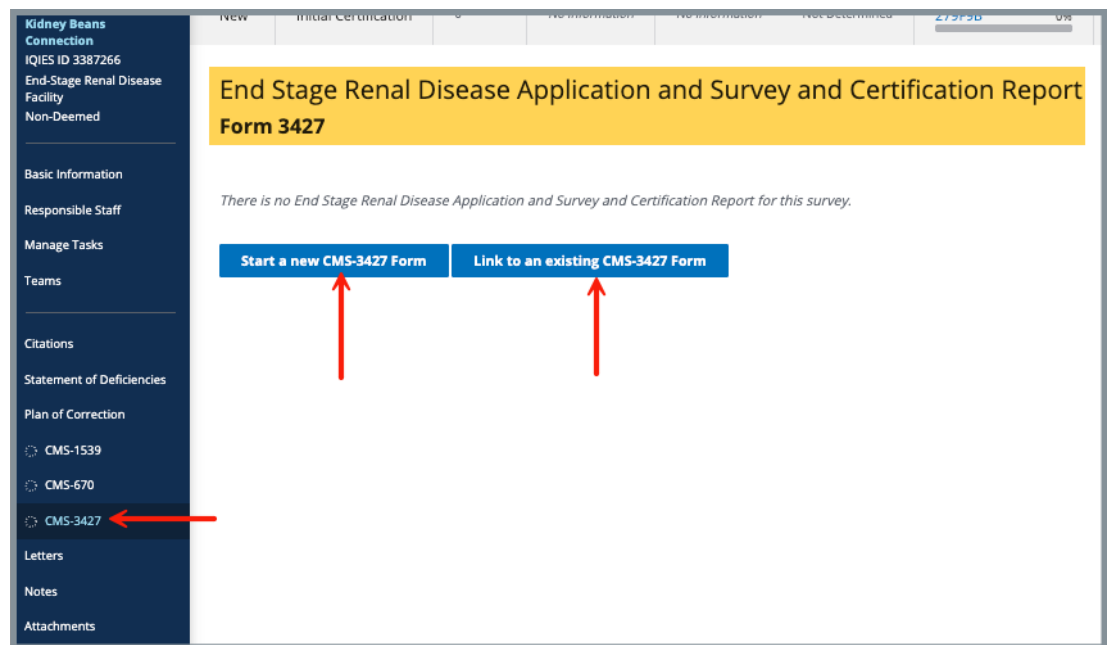


Figure 53: CMS-3427 Menu Item

- 10.1.3 Click **Start a new CMS-3427 Form** to start a new form. The form opens on the same page.

Note: Click **Link to an existing CMS-3427 Form** to link a form to the survey. See [Link the CMS-3437 to a Survey](#) for more details.

- 10.1.4 Fill out the information. See *Figure 54, CMS-3427 (page 1 of 10)*, *Figure 55, CMS-3427 (page 2 of 10)*, *Figure 56, CMS-3427 (page 3 of 10)*, *Figure 57, CMS-3427 (page 4 of 10)*, *Figure 58, CMS-3427 (page 5 of 10)*, *Figure 59, CMS-3427 (page 6 of 10)*, *Figure 60, CMS-3427 (page 7 of 10)*, *Figure 61, CMS-3427 (page 8 of 10)*, *Figure 62, CMS-3427 (page 9 of 10)*, *Figure 63, CMS-3427 (page 10 of 10)*.

- 10.1.5 Click **Mark form as Complete**, if desired.

Note: Completed forms cannot be edited or deleted.

10.1.6 Click **Save CMS-3427 Form**.

Notes:

- Click **Save CMS-3427 Form** at any time to save in progress work, even if required fields are not filled out.
- When **Save CMS-3427 Form** is clicked for an in progress or completed form, a date and time stamp that captures **Last Updated by** or **Completed by** user information automatically generates. This information displays on the upper right corner of the form and in the **Provider Forms** table. Refer to [Add a Form](#) for more information, if needed.

**End Stage Renal Disease Application and Survey and Certification Report
Form 3427**

Part I - Application - To Be Completed By Facility

1. Type of Application/Notification: (V1) * ⓘ **Information icons show additional details**
(Check all that apply; if "Other," specify in "Remarks" section [Item33])
☐ 1. Initial
☐ 2. Recertification
☐ 3. Relocation
☐ 4. Expansion / change of services
☐ 5. Change of ownership
☐ 6. Other, specify

2. Name of Dialysis Facility *
Kidney Beans Connection ⓘ

3. CCN
No information ⓘ

4. Street Address *
123 Main St ⓘ

5. NPI
No information ⓘ

6. City *
FORT LAUDERDALE ⓘ

7. County *
Broward ⓘ

Figure 54: CMS-3427 (page 1 of 10)

8. Fiscal Year End Date *

Month Day

Select one Select one

9. State *

Florida ⓘ

10. ZIP Code *

33311 ⓘ

11. Administrator's Email Address

No information ⓘ

12. Telephone No. *

(800) 555-1212 ⓘ

13. Facsimile No.

No information ⓘ

14. Medicare Enrollment (CMS 855A) completed? *

☐ Yes

☐ No

☐ NA

15. Dialysis Facility Administrator Name:

No information ⓘ

Business Address:

No information ⓘ

City:

No information ⓘ

State:

No information ⓘ

ZIP Code:

No information ⓘ

Telephone No:

No information ⓘ

Figure 55: CMS-3427 (page 2 of 10)

16. Ownership (V2) *

☐ For Profit

☐ Not for Profit

☐ Public

17. Is this dialysis facility independent (i.e., not owned or managed by a hospital)? (V3) * ⓘ

☐ Yes

☐ No

Is this dialysis facility owned and managed by a hospital and on the hospital campus (i.e., hospital-based)? (V4)

☐ Yes

☐ No

Is this dialysis facility owned and managed by a hospital and located off the hospital campus (i.e., satellite)? (V5)

☐ Yes

☐ No

18. Is this dialysis facility located in a SNF/NF (LTC): (V6) * ⓘ

(Check one)

☐ Yes

☐ No

If SNF/NF owned and managed by a hospital:

Hospital name: (V7)

CCN: (V8)

If Yes,

SNF/NF name: (V9)

CCN: (V10)

Figure 56: CMS-3427 (page 3 of 10)

19. Is this dialysis facility owned &/or managed by a multi-facility organization? (V11) *

☐ No
☐ Yes, Owned
☐ Yes, Managed

If Yes, name of multi-facility organization: (V12)

Multi-facility organization's address:

20. Current modalities/services for dialysis facilities requesting recertification only: (V13) ⓘ

(Check all that apply)

☐ 1. In-center Hemodialysis (HD)
☐ 2. In-center Peritoneal Dialysis (PD)
☐ 3. In-center Nocturnal HD
☐ 4. Home HD Training & Support
☐ 5. HD in LTC
☐ 6. Home PD Training & Support
☐ 7. PD in LTC
☐ 8. Dialyzer Reuse

21. New modalities/services being requested: (V14) * ⓘ

(Check all that apply; must have 1 permanent patient for any modality requested)

☐ 1. In-center HD
☐ 2. In-center PD
☐ 3. In-center Nocturnal HD
☐ 4. Home HD Training & Support
☐ 5. HD in LTC
☐ 6. Home PD Training & Support
☐ 7. PD in LTC
☐ 8. Dialyzer Reuse
☐ 9. N/A

NOTE: For dialysis in more than 1 LTC facility, record this same information in the "Remarks" (item 33) section or attach list

Figure 57: CMS-3427 (page 4 of 10)

22. Does the dialysis facility have any dialysis (PD/HD) patients physically receiving dialysis within long-term care (LTC) facilities? * ⓘ

(Check one)

☐ Yes

☐ No

LTC (SNF/NF) facility name: (V16)

CCN: (V17)

Staffing for home dialysis in LTC provided by: (V18)

☐ 1. This dialysis facility

☐ 2. LTC Staff

☐ 3. Other, specify

Number of dialysis residents by modality receiving dialysis within this LTC facility: (V19)

☐ 1. HD

☐ 2. PD

Figure 58: CMS-3427 (page 5 of 10)

23. Number of dialysis patients currently on census:

In-Center HD: (V20)

In-Center Nocturnal HD: (V21)

In-Center PD: (V22)

Home PD: (V23)

Home HD <= 3x/week: (V24)

Home HD > 3x/week: (V25)

24. Number of currently approved in-center dialysis stations: (V26) * ⓘ

Are onsite home training room(s) provided? (V27) *

☐ Yes

☐ N/A

25. Additional in-center stations requested: (V28) ⓘ

 or ☐ None

26. How is isolation provided? (V29) *

☐ Room

☐ Area (existing 2/9/2009 only)

☐ CMS Waiver/Agreement (Attach copy)

Figure 59: CMS-3427 (page 6 of 10)

27. If applicable, number of hemodialysis stations designated for isolation: (V30)**28. Days/times for in-center shifts or operating hours if home only: (V31) ⓘ**

(Check all days that apply and complete time field in 24-hour clock format)

1st in-center shift starts or home only facility opens:

M:**T:****W:****Th:****F:****Sat:****Sun:**

Last in-center shift ends or home only facility closes:

M:**T:****W:****Th:****F:****Sat:****Sun:****29. Dialyzer reprocessing: (V32) * ⓘ**

- ☐ Onsite
- ☐ Centralized/Offsite
- ☐ N/A

Figure 60: CMS-3427 (page 7 of 10)

30. Staff (List full-time equivalents): * ⓘ

Registered Nurse: (V33) *

Certified Patient Care Technician: (V34) *

LPN/LVN: (V35) *

Technical Staff (water, machine): (V36) *

Registered Dietician: (V37) *

Masters Social Worker: (V38) *

Others: (V39) *

31. State license number (if applicable): (V40)
No information ⓘ

32. Certificate of Need required? (V41) * ⓘ

☐ Yes

☐ No

☐ NA

33. Remarks: ⓘ
(Copy if more and attach additional pages if needed)

0/50000 characters

Figure 61: CMS-3427 (page 8 of 10)

34. The information contained in this Application Survey and Certification Report (Part I) is true and correct to the best of my knowledge. I understand that incorrect or erroneous statements may cause the request for approval to be denied, or facility approval to be rescinded, under 42 C.F.R. 494.1 and 488.604 respectively.

I have reviewed this form and it is accurate:

**Signature of
Administrator/Medical Director**

Title *

Date *

MM/DD/YYYY

Part II To Be Completed By State Agency

The surveyor should review and verify the information in Part I with administrator or medical director and complete Part II of this form. Recognize that CMS cannot issue a CCN for an initial survey until all required steps are complete, including recommended approval of the CMS-855A by the applicable MAC. Complete the Statement of Deficiencies (CMS Form 2567). Complete the CMS-1539 entering recommended action(s). All required information must be entered and uploaded in order for the survey to be counted in the state workload.

35. Medicare Enrollment (CMS 855A recommended for approval by the Medicare Administrative Contractor)? (V42) *

- ☐ Yes
☐ No

(Note: approved CMS 855A required prior to certification)

36. Type of Survey: (V43) *

- ☐ 1. Initial
☐ 2. Recertification
☐ 3. Relocation
☐ 4. Expansion / change of services
☐ 5. Change of ownership
☐ 6. Complaint
☐ 7. Revisit
☐ 8. Other, specify

37. State Region: (V44) *

35 - LAUDERHILL ⓘ

38. State County Code: (V45) *

Broward ⓘ

Figure 62: CMS-3427 (page 9 of 10)

39. Network Number: (V46) *
07 - FLORIDA ⓘ

My signature below indicates that I have reviewed this form and it is complete.

40. Survey Team Leader (sign)

41. Name/Number (print) *

42. Professional Discipline (print) *

43. Survey Exit Date
No information ⓘ

☐ Mark form as Complete
(Completed forms are not able to be edited)

Save CMS-3427 Form **Cancel**

Figure 63: CMS-3427 (page 10 of 10)

10.2 Link the CMS-3427 Form to a Survey

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

- 10.2.1 Click **Link to an existing CMS-3427 Form**. The **Link Form to Survey [Survey Number]** pop-up window opens. See *Figure 64, Link Form to Survey Pop-Up Window*.

Form Name	Status	Created Date	Last Updated
☐ CMS-3427	In Progress	08/06/2025	08/06/2025

Save Cancel

Figure 64: Link Form to Survey Pop-Up Window

- 10.2.2 Select the radio button next to the correct survey.
- 10.2.3 Click **Save**. The Linking Survey pop-up window opens. See *Figure 65, Linking Survey Pop-Up Window*.

Note: **Save** is disabled until a selection is chosen.

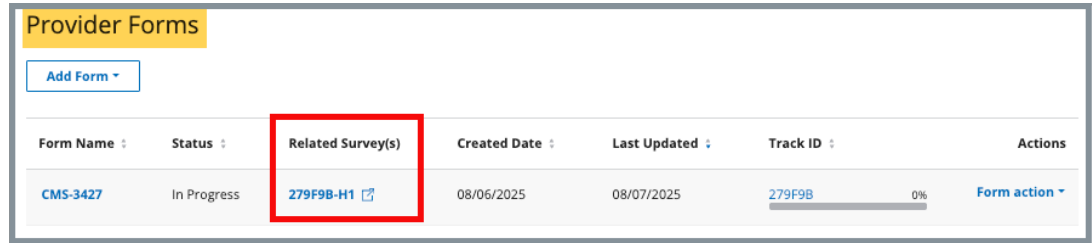
Are you sure you want to continue?

Continue Cancel

Figure 65: Linking Survey Pop-Up Window

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

- 10.2.5 Verify the survey is linked under **Related Survey(s)** in the **Provider Forms** section of the **Provider History** page. See *Figure 66, Related Survey*.



Provider Forms						
Add Form						
Form Name	Status	Related Survey(s)	Created Date	Last Updated	Track ID	Actions
CMS-3427	In Progress	279F9B-H1 link icon	08/06/2025	08/07/2025	279F9B 0%	Form action

Figure 66: Related Survey