



Centers for Medicare & Medicaid Services

Internet Quality Improvement & Evaluation System (iQIES)

**Frequently Asked Questions (FAQ)
from
Training Sessions and Monthly Office Hours
for ASC, HHA, and Hospice Provider Types**

Version 5.0

07/17/2024

iQIES FAQ on QTSO and CMS.gov

This document is a compilation of questions from all training sessions and monthly office hours for the ASC, HHA and Hospice provider type rollouts. It is organized into sections based on question type.

Note: Please refer to the [iQIES S&C user manuals](#) and/or video tutorials (located in QSEP) for detailed instructions on how to use iQIES.

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1. Launch Questions

1.1. What is the transition window for ASPEN to iQIES? How long will we have access to ASPEN? Will it have a sunset date?

We do not have a date that ASPEN will be shut down.

1.2. Will other facility types be going to iQIES?

Yes. The plan is to migrate all providers from ASPEN to iQIES.

1.3. Will a roll-out schedule of license categories be posted for hospitals, nursing homes, etc.?

We do not have a schedule currently. We will communicate with users when we know when that functionality will be in iQIES.

1.4. Can I enter information into the ASPEN system after iQIES goes live?

No. After a provider type goes live in iQIES, you can no longer enter information for that provider type into ASPEN. The exception is for Ownership info which is still entered into ASPEN for now until that function completely exists in iQIES.

1.5. If we have surveys in-progress during our iQIES go-live, will the information already entered into ACO migrate to iQIES?

Yes. In-progress surveys will migrate to iQIES.

1.6. When a provider type is transferred to iQIES, what data is migrated and what do staff at the state level need to move ourselves?

In preparation for the migration, staff at the state level should update any records that they know will need updates prior to the ASPEN shut-off. All Medicare and Medicaid data for that provider type will be migrated to iQIES by the iQIES team. We expect to handle all provider types in the same fashion.

1.7. Were inactive providers migrated?

Yes. You can find them if you add closed as search criteria.

1.8. Will the NATCEP Loss Enforcement Data Panel migrate from ASPEN Enforcement Manager survey case records to iQIES along with the Nursing Facility and Skilled Nursing Facility records?

Yes. We will be migrating over the ASPEN Enforcement Manager (AEM) cases for SNF/NF for at least the last 10 years with the nursing home launch.

1.9. Are state only licensed facilities going to be moved to iQIES (e.g. after the federal facilities are moved) and if so, what is the timeframe to do so?

They will be moved after all provider types have been migrated to iQIES. ACO will support those until that time.

1.10. How long before we see the Nursing Facilities move into iQIES?

Nursing Home providers are set to migrate to iQIES in the winter of 2025. We do not have an exact date yet.

1.11. Any firm date on the Nursing Home rollout?

No. February of 2025 is the tentative date. Information will be sent soon, including training and 'what to expect' details.

1.12. Will ePOC (or similar function) be included with the Nursing Homes rollout?

Yes. Currently, ePOC functionality is slated for the States, CMS and providers to utilize for the submission, review and acceptance of POCs within iQIES, including the ability to correspond within iQIES without having to rely on Outlook.

1.13. When will ePOC rollout?

The current rollout plan deploys ePOC at the same time as the Nursing Home launch - Feb 2025. Note: This is subject to change.

1.14. Is ePOC being developed for all Provider types?

At this time, ePOC is only being developed for Nursing Homes.

1.15. When will Offline Mode be rolled out? Prior to the Nursing Home rollout?

Offline mode has been rolled out. Certain aspects of Offline are still being worked on. Note: This is subject to change.

1.16. I know we currently have Home Health, Hospice, & ASC currently in iQIES. Nursing Homes are next. What other programs will transition to iQIES and when?

Nursing Homes is the next program to launch. All other programs and their launch dates are yet to be determined.

1.17. Is CLIA moving to iQIES or is it staying as is?

CLIA will be migrated to iQIES.

1.18. Is there going to be a test environment for us to be able to use to train staff in the immediate period before that?

Yes, information about the test environment will be sent when that environment is ready for everyone to use.

1.19. When will the Management Units and Work Units be available in iQIES to add and edit?

We don't have a date quite yet, but very near future.

1.20. Can you give an update on the status of when I will be able to download the Regs for the ASCs? In Aspen we were able to download the current set of regulations.

This functionality is tentatively scheduled for August of 2024 when we implement regulation manager. Note: This date is subject to change.

1.21. When will all state agencies for HHA roll over into IQIES?

State licensure facilities won't migrate over until the end of the iQIES project.

1.22. I understand that not all LTCSP functionalities will be ready for NH when moving into iQIES. How will LTCSP work be processed? Will NH still be using ASE?

LTCSP will be incorporated into iQIES when NHs go live.

2. CMS Process Questions

2.1. Who can I reach out to if I have questions related to iQIES? Should I email all iQIES-related questions and concerns to the same email address or are there separate email addresses depending upon the issue?

Please direct all inquiries questions, comments, concerns, etc. to our Service Center by calling 1-888-477-7876 (Select Option 1) or emailing iQIES@cms.hhs.gov.

In the subject line, be specific about the issue you're having so that the Service Center Team can route your issue to the appropriate team members.

2.2. What do I need to do to register for iQIES?

To begin onboarding, create an account in the [HCQIS Access Roles and Profile Management \(HARP\)](#) system. HARP is a secure identity management portal that uses Experian to remotely proof users. As part of the registration process, you'll be asked to verify your identity by entering personally identifiable information such as date of birth and social security number (SSN) and then to answer a list of personal questions to verify your identity.

After Two-Factor Authentication is complete, go to [iQIES](#) and enter your HARP credentials to complete your role request.

For a complete list of registration steps, refer to the [iQIES Onboarding Guide](#).

2.3. Is there a place where I can submit ideas for iQIES?

Yes. You can submit ideas on the [Idea Portal](#).

2.4. Is this Idea Portal available to any of our users and do they need to register in CCSQ? Are they automatically registered once they create ticket?

They will only need to have HARP log in information. Then users will be able to access the site and create an idea. They won't have to create a ticket unless it's for an issue. This is only for iQIES feedback.

2.5. What is the difference between the Idea Portal and the service ticket email?

Enhancement requests and feedback on making iQIES better would go through the [Idea Portal](#). If you've encountered a technical issue, bug, or stop in the Survey & Certification workflow, you would send those to the [iQIES Service Center](#).

2.6. What happens when a surveyor does not have Internet access? Is there a standalone survey application?

For now, surveyors who lack Internet access will continue using existing paper-based processes. At some point in the future, iQIES will provide offline functionality within the survey application for surveyors in the field. However, this functionality is not available yet.

2.7. Who creates and maintains accounts for providers and state agencies?

Account creation is quite different in iQIES. State systems users must create an account through [HCQIS Access Roles and Profile Management \(HARP\)](#). State Agency Security Officials are responsible for approving state agency user roles and managing local issues such as hardware. State Agency Security Officials are not responsible for approving providers' accounts. Refer to the [iQIES Onboarding Guide](#) for further help. Providers do not have access to the Survey & Certification portion of iQIES.

2.8. If iQIES automatically generates a branch ID, do we still need to send branch information to our CMS location?

There is no change in the process for entering information into the system, approving branches, and creating the CCN.

2.9. What is the process if a Provider is denied?

If the provider is denied, change the **Federal Certification Status** to **Not Applicable**. Then, the state can use that record for state licensure purposes as needed.

If the provider requests a new Medicare initial certification survey, a new provider record must be created. The iQIES team will review this process for future enhancements.

2.10. Which CMS Forms are used in iQIES?

The forms included are the 2567, 670 and 1539. There are also provider specific forms such as the 1572 (HHA), 377 (ASC), 417 (Hospice) and 643 (Hospice).

It is important to note that there is no packet or cert kit to upload in iQIES.

2.11. For Intake priorities, can we change the investigation due dates to allow for state holidays?

Yes, you can manually overwrite investigation due dates to be consistent with state holidays.

2.12. Are the calculations for business days based on state or federal business days?

Business days in iQIES are based on federal guidelines but you can edit this information based on your state's holidays.

2.13. Do users have to close or finalize intakes in iQIES?

No. Users do not have to close or finalize intakes in iQIES, but it is a best practice to do so.

2.14. Do the SAs still enter some initial AO surveys (CHAP, ACHC) or will CMS take that over?

This depends on the CMS location. Each CMS location instructs each of their State Agencies how to manage the input of records in ASPEN and iQIES.

However, most of the States and CMS locations continue the same practice of letting the State Agency create the record in ASPEN/iQIES before they get certified. The CMS locations will then review and approve or note and assign the CCN for the upload or the certification approval in iQIES.

2.15. If we run out of CCNs for a particular state, will the CMS office request the new number/state series? How would that information get transmitted to iQIES?

iQIES automatically generates a new number/state series for the CCN. No manual request is needed.

2.16. Can providers access any of this information or is this system for state and CMS use only?

Providers cannot access Survey & Certification information.

2.17. Will we still use the same format for complaint/intake IDs?

The intake number has a new format to make it a unique number across all states. The old ID with the state abbreviation and leading zeroes is not generated in iQIES. The ACTS intake ID has been kept in the system.

2.18. Can we add our own referral agencies or is this only for accrediting agencies? Each state might have different ones.

The referral agencies were not brought over from ASPEN. This is currently being worked by the development team.

2.19. How are complaints that would go to the Accreditation Organization be captured in iQIES?

The entry is the same as you would treat them in ACTS and, at this time, referrals will continue outside of the system.

2.20. What is the process for state agencies to close accounts in iQIES? In ASPEN, if the agency is certified, we would upload a C&T. Is the process the same in iQIES?

To terminate a certified provider record, you must coordinate with your contact at the CMS Location to have them terminate the provider. That coordination can be done by email, phone, or other mechanism outside of iQIES. Updating the status is done under Provider > Basic Information > Certification.

We will be adding communication functionality in future.

2.21. How is the CMS-2567 sent? In ASPEN, it is sent automatically once it is locked.

The CMS-2567 must be sent outside of the iQIES system at this time. The ASPEN ePOC system is for nursing homes only, and we will review an ePOC system for all provider types as we consider with the nursing home development.

2.22. Does the SA get an alert once CMS has certified (or terminated) a facility?

Not currently. This type of feature will be added in the future, and until then, it is important to follow-up with your CMS/SA points of contact when working on certifications, terminations, deemed intakes, etc. through email, phone, etc.

2.23. Are providers entering their data, such as corrective action dates, POC's for review?

No, providers do not have access to that information. It would still need to be entered into the system by the state agency.

2.24. Who enters new provider information in iQIES (for those seeking certification) after licensure applications have been approved...State or CMS staff?

You should consult with your CMS location.

2.25. Who creates the new provider record in iQIES and when should that happen?

A provider record will need to be created in iQIES before certification so that you can associate the Initial Certification and track the process. Once the provider's information has been entered and after the Initial Certification survey has been completed (with the provider meeting the conditions of participation), CMS will change the provider's Certification status from Pending Certification to Certified.

2.26. Is the RO notified automatically when a federal intake is created for deemed agencies? If so, is there a notification or prompt to alert the SA when an approval is received from the RO?

Any CMS users added to Responsible Staff will be notified when the deemed intake is pending CMS approval. If CMS users are not added to Responsible Staff, they will not be notified. When CMS approves, any State Agency users added to Responsible Staff will be notified that the approval is complete.

2.27. How are the state agencies to know who at CMS to designate as the Responsible Person for a survey?

You should coordinate with your CMS Location to identify who this will be. The CMS person could also add themselves as needed.

2.28. Can facility certification statuses be changed to 'terminated' by State users or does that have to go through our RO? If so, how can we access contact information for specific contacts at our respective RO?

Only CMS General Users can change the certification status from *Pending* to *Certified* or *Terminated* for a Medicare, Medicare/Medicaid provider.

2.29. Recently, physicians have incorporated AI capabilities when they talk to patients for their health appointments, with informed consents obtained. There is a recording of such discussions between patients and doctors/providers. Does CMS have plans to incorporate AI by recording interviews between surveyors and provider staff such as in surveys, complaint investigations, etc.?

Not at this particular time. We may consider this once most providers have moved into iQIES, or if demand and industry standards push us in that direction before that.

2.30. We have a facility with a parent. We are doing an initial licensure for the child (Hospice – Multiple Locations). Do we create a new facility for the child or is it treated as Branches are, i.e. have the survey done under the parent? The manual advises to add the child under the parent and select multiple locations, but I want to be sure. Please advise.

The survey would be completed at the parent level, and if you need to document specific buildings you would use the "inpatient location" to set up the buildings and Federal and/or State regulation sets. If no specific buildings are involved, the child would be treated more like a branch, and you would use multiple locations.

2.31. Should support staff who are responsible for scheduling surveys, issuing enforcement letters, sending the 2567, and reviewing PoC's be adding 670 hours under clerical time? And do we add them to the tab for responsible staff and survey team - both or one or the other?

You would add it under Teams. There is a QA/Supervisor option there. Responsible Staff is there more so for those that need to go in to complete specific actions.

- 2.32. If we have several agency (HHA) accounts that need to be deleted from iQIES, can we submit them in one batch, or do the tickets need to be submitted separately? (There is nothing attached to the accounts. They are not certified. They were created in error and are duplicate accounts).**

The accounts can be put into one ticket. Be sure to include URLs and screenshots where possible to make sure the help desk gets the right information.

3. User Role Questions

3.1. Can the same user be registered for multiple roles in the iQIES System?

You can request multiple roles within the same User Category (i.e., a state agency user could request the State Agency Security Official (SASO) role and the State Agency General User (SAGU) role). A security official must approve all user roles. Refer to the [iQIES User Roles Matrix](#) for more information on State Agency user roles.

3.2. After a user has requested a role and been approved in iQIES, do they need to resubmit a user role request for each provider type rollout in the future?

No, they don't need to submit a user role request for each provider type that is rolled out. Once you're in for one provider type, you're in for all provider types as long as you still have your HARP ID.

3.3. Does iQIES allow surveyors to make enforcement recommendations or add remedies? Have these functions been limited to only supervisors/Quality Assurance (QA) persons, since this is beyond their scope?

Only State Agency General Users with the Enforcement Administrator or State Agency Administrator role can do perform this function.

3.4. Who is allowed to add a provider?

State Agency General Users (SAGU) with the S&C Provider Administrator or State Agency Administrator role and CMS General Users (CMSGU) can do this.

3.5. Are HFENs (nurses or surveyors) classified as State Agency General Users?

Yes. They are State Agency General Users with the Surveyor role.

3.6. When I request a role in the training system, I keep getting message saying: Role Request Cannot be Submitted. A Security Official role is required for your organization in order to submit and approve role requests. What do I do?

Please contact your state survey agency. Your state must have a security official in order for your role request to get approved.

3.7. Who has permission to create and modify letter templates?

State Agency General Users (SAGU) with the Letters Administrator role can create and modify letter templates for their State. CMS General Users (CMSGU) can create and modify letter templates for all CMS locations.

3.8. Who can unlock a citation?

A user with the ability to edit surveys can unlock citations, however only members of the QA Team or the original authors of the citation can edit citations.

3.9. Do iQIES users still need to submit separate User Role Requests for both iQIES and the iQIES Training environment?

Yes. You will use the same HARP ID for both, but you will need to request a role in each separately.

3.10. Will there be any additions made so that users will have access to resident/complainant/perpetrator histories in iQIES to refer to once ACO is obsolete?

Yes. You will use the same HARP ID for both, but you will need to request a role in each, separately.

3.11. Was there any iQIES access changes to the roles that were set up last year? We are finding that we need to add additional access to users who were able to do some steps last year but can't now, without adding them to an additional role.

The State Agency General User (SAGU) role was updated in the fall of 2023. SAGU users added before that time have more access, unless the state agency has removed privileges for these users since that point.

3.12. User roles in ASPEN are set up by the state. How is this handled in iQIES?

Assign privileges/roles functionality has been added to iQIES, similarly.

3.13. What role is assigned to the appropriate privilege to edit letters?

The State Agency General User (SAGU) role with *Letters Administrator* privileges in addition to those roles with admin privileges.

4. Training Questions

4.1. I'm new to iQIES, where can I find the training?

The iQIES Team has developed video tutorials to provide an overview of the S&C Provider, Survey, Intake, and Enforcement Modules, S&C New User Orientation, and S&C Reports.

These video tutorials can be accessed on the secured login side of the [Quality, Safety & Education Portal \(QSEP\) website](#) under the recommended Post-Basics Training section. These tutorials are to be used for staff training related to iQIES functionality and are not mandatory. Each module covers a different topic within the S&C process.

Additionally, there is an iQIES Reference and Manuals section of the [iQIES Technical Support Office \(QTSO\) website](#) that contains the following information:

- S&C User Manuals
- Onboarding Guide
- Quick Reference Guides/Job Aids

4.2. What's the difference between QSEP, QTSO, and iQIES?

QSEP: [Quality, Safety & Education Portal \(QSEP\)](#) is the CMS surveyor training website.

QTSO: The QIES Technical Support Office (QTSO) is the QIES/iQIES repository for reference and supporting materials for each system.

iQIES: iQIES is the new cloud-based Internet system that is replacing QIES, including ASPEN.

4.3. How do I log into the training environment?

Refer to [iQIES Training Environment Access Instructions for State Agencies and CMS Locations](#) for details on how to register and then access the training environment.

Important: *Your HARP login works for both the production and training environments. It is critical that you remain aware of which environment you are in at all times to avoid inadvertently altering live data.*

4.4. Is my login the same for the production and training site?

Yes. Your login credentials for both sites are controlled by your HARP access.

4.5. Is there a procedure manual for this new process?

Yes. You can find the [iQIES S&C user manuals](#) on QTSO.

4.6. Currently we only have permission to pull data via the ODB for Kentucky. When will the data for our own states be available on the iQIES training site?

The training site has no real data. It only has an assortment of sample data that you can use for testing and learning.

4.7. Can I create an LSC survey for an existing provider on the training site? It only allows me to enter health survey information and I want to practice creating LSC survey information and findings.

You'll first need to make sure that the provider has at least one building associated to it. Then, you should be able to create an LSC survey for that provider.

4.8. What process should we follow to get CMS to approve things in the training environment so that we can move through the workflow from new facility to initial survey to recertification survey?

Send an email to the Service Center at iqies@cms.hhs.gov asking for the provider in training environment to be certified so you can proceed through the workflow.

4.9. Will the Training Environment sandbox be available after the go-live?

Yes, it will remain available. We will continue to use it for training as new features are rolled out. It will not go away.

4.10. Is there a set plan of trainings for State staff (both surveyors and non-surveyors) in 2024 before the Nursing Home provider launch in iQIES Fall 2024?

Yes, there will be a plan for NH training. We will be sharing details soon.

4.11. Will there be separate trainings for LTCSP when that is finished?

Yes. We will be sharing details soon.

4.12. Are Cert Kits required? During our 1st training we were told cert kits would not be necessary because everything happens in real time, correct?

That is true. It's not a kit in iQIES: it just allows you to track where your certification is during the process. We did receive several requests for users to have a visual/mechanism to see when a provider has met all conditions for certification. This just allows for better tracking. We will be sharing details soon.

5. General System Functionality Questions

5.1. When something is deleted in iQIES, is there a history logged for these items?

Yes. For auditing purposes, iQIES keeps a log of items that are deleted. If you have questions, please contact the Service Center.

5.2. How long does it take for the system to time out or go idle after there's been no activity?

The time-out duration is 15 minutes. Your session remains active while you are actively working (i.e., typing, clicking, etc.). When you stop working, the 15-minute timer starts. If you do not resume working in iQIES within that 15-minute window, you'll be logged out and any unsaved information will be lost. Currently, the autosave feature only applies to the Citations area.

5.3. Is there a place to read the regulation and interpretive guidelines? Are there previous cites for regulations?

Above the **Findings** text box, there is an arrow pointing to **Show Regulation Text and Interpretive Guidelines**. Click the arrow or text to expand the regulation text. Previous cites are currently unavailable.

5.4. Does iQIES allow for copy & paste in all text fields (i.e., citation text)?

Yes, you can copy and paste anything into the text fields.

5.5. Are state regulations also in iQIES?

Yes. State regulations are available for ASC, HHA, and Hospice facilities.

5.6. Is the iQIES ID unique by state or nation?

The iQIES ID is unique by nation.

5.7. Is there a way to search for users or complaints only in the region or state you work in?

Yes. Your search results are automatically filtered to show only the users and complaints from your state. You cannot filter by CMS location or State Region.

5.8. Does iQIES require VPN or other secured connection?

No. iQIES does not require a VPN or secured connection because of the two-factor authentication and built-in security for PII/PHI.

5.9. Does this system default to the correct font size?

Because this system is web-based, you can change the magnification of your browser just as you would for any other website.

5.10. Is grammar and spell check built in?

Currently, there is no spelling and grammar check built into iQIES. To enable these features in your browser, please refer to your browser's help file. Browser extensions such as Grammarly seem to interact with iQIES.

5.11. As we enter certification information, what is the process of getting the information from iQIES to CMS' national systems?

There is no upload process in iQIES. The system is web-based and viewable in real time.

5.12. Is the 200 MB file size limit per attachment or per record?

It is 200 MB per attachment.

5.13. Currently in ASPEN, I can set my view to only look at facilities for one provider type. Can I do that in iQIES?

Yes, you can do this in the Advanced Search. There, you can select Provider Type/s.

5.14. Can we track IDR information in iQIES? Where is it entered?

Yes, you can enter IDR information into the survey when the survey has its status set to **Statement of Deficiencies Sent**. To find the IDR section, select the affected survey and click Informal Dispute Resolution on the left menu.

5.15. If I add a note, can someone else change it or delete it?

No, they cannot. You can only edit and delete your own notes.

5.16. Is there a notes section for users if edits or changes are made and why someone is making those changes? Is there an option to see who made the last edit or change to a provider's account/record?

There will be auditing functionality in iQIES in the future. In the interim, the Notes section in each component (Providers, Surveys, Intakes, Enforcements) is a good place to document changes that are made. Unlike ASPEN, iQIES breaks out each note separately, and shows the user who made the note and the date/time it was made.

5.17. I am an RO surveyor and float to other regions. Will RO have access to all states?

Yes. A user with the CMS General User role is not tied to a specific CMS Location so they will have access to data in all CMS locations.

5.18. How is the region set up for a state (for a recent survey)?

If licensed only, it should give you only a "warning," but not require the supervisory tasks. It may be best to send us a help desk ticket so we can review it closer for you.

5.19. Is State Region a required field? Is that correct?

That is correct - if your state has state regions, it will show as a required field.

5.20. If State Region is now a required field what do states do that don't have regions?

If you do not have regions in your state, then the field is not required.

5.21. When will the dashboard be ready for the OASIS Data information like the MDS that shows?

HHA data will be added to the No Successful Production Submission dashboard. No exact date is available at this time.

5.22. We need to make districts (regions) for our HHA/Hospice/ASC currently in iQIES. I want to set this up in ASPEN to see if this carries over. We currently have Mgmt. and Team Units (Team Units would be the region setup for iQIES) for LTC which I feel was carried over into iQIES.

State Region is synchronized into iQIES from Aspen, nightly. Management units and Work units are not updated currently, other than manually from the Dev side. You can request this update from Dev by submitting a ticket. In the future we will allow for the update of all three directly in iQIES via the iQIES Dictionary administration feature.

5.23. Facilities are saying they were given a temp ID at first. Is this the same as the FACID we see in iQIES, or different?

Correct, when a new Provider is initially saved a FACID is generated but can and should be updated in the initial creation of the Provider if they are State Licensed.

5.24. When I attempt to change an address in iQIES, I have to enter the information twice and save. When I save it the first time - it doesn't "hold," but will keep it after it is entered and saved a second time. Can this be corrected?

If you update the information, and click Save, try refreshing the page. An issue can occur where the View page does not refresh right away after the information is updated.

5.25. Will there be the ability for users with higher security rights to delete items that were made by mistake?

Depending on the "items," we do have State Agency Admin roles which have the ability to delete surveys, or notes or attachments within the cases. Not all features can be deleted at this time. Please reach out to the help desk for anything you are not able to delete, and they can help.

5.26. When LTC migrates to iQIES, is there going to be a separate "LTCSP" module for recertification work or will it be integrated with the recert itself within iQIES proper?

It will be integrated within the recert survey (no separate module) as it is represented today (in ASE-Q).

6. Provider Questions

6.1. How are CCNs assigned in iQIES and are they state specific?

All CCNs in iQIES are auto generated. The CCNs are state-specific and identified by the first 2 numbers of the CCN.

6.2. Do voluntary terminations for an ASC, HHA, or Hospice Provider have to be done within iQIES?

Yes, voluntary terminations must be done in iQIES.

6.3. Where in iQIES would a user amend the certification date?

The certification dates are based on the end date of the last recertification survey. CMS can change the original participation date if needed.

6.4. Can I enter information for both Medicare and Medicaid?

Yes. On the **Certification** tab in the **Provider Details**, you can **Edit** the information by checking the **Title-18 and/or Title-19** box.

6.5. Can an active branch be terminated, and if so, will the record be maintained?

Yes. Users with the appropriate permission can terminate a branch. Information from terminated branches is retained.

6.6. Can we assign CMS Certification Numbers from iQIES?

Yes. CMS General Users can do this.

6.7. Is there a record of Administrators for the facility or does iQIES only keep the current Administrator on record?

The Reports menu at the top of iQIES is where users can obtain S&C reports. Reports such as the ASPEN Quick Reports, are not currently available. If you have a list of reports that you commonly use, please submit this information to the Idea Portal and we'll make sure we get it to the right team for review.

6.8. Are C&Ts (1539s) still required? If so, will they be generated in iQIES?

The requirement for collecting this information has not changed. The 1539 is available in iQIES and can be generated outside of the survey process or from the survey, depending on the need.

- 6.9. Under Provider - Licensure, can we edit the State Facility ID under additional information? iQIES generates a number automatically and it reappears even after we have attempted to put in a new 4-digit number.**

If you need to make a state FAC ID change, please contact the Service Center to let them know. For purposes of patient assessment submissions, the FAC ID should remain, but they can make the appropriate changes on their end if that number needs to change.

- 6.10. For address 1 and address 2, is one for the physical address and one for the mailing address or does that part matter/differ?**

These fields pertain to the physical location of the provider. Address 1 is the street address (e.g., 123 Main Street) and Address 2 is the apartment, suite, unit number, or other similar designation. (e.g., Suite 402).

- 6.11. Can the state in the mailing address field be different than state for the State Agency?**

Yes.

- 6.12. In ASPEN, one of the addresses is defined (or should be) as primary. This simplifies reporting. Please clarify how an address or contact info (or similar) is defined as primary if there is more than one entry.**

The address entered on the Basic Information tab is considered the provider's primary address.

- 6.13. How often does the system update addresses with the USPS? The building address changes seem to take a long time to update.**

iQIES does not update addresses based on the USPS. You can update any building information in real time in iQIES.

- 6.14. At what point during the Add a Provider function is the CCN generated? SA usually enters a new provider prior to completion of the initial certification survey and receipt of required documentation.**

After the state adds a provider and the initial certification information, a CMS user can update the Certification section for that provider by changing their federal certification status to Certified. This is the point at which the system automatically assigns the next available CCN.

- 6.15. Is data that is currently entered into the Notes field in a provider record in ASPEN carried over into iQIES? If so, where would that information be stored?**

We will have to migrate that information when we have that functionality in iQIES.

6.16. What if a facility is deleted by mistake? Can it be restored?

You would need to contact the [iQIES Service Center](#) until that function is available in iQIES.

6.17. What does the Deemed Status code 3 *Under SA Jurisdiction* mean?

This applies to deemed facilities that are under State purview due to noncompliance with at least one Condition of Participation/Condition for Coverage from a previous survey.

6.18. Can I view the AO Survey Date or the AO Drop Date for deemed and recently dropped AO providers?

This is in the Provider Details under the **Deeming Information** in the left menu.

6.19. How do I close a building that has deficiencies tied to it?

When you edit a building, you can enter the **Closed Date** which marks it as closed rather than deleting it.

6.20. Why doesn't the CCN shows for HHAs or Hospices in iQIES when a facility is involuntarily terminated or voluntarily terminated?

This had been reported to us previously and we have an enhancement pending to at least display the CCN in light grey within the record but make it obvious that it is a terminated CCN. We will announce when this feature is available.

6.21. How do you delete or change a provider that was entered erroneously?

Please contact the [iQIES Service Center](#) to assist with any provider deletes.

6.22. Regarding a CHOW without assignment, does the original CCN show that it has had a change of ownership?

The related provider search works in both directions so you can add the CHOW record to each and find and link. For detailed instructions how to find and link CHOW records, refer to the [S&C Manage a Provider user manual](#).

6.23. How often will CMS go in and approve Deemed status?

CMS will only need to specify an approval for those providers that are not certified and get their initial deeming survey from an AO to change the Certification status and assign their CCN.

CMS will not have to specify an approval when the provider is already deemed and are only renewing their deeming cycle deemed recerts without interruption or to update a record when a provider loses their deemed status such as a voluntary withdrawal or AO termination.

6.24. Who do we send the deemed outliers to?

You can send those to the [iQIES Service Center](#).

6.25. Would this ePOC function expand to ACC providers already in iQIES?

At this time, we are opening ePOC only for Nursing Homes for the NH launch, however, the possibility of enabling it for the other provider types in iQIES is likely. ePOC functionality is tested on Nursing Homes first and will be expanded to other providers if no major issues are encountered.

6.26. Any further progress on completing CHOWs in iQIES?

We have rolled out just the basic CHOW functionality, to capture, CHOW type (With Assignment and Without assignment), CHOW related CCN, and effective date. Our iQIES manuals have been updated to reflect how CHOWs can be documented in iQIES. You can find the information in step 13.2 of [S&C User Manual: Manage a Provider](#), located on the QTSO page.

6.27. How to find out which, if any, providers do not have a region assigned?

Right now, I have had developers use scripts to find those provider numbers. There is nothing in the system to look for those numbers. If you would like a specific query of your state, submit a ticket and we can provide a list of those providers. Otherwise, any update to the Provider Basic Information screen will force an update at that time.

6.28. Will there be a time when the SA will have access to change the deemed/non-deemed status on a HHA and/or Hospice agency page when the proper documents are attached in iQIES from the AO?

Not that we are aware. It would require a policy change.

7. Survey Questions

7.1. If I start a survey in ACO but do not finish before iQIES rolls out, where will I finish it?

Partial surveys are migrated to iQIES. You must finish the survey within iQIES. The best practice is to try to complete all surveys before an iQIES rollout.

7.2. Can multiple surveyors be in the same survey at the same time? Will we run into any issues with 8 different surveyors writing tags for the same survey?

Yes. The citation management functionality in iQIES allows multiple team members to add tags and create citation text for the same survey simultaneously. If multiple surveyors add findings for the same citation, a merge function allows the team coordinator to combine that work.

Important Note: Be aware that two users can be in Edit mode at the same time for the individual citation findings, merged citation findings, the Deficient Practice Statement, and the Investigation Narrative. You should exit the Edit mode if you see a notification that the page is being edited by someone else because your work may be overwritten.

7.3. If different surveyors are writing on the same tag number, does the system identify who wrote which part of the citation?

They are saved as separate citations.

7.4. Does the program's QA person have to be added to each survey to view the writing?

To view, they do not need to be added to the survey. However, to edit the findings, the QA person would have to be added as part of the QA Teams.

7.5. Does iQIES include a component for electronic plans of correction (ePOC) for all provider types?

Yes, although ePOC will not be available until a later release. The iQIES development team does not have a confirmed date for this functionality. However, we anticipate ePOC being available with the iQIES rollout for long-term care nursing homes.

7.6. Does iQIES retain Survey Event IDs? If so, how are they used?

iQIES retains legacy Survey Event IDs for migrated data. For all new surveys, the system assigns a unique alphanumeric ID that has a slightly different format. Survey IDs infer the type of survey and visit number. Event IDs migrated from ASPEN will not change.

7.7. Will Offsite be added as an option for Survey Extents?

In iQIES, the offsite option has been moved out of the survey extents and currently appears in two places:

- As an option for any licensure follow-up survey
- On any federal revisit survey with no condition-level citations on the preceding survey

7.8. Isn't the exit date the same date of when the survey is completed? If so, then you should not be able to enter a date in the Survey Exit date until the survey is completed, right?

ASPEN required both a **survey start** and **exit date** to create a new survey. Both fields are optional in iQIES but must be entered before citations can be locked and finalized.

7.9. What is the maximum number of characters allowed for a citation finding or deficient practice statement?

There is no limit to the number of allowed characters.

7.10. Does iQIES have a supervisor feature for the instances when a surveyor has an unexpected absence (i.e., ill) and the citation needs to be corrected?

Yes, the QA Team feature fulfills this need. It allows others to enter information about the survey.

7.11. Can users see AO citations in iQIES?

No, AO citations are not available in iQIES.

7.12. How do I enter the 1572 for a survey done by the AO?

Users with the appropriate permission can enter the 1572 information for a deemed provider by clicking 'Add a Form' in the Provider Forms area of the Provider details page.

7.13. If more than one surveyor is working on the same tag within a survey, is there a way to choose whose text is above or below the other?

Yes. When using the Merge feature, you can see and review citation text for all surveyors and use arrows next to the text to rearrange the order before finalizing the merge.

7.14. Can you add a POC due date and save without having an actual POC received yet?

Yes.

7.15. Is there a limit of people allowed to work in the same survey at the same time? Will each person's information be saved and viewable to others?

iQIES offers a merge function so everyone's text is seen after it is done. The Team Coordinator must perform the merge process. This user can rearrange the order of the text using arrows next to the text before finalizing the merge. There is no limit to how many people are in the survey at one time.

7.16. Is it possible to authorize a revisit without accepting a POC?

Yes, in iQIES this is possible. You can create a revisit from the **Survey action** link in the gray information bar at the top of most pages, but you cannot create it from within the POC screen.

7.17. Can you attach the POC document in iQIES?

Yes. It can be downloaded and added as an attachment.

7.18. Can other states see attachments in survey records?

No.

7.19. Can a State Agency General User (SAGU) delete attachments from surveys? Can they delete attachments that they did not associate with that survey? If attachments can be deleted, can they be recovered?

Yes, a State Agency General User with the appropriate role can delete attachments from surveys. If you need to recover a deleted attachment, submit a Service Center ticket.

7.20. Can deleted citations be recovered?

No, deleted citations cannot be recovered at this time.

7.21. What is the purpose of locking a citation when any SAGU can then unlock it?

Locking citations allows for the next steps in the survey process to take place. We're working on enhancements to provide an audit trail and add more control for states within the workflow.

7.22. What do I do if I need to amend the CMS-2567 after sending it to the provider?

You can unlock citations, edit as needed, relock the citations, and then generate a new CMS-2567.

7.23. Suppose no deficiencies were found during a survey. Is there be a standard letter for that, or should the State create a template letter?

State agency general users with the appropriate role can create a template letter for that situation.

7.24. You can merge findings and place them in order by writer, but if each writer has findings regarding 3 different patients, can you rearrange all those findings into whatever order you want after they are merged?

Once they are merged, you cannot change the order. But you can edit the citation in its entirety once it has been merged and use cut and paste to change the order of the information.

7.25. Can any changes be made to the findings by the QA person or supervisor after they have been merged?

Yes. The findings and summary text will be combined, and that combined text can be edited by any of the authors of that citation, or by someone on the QA Team.

7.26. How can a supervisor edit a surveyor's citation findings?

A supervisor must be a member of the QA Team for that survey before they can edit findings. They can add themselves to the QA Team by opening the survey, and then going to the Teams section and then the QA Team tab.

7.27. Can all QA team members delete citations or is it only the person who wrote them? What if the QA team member who wrote a citation is unavailable to delete it? Can citations be deleted after their findings are merged? For some surveys, our supervisors/division directors may want to review before sending to the facility, but they would need to see the merged data.

Any QA Team member can delete the citation. You cannot currently delete citations with merged findings, but that functionality will be coming. If you need to remove a citation that has merged findings, please submit a Service Center ticket.

7.28. Is the process such that a surveyor selects Writing Complete, then a QA team member edits the citation, and then a QA Team member locks the surveyor's deficient practice statement (DPS) and Findings? Alternatively, does the surveyor have to lock their own DPS and Findings after the QA Team member edits DPS and Findings?

All Citations are locked at the same time. Citations cannot be locked until writing is complete. iQIES does not require the surveyor to lock individual citations. Instead, they just need to indicate that the writing is complete.

7.29. Can any SAGU put themselves on the QA Team and delete citations? If they do so, what evidence would there be to show that the deletion occurred? Can a SAGU from another county within the state delete citations if they put themselves on the QA Team?

Yes, a SAGU with the appropriate role can put themselves on the QA Team for any survey and perform applicable actions. We are currently working on an audit trail to provide more visibility. A SAGU with the appropriate role from another county within the state can delete citations if they are on the QA Team.

7.30. Do clerical staff need to be 'on the survey' to make edits?

No, they do not. They can be on the QA Team without being on the Survey Team.

7.31. When another SAGU adds themselves to the QA Team and edits findings on behalf of a surveyor, what evidence is there that this occurred?

Currently, the Last Updated By and Last Updated date will show the individual. We are working on implementing Audit History as well, which will capture a history of those types of changes.

7.32. We review surveys (QA) and save our suggestions and comments for the survey in ASE-Q. Is there a function in iQIES to save before we send back to surveyors for changes?

You would be able to add yourself to a survey's QA Team and make edits as needed. There, you can log notes tied to the survey itself. The information you enter is immediately visible to anyone with access to see it. If you're not ready for the surveyor to do the next step, you can mark it as in-progress to show that the work is not yet complete.

7.33. Can a SAGU add themselves to the QA Team after the citation is locked and unlock the citation?

You do not have to be part of the QA team to unlock the citations. If applicable, the Unlock Citations function is available to any SAGU with the appropriate role.

7.34. How many people can be part of the QA team?

As many as necessary.

7.35. If an event ID for the initial licensing of a provider was created in ACO before our iQIES go-live, but the actual licensing was conducted after go-live, can a 2567 be completed in ACO for license approval?

Yes. There are no limitations on this with the licensure 2567. However, this must still be done in ACO for facilities that are only state licensed because they have not been migrated to iQIES.

7.36. Can you print a Statement of Deficiencies (SOD) for review before it is finalized?

Yes, you can print it.

7.37. How will State Agencies finalize survey kits started in ACO in iQIES?

The survey/certification information will migrate from ACO to iQIES, and you can finish processing this information in iQIES.

7.38. Is the Survey Team an optional field?

No. It is not optional.

7.39. We are working on our first recertification survey and iQIES will not allow the team coordinator to put in her 670 hours. At the top, a message states that an RN needs to be on the survey but both team members are RNs. What could cause this?

That warning does not prevent you from proceeding but it's a good idea to have each RN surveyor set the discipline in their user profile to Registered Nurse to avoid the warning message in the future. To do this, go into My Profile > User Roles. Click Edit and then set the Discipline field to Registered Nurse.

7.40. We are required to track our time for observing and reviewing infection control, etc., for COVID. How can we document our COVID time when that option has been removed?

The 670 time is associated with a survey rather than being broken down by individual investigations. You can choose **Focused Infection Control** as a survey category in iQIES.

7.41. When surveys are completed, can you see both your state's surveys and those from other states?

Yes, you can see surveys from both your state and from other states, but you cannot see attachments, notes, or letters on surveys from other states.

7.42. Life Safety also conducts the Emergency Preparedness. Will there be another Event ID for the EP or will it be connected to the LSC Survey Event ID?

It will be connected to the LSC Survey Event ID.

7.43. Can I add an LSC survey to a health survey that was already entered and closed in ASPEN and migrated into iQIES?

Yes. You can add and link an LSC survey to a migrated health survey.

7.44. What is the QA function on the survey team?

The QA Team tab is for users that are not on the Survey Team but require the ability to modify data on behalf of the survey team.

7.45. How do I close out an LSC survey where the provider has cancelled their request for certification?

Please document under initial comments that the survey is no longer required as the provider withdrew from pursuing their CMS Certification. We will keep the survey in the system for historical purposes but can keep their pending certification in iQIES until their current approved CMS-855 expires. The iQIES Service Center can delete the provider if no further action is necessary.

7.46. How does a Life Safety Survey Team enter a Life Safety Survey in iQIES when the Health Compliance Team has not entered the facility yet?

You can create a life safety code survey first, then the health compliance team can do theirs and they can be linked.

7.47. Can a manager enter a Life Safety Survey for its Life Safety Surveyor? If so, how is this process done?

Any staff with the appropriate role can generate a survey. We cover the process in the [Survey & Certification User Manual: Manage a Survey](#).

7.48. Is 1539 set up primarily for surveys in iQIES?

There are instances where a 1539 is done without a survey. It can be generated for all the Federal Survey & Certification actions. You can create a 1539 from the Provider Forms area once you access the provider. A stand-alone 1539 (not associated with any particular survey) can be created and marked as complete for those instances where a survey is not required.

7.49. Is there a goal for iQIES to make our survey paperless like it is in the ASE-Q System?

For Nursing Home surveys, we are working on inputting more functionality related to the LTCSP. We don't have that functionality incorporated for other provider types, so that would need to be uploaded if applicable.

7.50. Is there a federal monitoring survey space in iQIES for the Home Health and Hospice settings?

We have some FMS functionality the details can be found in the [Survey & Certification User Manual: Manage a Survey](#).

7.51. How do we do an HHA Recertification? Is this same as how we use ASEQ now for SNF Recerts?

Forms such as the 1539 and the 1572 have been built into iQIES. This information should be updated as a part of the recertification survey process.

7.52. Will we eventually have the ability to edit CMS 1539s marked as complete?

You can't edit a 1539 that is marked as complete, but you can edit a 1539 that is in progress. However, you can create an entirely new 1539 to override any incorrect or outdated 1539 in iQIES.

7.53. Is the plan to add a survey process for each survey type to document findings similar to the LTCSP for Nursing homes and section to add survey notes?

We don't have that functionality planned at this time for providers outside of Nursing Homes.

7.54. Is there a plan to provide the ability to import a letter from ASPEN to iQIES, or will users continue to create as providers drop into iQIES?

There is no plan currently, to import any templates. The created letters (from templates in legacy) come over as attachments as providers drop.

7.55. Will there be any additions made so that users have access to resident/complainant/perpetrator histories in iQIES to refer to once ACO is obsolete?

The functionality as it relates to intakes is being developed now (this concern is now noted). Please note that ACO/ACTS will still be available at launch but will be read-only.

7.56. Is iQIES set up yet for desk review surveys? We had an issue when using this option recently. The system asked us to put in travel and onsite hours as Supervisor and QA Specialist. We had to put a small amount of travel and onsite hours to be able to close the survey.

We are working on adjusting the 670 requirements around offsite surveys currently. Anticipate it to be fixed within the next few weeks.

7.57. The QA specialist is now being asked to put in survey and travel time before the survey can be close, which is not applicable for her.

Thank you for the feedback, did the QA specialist add themselves as a surveyor? You can also have the QA specialist request the appropriate survey admin role to allow for them to review surveyor notes, citations in the 2567 and 670, without having to be a member of the survey team.

7.58. I am asked to occasionally delete an H2 survey 'shell' it seems to be an impossible task - is it just me or is this task a bit odd/unusual?

If a survey is a revisit, at this time, we need you to put a ticket in so that we can do it from the database. We will be working on user roles and privileges to allow for a select few roles that can be allowed to delete intakes and surveys.

7.59. In ACO, you completed on 1539 for the kit. It appears now you are required to complete a 1539 for each event ID. Is that correct?

The 1539 completion is for the entire track as it was in the kit. If you complete it on the H1 it satisfies for the entire track.

7.60. A recent iQIES updated stated CMS Form 2802 would not be migrated because it "is irrelevant for nursing homes". The 2802 is necessary for deemed providers. Many Acute & Continuing Care providers are deemed, including the majority of hospitals. Will the 2802 form be migrated before additional Acute & Continuing Care providers are migrated to iQIES?

It will be included, just not in upcoming months due to NH development. CMS recognizes that it is still needed.

7.61. Can CMS send something out in writing that the 1539 is required for every survey action? This is a BIG change and not the guidance we were given in the past.

The 1539 guidance to SAs contains all of the needed info:

<https://www.cms.gov/files/document/transmittal-form-cms-1539-user-guide.pdf>.

7.62. Are 1539 forms required for all surveys?

The 1539 form is the official CMS form to record compliance and or non-compliance. Regardless of if the survey results in an enforcement, the State Agency must complete form 1539 to record the survey team's compliance determination. For those surveys that result in non-compliance with potential enforcements, the CMS locations can sign off the 1539 to accept the State Agency's enforcement recommendation.

7.63. Will Life Safety Code functionality be rolled out at the same time with Nursing Homes this Fall, or at a different time in the future?

LSC functionality (LSC surveys) are available now and will be when NHs are officially launched.

7.64. If a certification survey is conducted with a licensure survey, are 670 times for licensure mandatory in order to achieve 100% completed status?

No, not for licensure.

7.65. Are Federal 670 hours required for abbreviated surveys/complaints/incidents?

Yes. The only time that 670 hours are not required are for offsite reviews.

- 7.66. Regarding 670 hours, why does the QA and Supervisor have to add *enter* and *departure* dates? We do not enter the agency. Is it okay to add the *enter* and *departure* date of the survey for us working remotely?**

This information is required. Adding the survey arrival and departure dates for those working remotely is acceptable.

- 7.67. Can someone type out the "work around" for surveys that have standard level deficiencies, but no POC is needed?**

For standard level deficiencies for deemed providers, which is considered substantial compliance, we have the ability to not require POCs on those kinds of surveys. There is an option to not require POC for certain non-deemed providers. The only applicable requirement is when there is Condition level non-compliance.

- 7.68. Will iQIES have the ability to query federal contract surveyors (HMS, CertiServ) to add to survey kits for the module (LTC specifically)?**

Yes, you will be able to add contract surveyors to LTC surveys.

- 7.69. For 670 Offsite surveys, will I no longer need to enter Pre-survey and Off-site hours?**

Correct. For "offsite" we have updated the label to be more representative:

- Changed Off-site Report Preparation > Off-site Hours

Note: If the survey is an Off-site survey, time in this field will satisfy the 670 Time requirement.

- 7.70. Can duplicate citations, forms, etc. be merged?**

Yes.

- 7.71. FI/MAC's are requesting the fiscal year end date on form 1539 – however, iQIES lists only the month, but not the day under the *Operating and Ownership* tab – is this correct? Also, where is the FYE day in iQIES that the FI/MAC's are requesting?**

Correct, iQIES lists the month and year. The FYE day is on form 1539.

- 7.72. Has anything changed with surveyors' ability to write the start and end date? Previously, surveyors were writing in the end date of their survey**

State Agency Surveyors cannot edit the Basic Information on the survey page. Only users with Survey Admin or State Agency Admin user role can change those dates. This was released last Fall, but someone might have just now updated the user roles within your state. A Survey Admin or State Agency Admin user must update those surveys.

- 7.73. When we started a home health survey we identified several conditions, and we wanted to flip the survey from state to federal, but we do not have the capability to do that on our end. When we reached out, we were told they were not able to do that so easily, so we had to keep the survey categorized as state**

The State Agency Admin and the Survey Admin role have the ability change the survey categories after the survey has started. However, there could be some tool tips that do not allow for the selection of some categories (for example, an Initial Licensure or Initial Certification has already been completed, or there are no intakes to link a Complaint or Licensure Complaint to), but those reasons are displayed in the tool tips for each category. Survey Extents can be updated by the same user, up to the point where the citations are locked. Regulation sets can be updated by the SA Survey Admin role as well. We don't see an issue with this user editing the Survey Basic Information after the survey has been created/started.

- 7.74. Will the content library be sorted by state in the future? Instead of all items in content library being together which is an enormous list to attempt to sort through?**

There is no current plan for this currently, but we will review this request for future development.

- 7.75. Is there a way to move a complaint in IQIES that has been entered but found to be under the wrong provider after the triage is complete?**

The user cannot delete the intake but if triage has not been completed, they can change providers through a search of CCN or name and move it over.

- 7.76. Will supervisors have the ability to merge citations?**

Anyone on the team that becomes the lead (Team coordinator) role, as well as the QA role will have the ability to merge citations.

8. Intake Questions

8.1. Can intakes be printed in iQIES?

You can print an intake from iQIES using your browser's print function. We are working on printing intake/investigation reports from within iQIES.

8.2. When I enter a complaint, can other users also be in that complaint or are they locked out until I am finished?

Other users will not see a complaint until you finish entering it. Then, multiple users can edit an existing complaint simultaneously.

8.3. Is CMS's approval of a complaint automatically generated?

After CMS approves a complaint, you can see it. It is real time.

8.4. Can you add more than one allegation at a time from the same screen?

No, you must add each allegation separately from the allegation screen.

8.5. Can you export an intake out of iQIES so that it can be sent to someone else?

Not at this time but if the user has access to iQIES, they will be able to view the intake.

8.6. Can people submit complaints through this system?

No. The public does not have access to this system.

8.7. We used to add an allegation category, not a Condition of Participation (CoP). Must we now guess at a possible CoP?

No, you do not have to guess. You can still add an allegation category under the **Allegations** section. However, for deemed intakes requiring an investigation, you'll set the **Survey Action Required** field to **Survey**, check the **Triage Complete** box, and then save the section. This notifies any CMS user listed in the **Responsible Staff** section of that intake. They will choose the applicable CoPs. This is like the process on the Deemed tab for deemed intakes in ACTS.

8.8. How do you delete an intake if one is created in error, such as adding an intake to the wrong provider?

If the Intake status is Triage/Prioritization, you can use the Change Provider function. If the triage has been completed, contact the Service Center.

8.9. Is there a search engine for the complaint number? Often a complainant will call to check on their complaint and they will give us a complaint number to search for.

Intake ID is part of the main search under the Intakes tab.

8.10. How would the triage person know that there is an intake in the system to triage?

As a triage person, you would want to do an advanced search on intakes with an **Intake Status of Triage/Prioritization**. That will allow you to filter then sort all intakes pending triage.

8.11. Do you have to Triage before you add an attachment?

No, you can add an attachment as soon as the Basic Information is saved.

8.12. Is there a functionality to print an Investigation Report like what's in ACTS where all investigation information for an intake appears in one place?

Yes, go to the iQIES Reporting dropdown and select the Intake Module Report. There are five reports, one which is the Complaint/Incident Investigation Report. This includes all data currently in iQIES related to the Intake Investigation.

8.13. Can you link intakes together?

No. Currently, **you** cannot link intakes together.

8.14. If there is a complaint that is unsubstantiated for the complaint allegation, but a surveyor substantiates an allegation not related to that allegation, how is there a way for us to annotate this information to show in iQIES?

The system allows you to individually qualify any created allegation within a complaint. If there is another citation resulting from the survey that is not related to any of the existing allegations within the intake, then there should not be any linking of other already qualified allegations to that one citation. That one citation remains a stand-alone as it was not part of any original citation created within the intake prior to the survey.

8.15. Can we run the intake reports for all facility types?

Right now, only the provider types that are in iQIES (ASC, HHA, and Hospice) are available in this dashboard.

8.16. Just to clarify, we will have access to ACTS to refer back to and you are working on a similar tracking system in IQIES so we will be able to have a record of who is involved in current incidents as they come in?

Correct, we are building iQIES to capture all critical information within intakes and incidents. With more flexibilities and more modern functionalities to navigate between intakes associated to the same survey.

8.17. Will there be a complainant or patient search function? We use it now in ACTS to locate intakes sometimes on a complainant or patient.

That functionality has been discussed and I believe it is in the backlog. It would be best to add that to the idea portal to possibly gain support and increase the priority level.

8.18. We also use it for PRA request to locate intakes related to a complainant.

That functionality has been discussed and I believe it is in the backlog. It would be best to add that to the idea portal to possibly gain support and increase the priority level.

8.19. I mistakenly entered a complaint in iQIES for a similarly named facility in a different city, that still lives only in ASPEN. Is there a way to completely delete a complaint intake without sending a service ticket?

If you've already created the intake for the correct provider, you must contact the help desk. If you haven't created the correct intake yet, you should be able to use the *Change Provider* function (in most cases).

8.20. Our issue is printing the intakes once they are done. There is no option to print on both sides. Can this be improved or alleviated somehow?

Intake Module Reports are available which include all the details captured on the intake. The reports are available in PDF download format.

List of Reports available:

- Intake Information Report
- Intake Notes Report
- Complaint/Incident Investigation Report
- Complaint/Incident Summary Report
- Complaint/Incident Survey Report

These can all be found in Reports section of iQIES. They are in the Survey and Certification Report category within the Intake report type.

9. Enforcement Questions

- 9.1. Does this enforcement/sanction platform take the place of our current practice of sending a 1539 and email to our CMS representative with our recommendation to continue or terminate participation?**

For now, you should still email your CMS rep with recommendations.

- 9.2. As a supervisor, can I make edits to enforcement recommendations? Can I make changes to the SOD? For example, after supervisory review, the deficiency might be elevated to Condition level vs. Standard.**

The QA Team feature allows you to add yourself as a non-survey team member so that you can make these kinds of changes. Please be aware that we have not yet implemented the QA Team functionality for enforcements.

- 9.3. How would a QA person search to determine all open enforcement cases?**

Anyone can search open enforcement cases regardless of whether they're on the QA Team. In the Advanced Search, you can filter to show only the enforcement cases that are open. You can then use the column headers to sort the resulting list as needed.

- 9.4. In the Enforcement Outcomes dashboard, which facility types are included?**

The Enforcement Outcomes dashboard is only for nursing homes.

- 9.5. Will the iQIES equivalent of AEM (ASPEN Enforcement Manager) for LTC mirror HHA and Hospice or will it be a different kind of system (especially for conditions related to NATCEP)?**

iQIES will capture the majority of the functionality that AEM provides for Nursing Homes and the other provider types already in iQIES.

10. Forms Questions

10.1. Does iQIES allow states to capture state-only data?

Initially, iQIES supports state licensure of federally certified providers. In the future, it will support state licensure-only providers.

10.2. Is there currently a way to export a CMS-1539 form?

Yes. You will need to complete the form first by marking it as 'Complete.' You will then have the ability to download it as a PDF.

10.3. It appears now you are required to complete a 1539 for each event ID - both recertification and abbreviated/complaint surveys? For all provider types?

In regard to the Tracking function, it will only require 1539 on a complaint survey if it is paired with a Certification survey. Complaint alone will not require the 1539. Again, this is for the Cert tracking function. The 1539 is completed for any compliance determination made by the State Agency on behalf of CMS. You can use it to document compliance as well as non-compliance. But it is important to document this as a State Agency through the 1539. This applies to all types of providers.

10.4. Do all users have to add themselves to the QA Team in order to add their 670 time?

If users need to add time, they either need to be on the QA or survey teams. To input their personal 670 time, they have to be part of the actual survey team.

10.5. Is there any way we can have the "preview" option, before printing a form? Especially 1539?

If you save the 1539 and do not "Mark as complete," then you can either review the form directly in your browser or you can print it from your browser - either to a PDF or to a printer. If you want to change anything, click "edit" to make the change. If you do not know how to print from your browser, you can find a job aid on this page: <https://qtso.cms.gov/software/iqies/reference-manuals>.

10.6. Can the remarks on form 1539 be updated, and the form edited and printed (multiple times)?

You can edit the form as long as it is in draft mode. There is no *preview* option at this time.

10.7. Is there a place to document the agency Fiscal Year end date in iQIES?

You can document this in the CMS-1539 form.

- 10.8. Why can I no longer enter my 670 hours? I am Admin support staff for surveyors and program managers. I was once able to enter my 670 hours and also enter hours on behalf of my program manager. Now when I try to enter 670 hours, I get caught in an endless loop, going back and forth between the Time Entries and Edit Time Entry screens.**

This may be related to the changes made to user roles, which were released in fall of 2023. Check with your State Agency Security Official to give you additional roles (on top of the basic ones). States can decide to tailor each user in line with their specific responsibilities.

- 10.9. Is there anything in the works that will allow changes to be made to a 1539 if the original form, once created and saved/completed, later requires changes? As it stands, if changes need to be made, we must create a brand-new form, while the incorrect form remains in the account and can cause confusion?**

We are aware of this. We are looking into some options (such as archiving) so that it doesn't appear in your list if it's not valid or no longer relevant.

- 10.10. Can I think of the 1539 form as a template to link with a survey?**

You can link it to a survey, or it can be stand-alone. It can be any survey associated with complaint intakes, off site surveys, etc.

- 10.11. Has historic CMS 1539 data been migrated to iQIES from ASPEN? If not, any plans to be migrated in near future?**

It is planned for. Our data team is working on that for the provider types in iQIES today, and for when Nursing Homes are migrated.

11. Data Questions

11.1. Does iQIES allow states to capture state-only data?

Initially, iQIES supports state licensure of federally certified providers. In the future, it will support state licensure-only providers.

11.2. Do states have access to the same data they have access to today within the legacy system?

States should have access to the same types of data they have access to today, including data migrated from the legacy (QIES and ASPEN) systems. The exception to this is that iQIES does not currently have all ownership information. Some of this information will only be accessible in ASPEN.

11.3. Will states continue to have real-time access to the data?

All data entered by the states into iQIES is available to view within the iQIES system in real-time. Additionally, states will still be able to access the iQIES database using Structured Query Language (SQL) via an Open Database Connectivity (ODBC) connection.

11.4. How are regulation sets created?

The current regulations will migrate into iQIES. iQIES will make any required updates to federal and state regulations and the plan is that states can eventually make updates on their own.

11.5. How long is data retained in iQIES?

As of now, all provider information that was in ASPEN and has been migrated to iQIES will be retained following a 10-year retention schedule.

11.6. ACO requires a state Facility ID to enter a new provider. Is that required in iQIES? Is a state Facility ID required for provider patient submissions or can the iQIES identifier or another field be used for that?

iQIES assigns a unique ID number as providers are added. However, states can still create and assign their own unique Facility ID in the system. A Facility ID is needed for patient assessment submissions in iQIES, as it was in ASPEN.

You do not have to add your own Facility ID. It's totally up to the state if they wish to assign a Facility ID. Otherwise, you can simply use the number iQIES assigns the provider.

11.7. Are the providers from ASPEN automatically added to the iQIES platform? Are state-only providers in iQIES?

All federally certified ASC, HHA, and Hospice providers have been migrated to iQIES. Licensure information for those federally certified providers was also migrated. State/licensed-only providers will be available in a later release.

11.8. What is the maximum number of Administrator records allowed? Does that include only active records or both active and inactive records? How would I know when the maximum has been reached?

When the maximum of 5 Administrator records is reached, the **Add Administrator** button is disabled and hidden. This is for either active or inactive records.

11.9. Will a certified provider's CCN change as they are migrated from ACO to iQIES?

CCNs will not change at all between systems.

11.10. Will the data from the Licensing tab in ASPEN ACO migrate over to iQIES?

Most state licensure data has been migrated, but additional operating details, such as the CMS-1539 form information, will be added to iQIES in the coming months.

11.11. Are the data structures used to store the data different from ASPEN to iQIES?

Yes, the schema is different than ASPEN.

11.12. Where can I find ownership information in iQIES? I'm looking for more than simply the info in the 1572 but things such as the entity name.

Ownership information was not migrated over to iQIES with the rest of the data. It is still stored in ACO, and you can work with it there.

11.13. When iQIES goes live for a provider type, what happens to the providers that are in a pending certification status in ASPEN?

That information is transferred to iQIES and the work can continue.

11.14. Is there any data that we must make sure is updated in ACO prior to the move to iQIES? If so, can we get a list of these fields so states that have not moved over yet can make sure the pertinent records are complete prior to the migration?

Data will be brought over to iQIES. If there is a field missing in ASPEN, it will be missing in iQIES. It can be updated in iQIES after the data migration.

11.15. Are changes to state regulations automatically pulled from ASPEN to iQIES or do we have to update them in both systems?

State regulation updates are made in ASPEN. Most changes are propagated automatically to iQIES overnight, specifically for state regulation sets that are marked “current.”

11.16. We have upcoming surveys already created in ACO and they have a unique Federal survey ID. Those surveys are scheduled for after we go live in iQIES. Should those surveys be recreated in iQIES?

When we start migrating everything over, surveys that were created in ASPEN will retain the same event ID that was created and displayed in ASPEN. That allows you to retain your history in other systems or documentation.

11.17. If a facility has a waiver on file, will it automatically populate on iQIES?

Yes, the waiver will automatically populate.

11.18. Data that migrated over from ASPEN is showing up in all caps in iQIES. Is there a way to migrate data from ASPEN without being in all caps?

The data was transferred to iQIES in all caps if it was represented that way in ASPEN. You will need to make those changes in iQIES and for future provider types to be brought over to iQIES.

11.19. Where can I find a data dictionary and model for iQIES S&C process? I was looking to use it for doing queries through iQIES ODBC State View.

There is not a data dictionary at the moment. When CMS determines that there is sufficient priority to complete this documentation and convert it to a format that is readily transmittable to the states, the program office will make an announcement for state agency general users to access the complete mapping.

11.20. When our information from ASPEN to iQIES migrated. it did not break it up into regions. How do we resolve this?

I would recommend submitting a help desk ticket to see if they could provide any assistance. Manually updating the information isn't ideal, but it would be the only other option.

11.21. With the MDS migration to iQIES, will there still be a 5-day maximum extract prior to creating a recertification shell?

Yes.

11.22. Will ePOC be a platform that is accessible by both the SA and NH providers like it is now?

Yes.

11.23. How does iQIES work in terms of data recovery if any text is lost, etc., as compared to recovering data files in ASPEN?

iQIES has a complete workflow including data backup and redundancy.

11.24. How would states gain access to the iQIES databases for query?

Users will need to sign up for Databricks (DBKS) access. Databricks is replacing SAS Viya and DBKS enables you to query all of the data.

12. Letter Template Management Questions

12.1. How does letter management work in iQIES?

The Letters Template Management feature allows users with the appropriate permission to create letters and letter templates to use for Providers, Surveys, Intakes, and Enforcements. Please refer to the [S&C Letter Template Management user manual](#) and/or video tutorials for detailed instructions.

12.2. Can I create a table in a letter template? We have an existing table in a letter template in ACO but when I copied the rtf file from ACO into iQIES, the table formatting did not copy over as anticipated.

Yes. The editor includes a function to insert a table.

12.3. How can I make text in a letter single-spaced?

The Line Height tool in the editor allows you to adjust the line spacing. The icon is three horizontal lines with a vertical arrow. Select the desired text and then click that icon to choose the type of spacing you want.

12.4. Will a signature at the bottom of the page be saved if it is a graphic?

Graphics that you add to letters are embedded in the template and this includes a signature graphic. You can also create headers and footers to use in multiple letter templates.

12.5. Are the letter templates available across regions and states? Can anybody use a template after it is created?

Yes, anyone within the State Agency with the appropriate user role can use the letter templates for your state. Templates are not shared between states or with CMS.

12.6. Can anyone with access to iQIES create their own letter?

State Agency General Users with the appropriate permission and CMS General Users can create their own letters.

12.7. Can a CMS user create one letter template and use it for all states, or must I create one template for each state?

A CMS General User can create one letter template and use it for all the states. It must be for the same provider type.

12.8. Is a non-standardized letter available for all providers or do we need to create letters for each provider individually?

With letter templates, you can use data placeholders to personalize the letter for the provider you are writing to. You can also specify the provider type when you first create the letter.

12.9. After a letter template is published, who can edit the letter?

If you wish to edit a standardized letter template after it has been published, you must do so in Letter Template Management.

After a letter is generated from a template and as an attachment, you can edit the letter's details, but you cannot edit the letter's content.

12.10. Can CMS General Users view other CMS location's template letters?

All federal templates are shared across all CMS Locations.

12.11. If I use letter templates, do I also still need to attach copies of the letters each time I create a letter, or does it automatically save them into the system?

When you create a letter from a template, a .pdf is generated and attached to the letter record. There is no need to upload additional copies of that letter.

12.12. It looks like I cannot duplicate a letter from one category (survey) to use in another area (enforcement) even though the text holders used (Admin contact info and exit date) are common to both fields.

That is true. Currently, the text holder bank is tied to each of the modules - Providers, Surveys, Intakes, Enforcements. Although some text holders are repeated across modules, the restriction is in place to ensure users do not create templates that will not comply when creating a letter from that template.

12.13. Is there a way to alter or edit the Template Type of letters in iQIES?

Currently there is not. The template type references the data that is used to populate text holders. If the template type changes, the text holders may not have access to the correct data. We have been researching ways to address this and will hopefully find a solution to utilize across template types in the future. We will keep users updated on any changes.

12.14. Is there an ETA on when letter enhancements will be rolled out?

Until we can make enhancements to templates, there may be a workaround. You could duplicate the template under the More Actions menu. When duplicating, you can change the provider type. That way, you would not have to manually recreate.

12.15. Is there any plan to import letter from ASPEN to iQIES, or are we going to have continue to create as providers drop into iQIES?

There is not a current plan to import any templates. The created letters (from templates in legacy) should come over as attachments as providers drop.

12.16. Will there be any ability to use templates across template types? That is, in ASPEN we currently use complaint templates for survey work and survey templates in complaints? (It's also used for PRA request to locate intakes related to a complainant).

This is in the backlog. I do believe this functionality will eventually be in iQIES. Adding this to the idea portal could help get the functionality in sooner. Getting Nursing Homes out is the current priority, but the idea portal could help get it in sooner.

12.17. Standardized templates can only be edited by the original author. What happens if that person is no longer with the organization? Can more than one person edit the templates?

If you have the appropriate privilege to edit letter templates, then you would be able to modify a template marked as *Standardized*. The Standardized option only prevents the template from being changed when creating the letter.

12.18. Are there any HHA/Hospice letter templates? If so, are they located somewhere in iQIES??

Letter templates were not migrated over from ASPEN. Due to the different formats in legacy and iQIES, the templates will not be migrated. They can be recreated in iQIES. To do this, copy and paste the content and replace the old macros with the iQIES text holders. Any templates available would then be created by the state users with the appropriate access.

13. Documentation Questions

13.1. Can users attach documents to surveys and complaints/incidents?

Users can upload attachments to the provider, survey, intake, and enforcement modules. Examples may include license certificates, application and proof of insurance, MAC letters, etc.

13.2. What restrictions exist on the types of system attachments?

There are some restrictions on file types, but most commonly used file types (e.g. .jpeg, .jpg, .png, .pdf, .doc, .docx, .xls, .xlsx, .txt, .rtf, .tif, .msg, .eml) are accepted. The file size limit is 200 MB (Megabytes) per attachment. iQIES also scans the attachments for viruses before accepting them into the system.

13.3. How long will states be able to use ASPEN for their state licensure?

For federally certified entities that are licensed by the state, both federal and state information will be migrated to iQIES as the location and provider type are added to iQIES. At that time, ASPEN will no longer be available to enter new federal data. This information will only be available as read only. Entities that are only licensed will remain available for editing in ASPEN until the end of the migration.

13.4. Can you select and attach multiple files at once?

No. You must attach files one at a time.

13.5. If you edit a note, does it keep the note in the same sequence or move it to the top/bottom of the note chain?

The newest note appears at the top of the Notes section.

13.6. In ASPEN we can attach things that are not related to a survey - for example CMS 855s, MAC letters, current state licenses. Will we continue to do this?

Yes, you will be able to do this.

13.7. Is there a way that attachments can be edited by someone other than the person that added the attachment?

No. Attachments cannot be edited by someone other than the person that added the attachment. If you need to edit an attachment that does not belong to the user, please reach out to the [iQIES Service Center](#).

13.8. Can we upload all documents we collect or use for our HHA Recertification into the iQIES System?

Yes. You can upload supporting documents as attachments, and the applicable forms are already built into iQIES.

13.9. Is it the goal of iQIES that we go paperless, hence all documents collected, like 807 Notes, and Resident Review Form that we upload to iQIES?

Yes, that is the goal. It is always a good practice to capture all pertinent survey documentation in the system.

14. Report Questions

14.1. Does iQIES provide Ad-Hoc Reporting (i.e., Crystal Reports)?

There are several survey and certification reports and dashboards available in iQIES. CMS is working on creating additional reports and dashboards in iQIES.

14.2. How can we run ad hoc reports?

The Reports menu at the top of iQIES is where users can run the user-requested S&C reports. Reports such as the ASPEN **Quick Reports** are not currently available.

14.3. I have reports I like to run, but they are not in iQIES. Can you add them in?

If you have a list of reports that you commonly use, please submit this information to the Idea Portal and we'll make sure we get it to the right team for review.

14.4. Does iQIES have an equivalent to a full facility report that can be printed with the agency's general information/past survey history?

Yes. You can access the Provider History Report on the initial Provider page or through the Reports menu option.

14.5. Will we use SAS VIYA to compile reports? For example, we might want a list of current survey dates.

SASA Viya is the current ad hoc reporting and data extract tool supporting iQIES. You can certainly use SAS Viya to create and utilize user or State specific reports intended to support your specific needs as you might have previously via the QIES Business Intelligence Center (QBIC) or QIES Workbench (QWB).

14.6. Is there a report that shows additional sites, aside from looking at the provider details individually or branches or multiple locations, for a certified provider in iQIES?

Currently, this is not available in iQIES.

14.7. Where can reports specific to the SA be found? The reports in the manuals are specific to providers.

There are S&C reports available in iQIES. Select the Find a Report option from the Reports option from the menu bar, then select the Survey & Certification Report Category. From the Report Type select the desired report from the dropdown menu. The [iQIES Reports User Manual](#) also includes information about the Survey & Certification reports; please refer to Appendix A: List of Reports Generated On Demand to learn more about the S&C reports that are available in iQIES. If there are specific SA reports you would like to see created in iQIES, please submit this information to the Idea Portal so that the iQIES team can review it.

14.8. Is there a 5-star report for a LTC provider in iQIES?

Nursing Home Five Star reports have been distributed to nursing home providers in iQIES since late summer, 2023.

14.9. Can I look at CASPER reports for HHA Surveys in iQIES?

CASPER Reports are specific to the QIES system; CMS has developed HHA S&C reports or dashboards in iQIES as the alternative to the CASPER reports.

14.10. Is it possible to have a report for intakes received in iQIES? There is a report in ACTS called the Intake Interval Report that includes the name of facility, intake number, priority, received end date, survey start date, investigation due date, survey end date, and interval days.

There is a report in iQIES titled the Overdue Intake Investigations Report. It doesn't have the same columns that the Intake Interval Report has. This report displays a list of intakes that have either taken more than 10 days to triage or have a triage priority of IJ or Non IJ-High and do not meet their investigation timeframes established by the SOM Chapter 5, Section 5075.9. Report criteria available includes intake results by geographical area, provider type and includes the Intake Status, associated triage dates, applicable survey information, and the survey due date.

Intake information (provider name, prioritization, and associated dates) is also available in iQIES in the Acute and Continuing Care (ACC) Survey and Certification dashboard on the Intake tab.

14.11. Will CASPER reports be migrated to iQIES?

Yes, CASPER Reports - in their iQIES state will be migrated to iQIES. It will not be an exact replica, as we are also incorporating Dashboards as part of this process.

14.12. I was looking at the Dashboard with regard to running a LTC Tracking report - I found data from Legacy that showed a list of "Overdue Recertifications" and I presume users will have access to the facility and "kit" in a separate iQIES window, as other ACC Dashboard results allow, once LTC will is transitioned, correct? Is this what users will do to track a backlog list, and will there be more criteria added?

Correct. The dashboard will allow for the monitoring of overdue recerts for NH through its own NH Dashboard when we transition to iQIES. This will replace many of the CASPER reports until the transition.

14.14. Because LTC makes up the majority of reports in ACO/ACTS, is there a focused plan to include these reports (or similar) in iQIES close to launch?

Yes, we are building the most used reports into iQIES and adding to that will be the Nursing Home dashboard, which will be more real time and versatile in displaying data based upon the user-selected criteria or filters. We will be sending a list of NH reports that will be available, before the NH launch, with enough time for folks to get familiar with how to access, run, and save those reports.

14.15. Since iQIES is already integrated with CASPER reports for HHA, will surveyors have the ability to pull the 0003D and 1705D from iQIES directly, or will they need to grab that data from CASPER?

iQIES hasn't integrated with CASPER reports, but iQIES has its version of certain CASPER reports, such as the 0003D. Once NHs are live, the data in CASPER will not be valid for any date beyond go live. The 0003D exists in iQIES as the Provider History Report. The 1705D will still live in CASPER until PBJ is migrated to iQIES.

14.16. Is there a dashboard or a report that we can run that shows surveys that require a revisit (due to condition level citation) including due date for the revisit when no revisit has been completed yet?

The dashboard shows if a survey was a revisit, but not if a survey requires a revisit, nor what the due date would be. However, you can filter surveys with at least one COP out of compliance, sort that however you wish, and export it into an excel file format to analyze.

14.17. If you are pulling reports for revisits is that going to affect your results? If you are creating a revisit to just correct the tags when you reviewed the POC on the H2 survey?

No, your results should not be affected.

14.18. Does the Statement of Deficiency (SOD) exist in iQIES and does a user need any specific roles/permissions within HARP and iQIES to access this information?

The Statement of Deficiency report can be generated in iQIES - State Agency General Users with access to the survey details can generate it.

15. Security Questions

15.1. What kind of security control do states have in iQIES?

States have security official(s) who can approve the roles-based access for their state users. HARP requires two-factor authentication, which brings additional security to the system.

15.2. How do you add email as an option for multi-factor authentication in iQIES?

When you first set up authentication, you can select email, phone, Google Authenticator. You can change this selection in HARP at any time or you can contact the Service Center. After you enter your User ID and Password in iQIES, click the Add New Device link on the Two-Factor Authentication screen. The link will take you to your HARP user profile where you can add one or more two-factor devices in iQIES.

15.3. Do we need a phone to get the code to log in? Not all state employees have a state phone.

You can do it through email too. There are other ways to get the code, such as email or Google Authenticator. See above instructions to add a new device.

15.4. Does the Responsible Staff and Survey Team filter to the applicable state or does it display all iQIES users even if they are in other states?

The Responsible Staff and Survey Team filters the iQIES users depending on your state.

15.5. If a surveyor's employment is terminated, how is their name removed from the surveyor list?

Through the State Agency/CMS Security Official, depending on whether you are a state or CMS employee.

15.6. Considering this is an Internet-based application, how are we assured PHI is secure?

The site itself is encrypted to meet federal standards, and the two-factor authentication coupled with a 15-minute time-out helps ensure the data is secure and protected.