Centers for Medicare & Medicaid Services

Internet Quality Improvement and Evaluation System (iQIES)

Reports User Manual

Version 2.1

January 11, 2023

Table of Contents

List of Figures

1. Introduction

This user manual provides information for CMS, Providers, Vendors, Accrediting Organizations, Contractors, and State Agencies to effectively perform Reports functions and the processes necessary to request, view, download, and save reports in iQIES.

1.1 Getting Started in Reports – Important Information to Know

Below is important general information about iQIES.

- Log in to iQIES at https://iqies.cms.gov/ with HARP login credentials. Refer to iQIES Onboarding Guide for further information, if necessary.
- All screenshots included in this manual contain only test data. Current screens in iQIES may be different from what is shown in screenshots below.
- Screenshots are dependent on user role and may not be an exact representation of each user's actual access.
- Words highlighted in blue on iQIES are clickable links.
- A red asterisk (*) indicates a required field.
- To select more than one value in a list, click one value then press **Ctrl** on the keyboard (or **control** on a Mac keyboard).
- Review any yellow/orange notification banners. See *Figure 1, Notification Banner*. These banners can be closed (X'd out) if they do not apply or they are resolved.

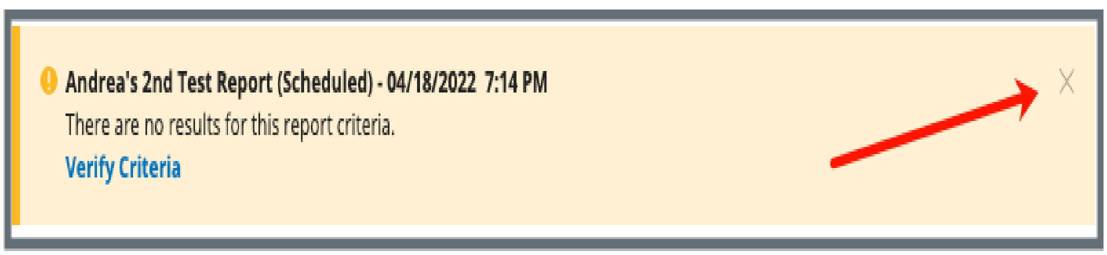

Figure 1: Notification Banner

- Below are the supported browsers for access to iQIES. **Do not use Internet Explorer.** It is not supported. Be sure to keep your browser updated.

  For best results, please use the latest version of these browsers:
  Chrome
  Firefox

  The latest versions of the browsers below are also supported:
  Microsoft Edge
  Safari

1.2 iQIES Service Center

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

For assistance accessing iQIES:	Contact the iQIES Security Officer (SO) for your organization
For technical support:	Contact the iQIES Service Center:
Phone:	800-339-9313
Email:	iQIES@cms.hhs.gov
For more information on iQIES:	Refer to the QIES Technical Support Office (QTSO). iQIES reference materials on QTSO include: • Links to Training Videos • Quick Reference Guides • Onboarding Guide • Managing User Information • Other helpful iQIES material

1.3 Roles and Permissions

iQIES roles allow users to access information pertinent to their area of work. The examples provided in this document pertain to iQIES reports.

Permissions are ultimately governed by Healthcare Quality Information System (HCQIS) Access Roles and Profile (HARP) access privileges. Contact the Security Official (SO) for your organization or the iQIES Service Center for issues relating to access and permissions. Refer to the iQIES User Roles Matrix for detailed information on roles.

Refer to the iQIES User Roles Matrix for detailed information on roles and permissions in iQIES.

For additional help, refer to https://iqies.cms.gov/iqies/help or click the help icon in the top right corner of the screen, see *Figure 2, Help Icon*, for further information.

Figure 2: Help Icon

2. Manage a Report

Most iQIES roles have access to run reports. Available report types are determined by the iQIES role. Access to reports is in the top tab, **Reports**. See *Figure 3, Reports Tab*.

This section addresses how to find, save, download, and otherwise manage a report.

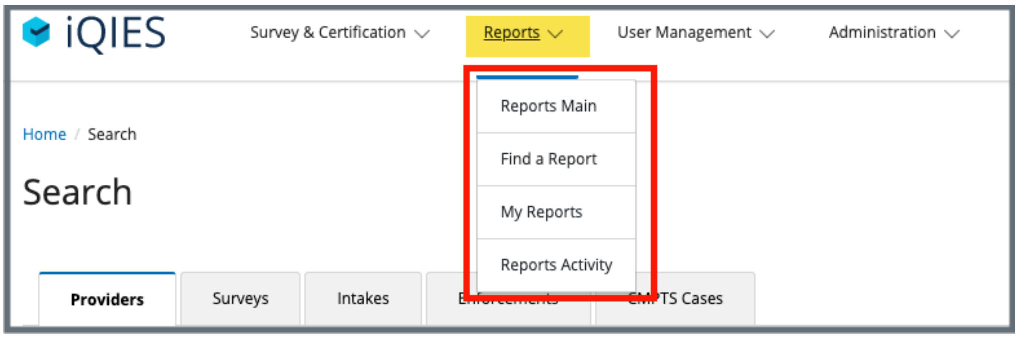

Figure 3: Reports Tab

2.1 Find a Report with Category and Type

Purpose: To find a specific report when the category and type are known.

2.1.1 Click **Find a Report** on the top menu **Reports** tab to find specific reports**.** See *Figure 4, Find a Report.* Refer to [Appendix A, List of Reports] for a detailed list of all reports in alphabetical order.

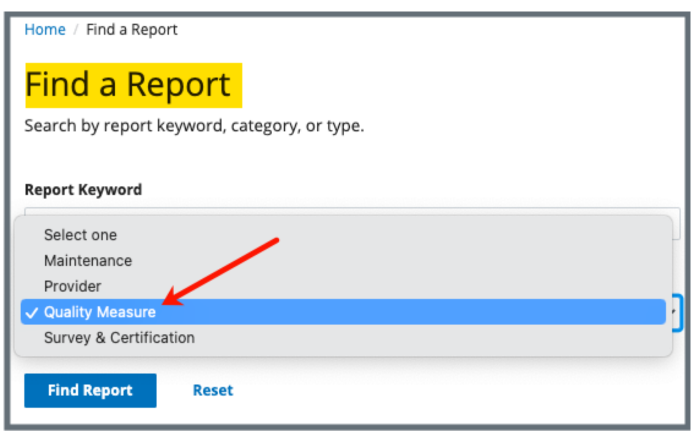

Figure 4: Find a Report

2.1.2 Select a **Report Category** from the drop-down list to access report types.

2.1.3 Select a report type from the **Report Type** drop-down menu. See *Figure 5, Sample Report Types.*

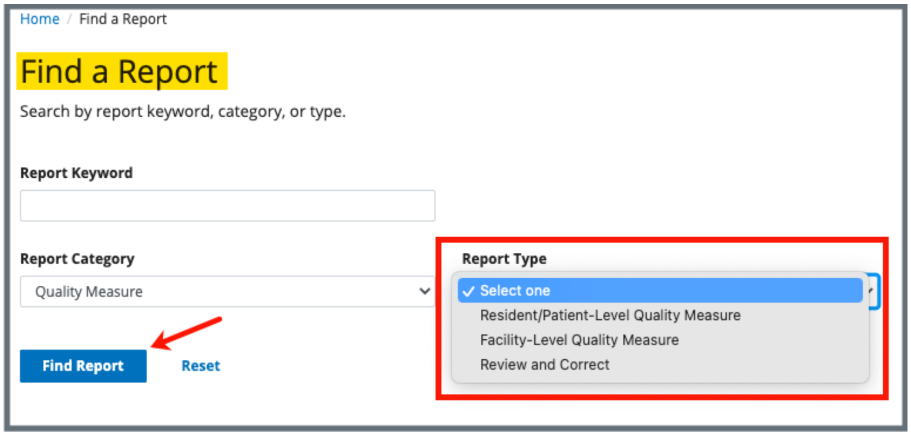

Figure 5: Sample Report Types

2.1.4 Click **Find Report**. The **Search Results** show the available reports for that report type. The example shows results from **Facility-Level Quality Measure** report type. See *Figure 6, Find Report Search Results*.

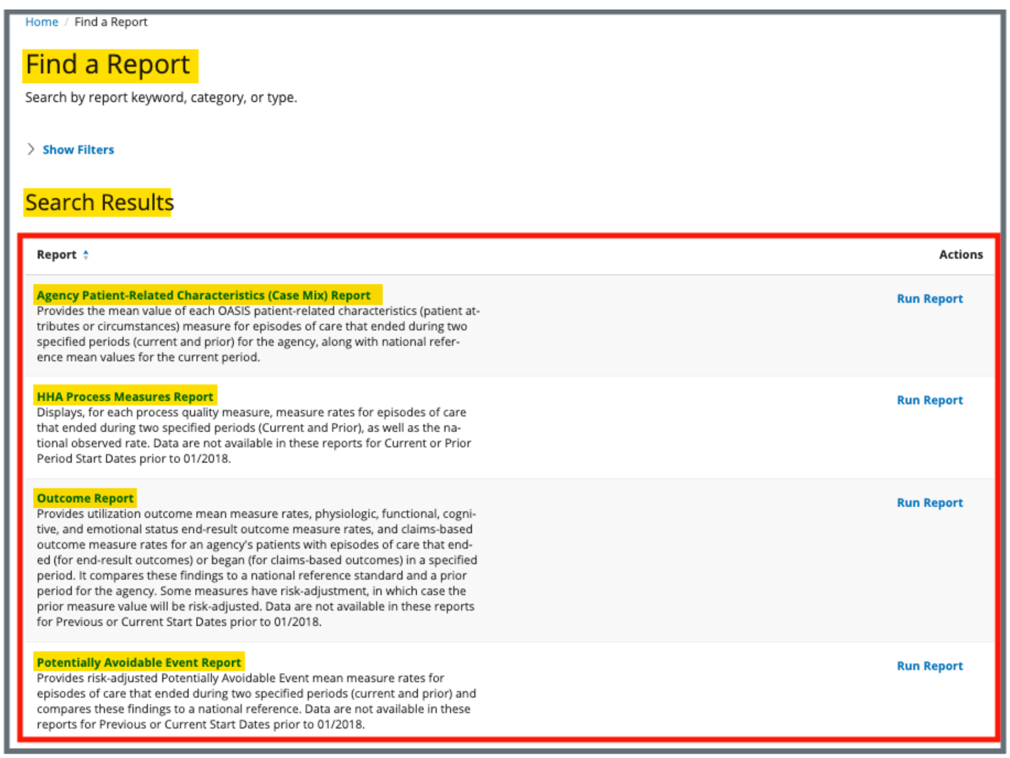

Figure 6: Find Report Search Results

2.2 Find a Report with Keywords

Purpose: To find a specific report when the title, category, and type are not all known.

2.2.1 Click **Find a Report** on the top menu **Reports** tab. Refer to Appendix A, List of Reports for a detailed list of all reports in alphabetical order.

2.2.2 Type a report name or partial words in the **Report Keyword** box. See *Figure 7, Report Keyword.*

Notes:

- Do not use special characters, including quotation marks or hyphens.
- Select the **Report Category** to narrow down the search results, if desired

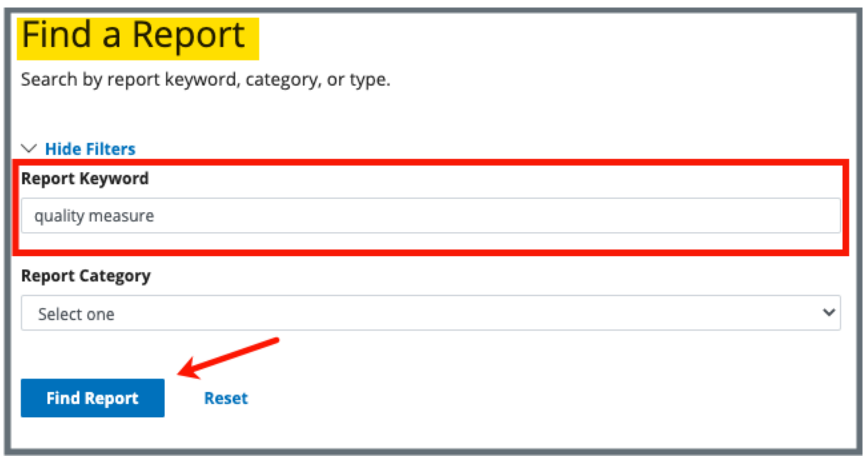

Figure 7: Report Keyword

2.2.3 Click **Find Report** to view reports that match the criteria noted.

2.3 Run or Schedule a Report

Purpose: To run a report or schedule a report to run at a later time. Not all reports can be viewed in real time.

2.3.1 Click **Run Report** or click the Report title from the **Search Results** list. See step 2.1.4. The **Run Report** page opens.

2.3.2 Fill out required information. This example uses the Agency Patient-Related Characteristics (Case Mix) Report. See *Figure 8, Run Report.*

Note: Select the different or additional state from the drop-down list under **State**, if necessary. The user's state is the default.

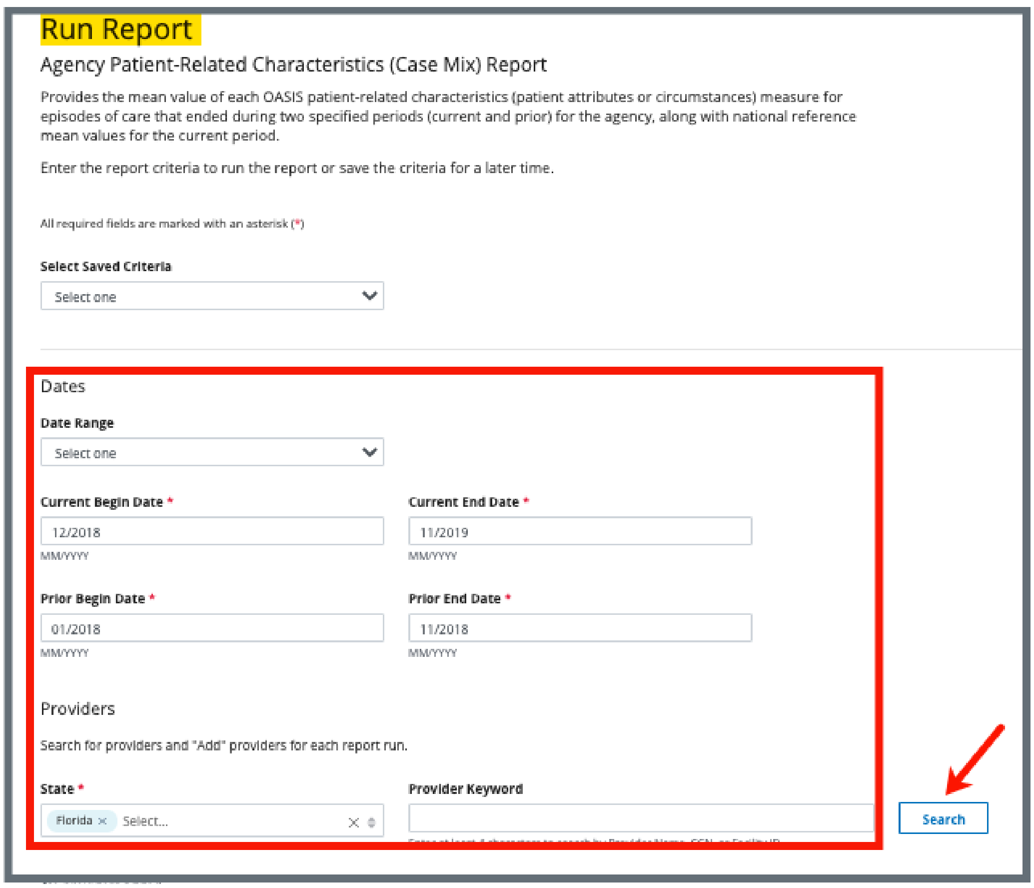

Figure 8: Run Report

2.3.3 Click **Search**. The provider information populates below.

2.3.4 Select the correct provider. Click **Add** under **Actions**.

Note: If only one provider can be included for the report request, the Add link is removed for all other providers returned in the search. Click **Remove** under **Actions** to select a different report.

2.3.5 Schedule or Run a Report.

To schedule a report:

2.3.5.1 Fill in **Report Scheduling** information.

Notes:

- The schedule report form opens automatically when the report cannot be viewed in real time.
- Click the box next to **Schedule Report Run** to schedule a report when there is a choice to view the report in real time. See *Figure 9, Schedule Report Run.* The scheduling form opens when the box is checked.
- The default **Run Time** is two hours later than the current time; however, this time can be adjusted so the report runs sooner or later.

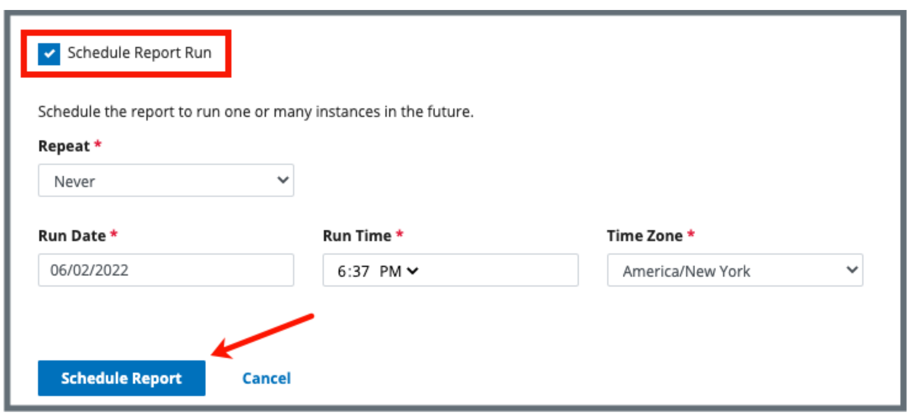

Figure 9: Schedule Report Run

2.3.5.2 Click **Schedule Report** at the bottom of the page. The **Report Name** popup window opens.

2.3.5.3 Type the report name. See *Figure 10, Report Name Popup Window.*

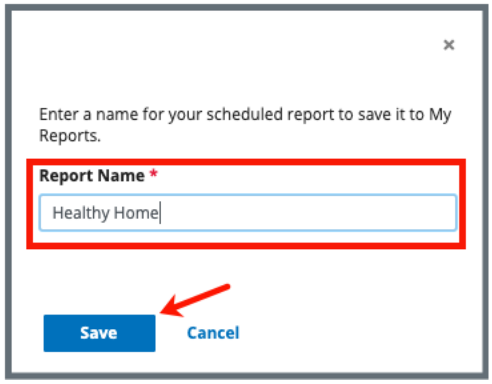

Figure 10: Report Name Popup Window

2.3.5.4 Click **Save**. The **Report Activity** page opens.

2.3.5.5 Verify a green banner shows the report was successfully scheduled and the report shows under **Scheduled Reports**. See *Figure 11, Scheduled Report List.* The report will run at scheduled time.

Note: A scheduled report can be edited or canceled. See step 2.9, [Reports Activity](), for further details.

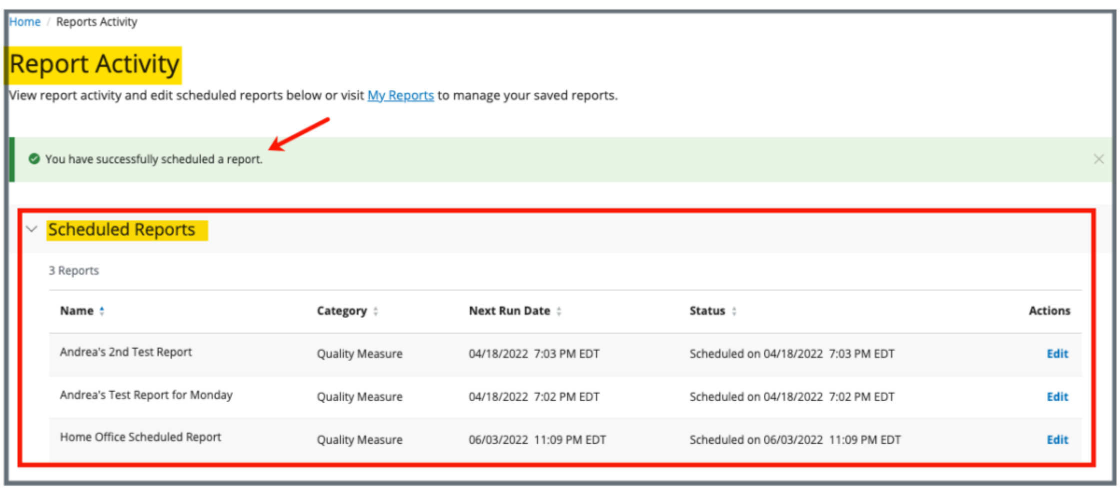

Figure 11: Scheduled Report List

To run a report:

2.3.5.6 Click **Run Report** at the bottom of the page.

Note: Verify all required information is filled out if nothing happens when **Run Report** is selected.

2.3.5.7 The report opens.

2.4 Save Report Criteria

Purpose: To save filters for a report to run future reports with the same criteria.

2.4.1 Click **Save Criteria** at the bottom of the **Run Report** page to save the current criteria, if desired. See *Figure 12, Save Criteria.* A pop-up window opens.

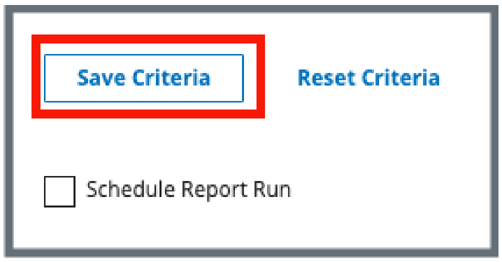

Figure 12: Save Criteria

2.4.2 Name the criteria. See *Figure 13, Name Saved Criteria.*

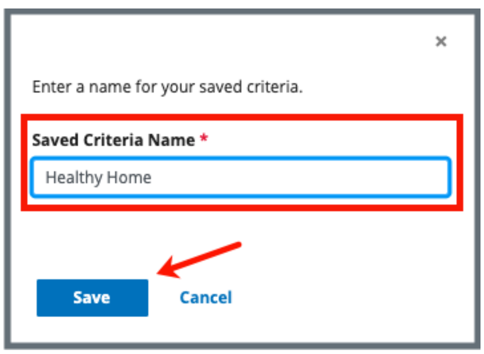

Figure 13: Name Saved Criteria

2.4.3 Click **Save**. The saved criteria appear in the **Select Saved Criteria** drop-down menu at the top of the **Run Report** page. See *Figure 14, Select Saved Criteria.*

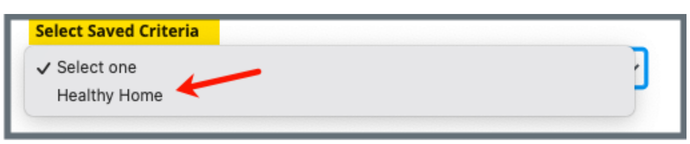

Figure 14: Select Saved Criteria

2.4.4 Verify a green banner **Criteria successfully saved** appears on the top of the screen. See *Figure 15, Criteria Successfully Saved Banner.*

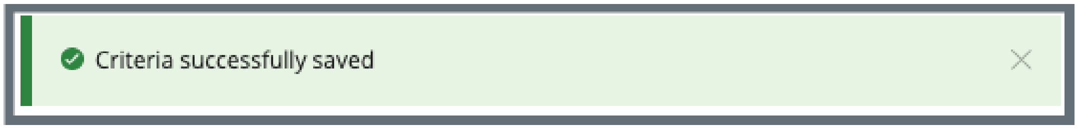

Figure 15: Criteria Successfully Saved Banner

2.5 Save a Report

Purpose: To save a report.

2.5.1 Click **Save to My Reports** on the **Reports** page to save any report. See *Figure 16, Save to My Reports Popup Window.* The Report Name/Folder popup window opens.

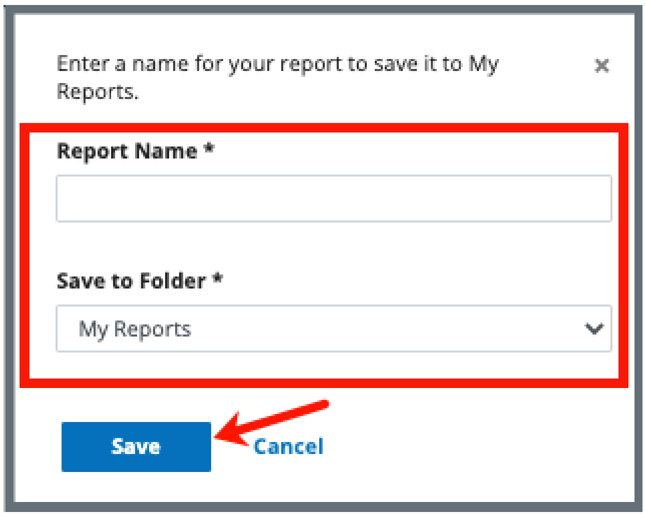

Figure 16: Save to My Reports Popup Window

2.5.2 Type the report name in the blank field.

2.5.3 Select the folder.

Note: The default folder is **My Reports**. Refer to step 2.8, My Reports, on how to create folders or retrieve a saved report.

2.5.4 Click **Save.**

2.5.5 Verify a green banner shows that the report was successfully saved.

2.6 Download a Report

Purpose: To download a report.

Click **Download** on the **Reports** page and select the desired report-specific format (PDF, CSV, or Excel) from the drop-down menu. See *Figure 17, Download a Report.* A **Download Progress** bar opens when the PDF option is selected. The report appears in your computer's **Downloads** folder or double-click and open it from the Downloads bar on the bottom of the screen.

Note: Excel only appears in the drop-down menu under Download when the report is available in Excel.

Figure 17: Download a Report

2.7 Reports Main

Purpose: To access frequently-run reports.

Click **Reports Main** on the top menu **Reports** tab to view **Frequently Run Reports.** It is possible to find or view reports from this window. See *Figure 18, Frequently Run Reports.*

Note: These are frequently-run reports. Other reports may be available.

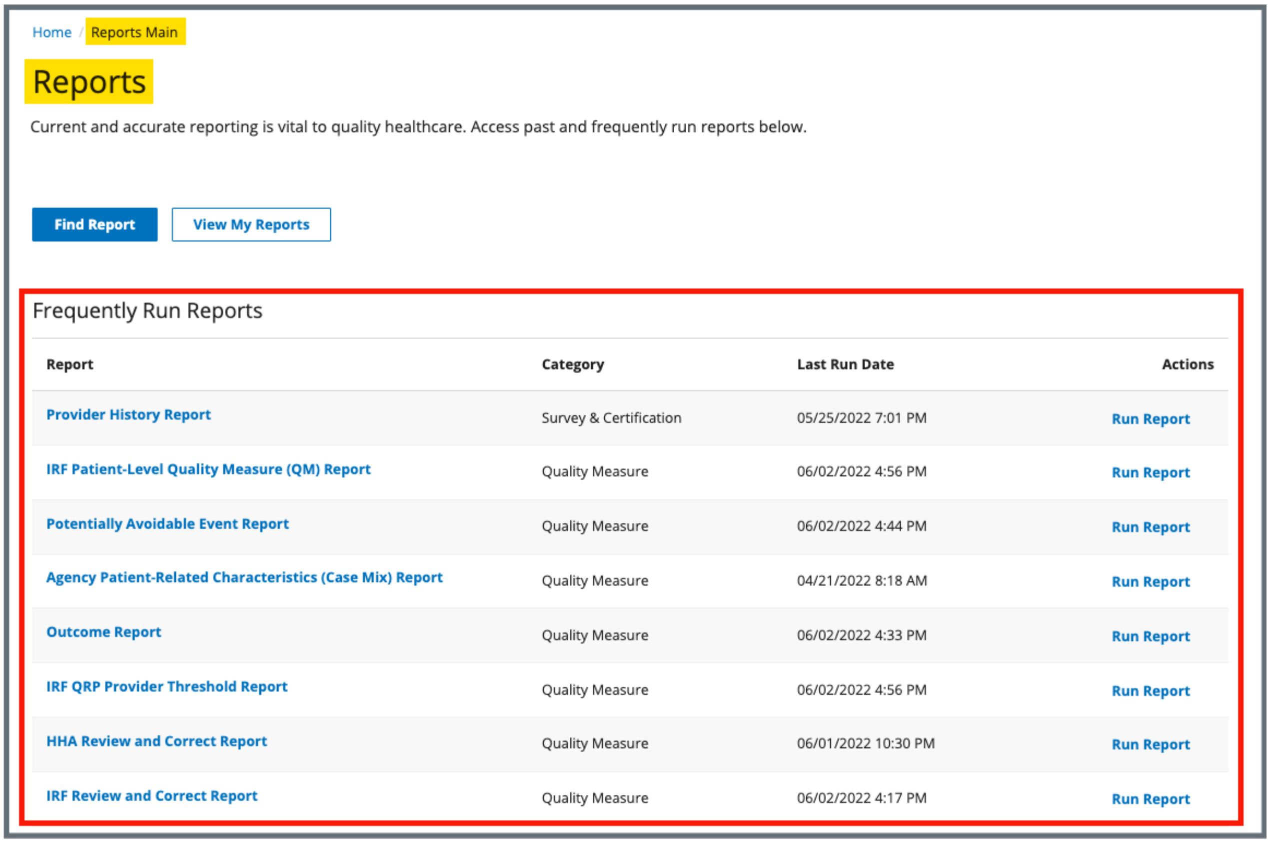

Figure 18: Frequently Run Reports

2.8 My Reports

Purpose: To view saved reports.

Note: There may be system-created folders in **My Reports**.

2.8.1 Click **My Reports** on the top menu **Reports** tab to find specific reports that have been saved. See *Figure 19, My Reports*.

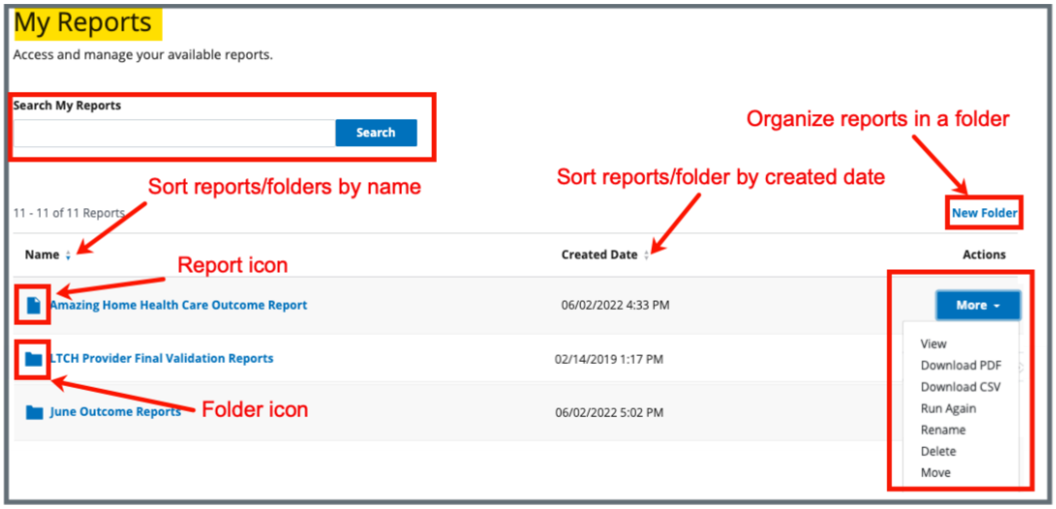

Figure 19: My Reports

Note: Click **More** under **Actions** to perform any of the following tasks:

View	The report loads and displays online.
Download PDF	The report is downloaded as a .pdf to the computer.
Download CSV	The report is downloaded as a .csv (similar to an Excel spreadsheet).
Run Again	The report is run again. No changes are made to the report criteria.
Rename	The report can be renamed.
Delete	The report can be deleted.
Move	The report can be moved to a different folder, if a different folder exists. Refer to step 2.8.2 to create new folders.

Note: Click the arrows next to **Name** and **Created Date** to sort the reports.

2.8.2 Click **New Folder** to create a new folder. A pop-up window opens. See *Figure 20, My Reports New Folder*.

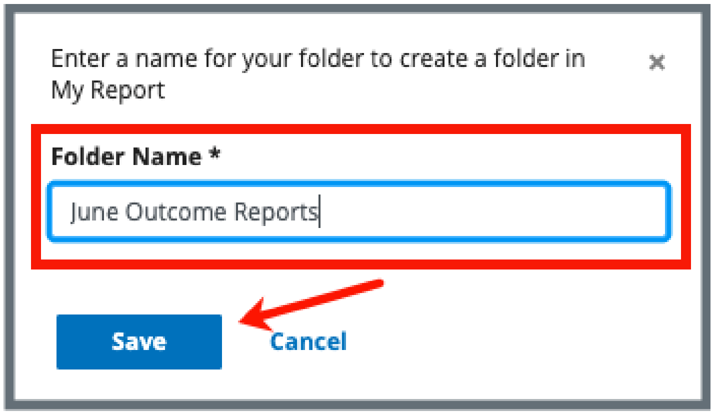

Figure 20: My Reports New Folder

2.8.3 Type the name for the folder. Click **Save**. Reports can be moved into the folder.

Notes:

- The folder can be renamed, deleted, or moved. Click **More** under **Actions**, to perform one of those tasks.
- All folders can be accessed under **My Reports**. Click the folder name and the folder opens with the reports that have been saved to that folder.

2.9 Reports Activity

Purpose: To view scheduled and recently-run reports.

Click **Reports Activity** on the top menu **Reports** tab to view personal report activity. This activity is all the report activity that was run or is scheduled to run. See *Figure 21, Report Activity.*

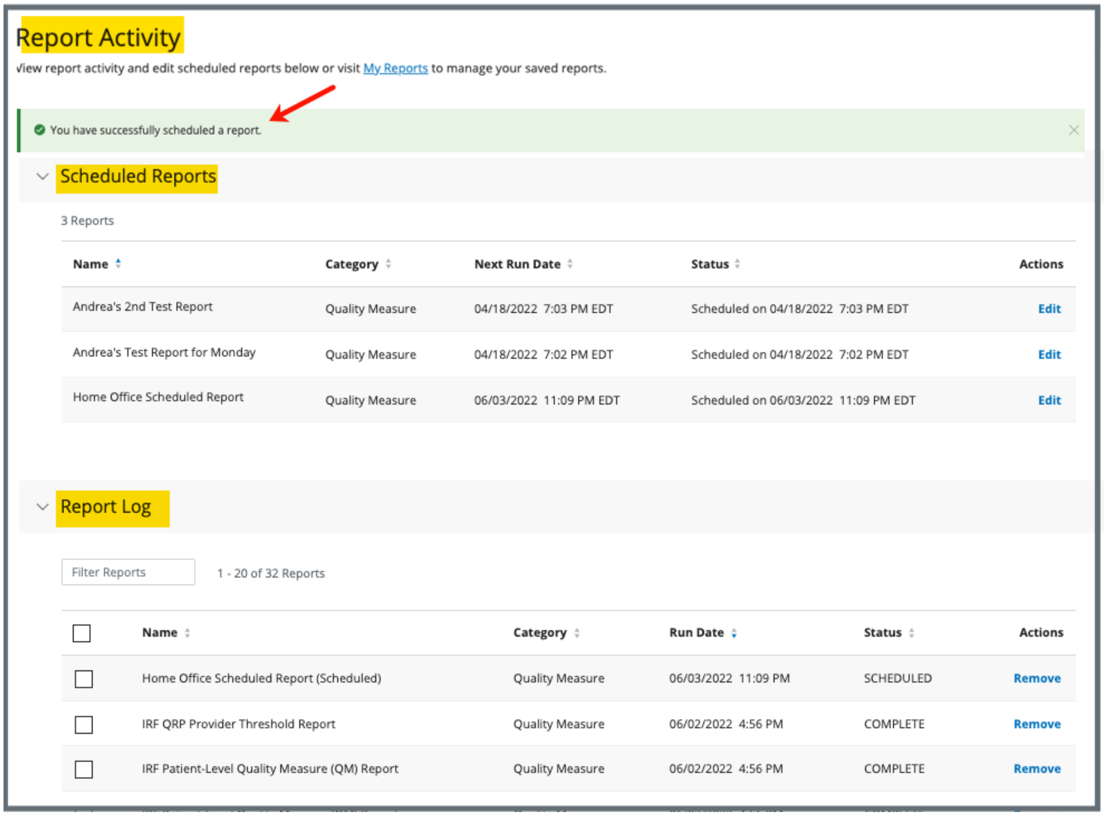

Figure 21: Report Activity

Notes:

- Reports can be filtered or removed. Click **Remove** under **Actions** to remove a report.
- Scheduled reports can be edited. Click **Edit** under **Actions** to edit or cancel a scheduled report.

Appendix A: List of Reports

HHA Reports

IRF Reports

LTCH Reports

S&C Reports

Report Name	Report Category	Report Type	Report Purpose
HHA			
HHA List – No Successful Production Submissions Report	Maintenance	OASIS Assessment Maintenance	The HHA List – No Successful Production Submissions report provides a list of all HHAs (active or terminated) who have had no OASIS submissions, or providers who have had submissions but no accepted OASIS assessments in iQIES for the selected time period. Only State Agency and CMS users are allowed to view/run this report.
HHA Activity Report	Provider	Submission	Displays a list of accepted assessments, including modification and inactivation requests submitted by or on behalf the selected agency during the user specified period.
HHA Discharge Report	Provider	Discharges	Provides information about the patients discharged from the selected agency during the specified period
HHA Error Summary by Agency	Provider	Error	Summarizes the errors encountered in submissions by the selected agency during a specified period.

Report Name	Report Category	Report Type	Report Purpose
HHA Roster Report	Provider	Roster	Displays the patients for whom the last submitted RFA is 01, 03, 04, or 05, and M0090 is prior to the current date by no more than 180 days for one or more select agencies.
OASIS Agency Final Validation	Provider	Validation	Contains detailed information regarding all records for the agency contained in the submission file. This includes the number of records that were accepted or rejected, if any, encountered.
OASIS Error Detail Report	Provider	Error	Displays assessment information and error details for user selected error numbers and submission date within the requested date range where selected errors were encountered in successful submissions made by or on behalf of the selected agency. Included in the report are the OASIS items and submitted data that caused the selected error to occur.
OASIS Submitter Final Validation Report	Provider	Validation	Contains detailed information regarding the records contained in the user defined submission file. This includes the number of records that were accepted or rejected, as well as warning and fatal errors for the records.

Report Name	Report Category	Report Type	Report Purpose
Agency Patient-Related Characteristics (Case Mix) Report	Quality Measure	Facility Level Quality Measure	Provides the mean value of each OASIS patient-related characteristics (patient attributes or circumstances) measure for episodes of care that ended during two specified periods (current and prior) for the agency, along with national reference mean values for the current period
Agency Patient-Related Characteristics (Case Mix) Tally Report	Quality Measure	Resident/Patient-Level Quality Measure	Displays, for the selected agency and timeframe, each episode of care used in the calculation for the Agency Patient-Related Characteristics measures and the calculated value for each measure. Patient characteristics with a percent sign (%) included in the characteristic description are those characteristics that are either present or absent. Values are presented in the report as "y" if the patient characteristic was present, "n" if the patient characteristic was not present, and "-" if data were not available.
HHA Process Measures Report	Quality Measure	Facility Level Quality Measure	Displays, for each process quality measure, measure rates for episodes of care that ended during two specified periods (Current and Prior), as well as the national observed rate. Data are not available in these reports for Current or Prior Period Start Dates prior to 01/2018.

Report Name	Report Category	Report Type	Report Purpose
HHA Review and Correct Report	Quality Measure	Review and Correct	Allows providers to review their QM data to identify if there are any corrections or changes needed to the assessment-based data prior to the quarter's data submission deadline, which is 4.5 months following the end of the reporting quarter. The report will provide a breakdown by measure and by quarter, of the HHA's assessment-based QM data for four rolling quarters. The report also identifies whether each quarter's data correction period is open or closed as of the report run date. The report output will also provide patient-level data in a CSV format the user can access via the user's My Reports page.
HHA Tally: Outcome Report	Quality Measure	Resident/Patient-Level Quality Measure	Displays, for the selected agency and timeframe, each episode of care that was used in the calculations for the Outcome Report. For each episode of care, the patient's name, SOC/ROC Date, Branch ID, and the outcome measure value will be listed. The following values may be present: 'y' indicates the measure was achieved; 'n' indicates the measure was not achieved; '-' indicates there was no data available; and '/' indicates the stay was excluded from the measure.

Report Name	Report Category	Report Type	Report Purpose
HHA Tally: Process Report	Quality Measure	Resident/Patient-Level Quality Measure	Displays, for the selected agency and timeframe, each episode of care that was used in the calculations for the Process Measures Report. For each episode of care, the patient's name, SOC/ROC Date, Branch ID, and the process measure value are listed. The following values may be present: 'y' indicates the measure was achieved; 'n' indicates the measure was not achieved; '-' indicates there was no data available; and '/' indicates the stay was excluded from the measure.
Outcome Report	Quality Measure	Facility Level Quality Measure	Provides utilization outcome mean measure rates, physiologic, functional, cognitive, and emotional status end-result outcome measure rates, and claims-based outcome measure rates for an agency's patients with episodes of care that ended (for end-result outcomes) or began (for claims-based outcomes) in a specified period. It compares these findings to a national reference standard and a prior period for the agency. Some measures have risk-adjustment, in which case the prior measure value will be risk-adjusted. Data are not available in these reports for Previous or Current Start Dates prior to 01/2018.

Report Name	Report Category	Report Type	Report Purpose
Potentially Avoidable Event: Patient Listing Report	Quality Measure	Resident/Patient-Level Quality Measure	Lists each of the Potentially Avoidable Event measures, statistics for each, and the patients who experienced those events for a select agency during a specified period.
Potentially Avoidable Event Report	Quality Measure	Facility Level Quality Measure	Provides risk-adjusted Potentially Avoidable Event mean measure rates for episodes of care that ended during two specified periods (current and prior) and compares these findings to a national reference. Data are not available in these reports for Previous or Current Start Dates prior to 01/2018.
IRF			
IRF Arthritis Verification Report	Administration	Administration	Lists patients with an IRF-PAI record during the cost reporting period and item 24A1 (Arthritis Conditions Recorded) contained a “Yes” response. This report is used in conjunction with the IRF Rehab Eligibility report for determining IRF PPS compliance (60% rule).
IRF Rehab Eligibility Report	Administration	Administration	Provides presumptive (the 60% rule) calculations of Inpatient Rehabilitation Facility Medicare eligibility. Each IRF’s cost reporting period and associated review periods are displayed, in addition to the IRF’s percent of compliance for the cost reporting period.

Report Name	Report Category	Report Type	Report Purpose
IRF-PAI Discharges Report	Provider	Discharges	Lists all patients discharged from the IRF within the requested date range.
IRF-PAI Error Detail Report	Provider	Error	Displays assessments with a submission date within the requested date range and an error number equal to one of the selected error numbers. Included in the report are the IRF-PAI items and submitted data that caused the selected error to occur.
IRF-PAI Error Number Summary by Facility by Vendor	Provider	Error	Summarizes the errors encountered in IRF-PAI records by vendor submitted by or on behalf of the provider during a specified time period.
IRF-PAI Errors by Field by Facility Report	Provider	Error	Lists the errors encountered in the fields of successful submissions made by or on behalf of select facilities during a specified period.
IRF-PAI Facility Final Validation Report	Provider	Validation	Displays detailed information regarding all the records for the facility contained in the submission file. The report indicates whether the records were accepted or rejected and displays the warning and fatal errors, if any, encountered
IRF-PAI Submission Activity Report	Provider	Submission	Lists the IRF-PAI records, including modification and inactivation requests, that were accepted by or on behalf of the

Report Name	Report Category	Report Type	Report Purpose
			provider during a specified time period.
IRF-PAI Submission Statistics by Facility Report	Provider	Submission	Lists the submissions made by or on behalf of select facilities during a specified period
IRF-PAI Submitter Final Validation Report	Provider	Validation	Displays detailed information regarding all the records from all providers contained in the submission file. The report shall indicate whether the records were accepted or rejected and shall display the warning and fatal errors for all records in the submission file. Only users who uploaded the submission file will have access to this report.
IRF Facility-Level Quality Measure (QM) Report	Quality Measure	Facility Level Quality Measure	Provides facility-level quality measure results for a select 12-month period. Quality measure results are computed from the data submitted in the Inpatient Rehabilitation Facility Patient-Assessment Instrument (IRF-PAI), Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN), and Medicare Fee-For-Service (FFS) Claims data sources.

Report Name	Report Category	Report Type	Report Purpose
IRF Patient-Level Quality Measure (QM) Report	Quality Measure	Resident/Patient-Level Quality Measure	Lists each patient with a qualifying Inpatient-Rehab Facility (IRF) Patient Assessment Instrument (IRF-PAI) record used to calculate the assessment-level quality measure values for a select 12-month period. The report displays each patient's name and indicates how/if the patient's assessment affected the IRF's quality measure scores.
IRF QRP Provider Threshold Report	Quality Measure	Threshold	Allows providers to monitor their compliance status of the required data submission for the IRF Quality Reporting Program (QRP) measures for the current Annual Increase Factor (AIF) by fiscal year.
IRF Review and Correct Report	Quality Measure	Review and Correct	Allows facilities to review their assessment-based QM data to identify if there are any corrections or changes needed to the data prior to the quarter's data submission deadline, which is 4.5 months after the end of the calendar quarter. The report will provide a breakdown by measure and quarter, of the IRF's QM data for four rolling quarters, along with a cumulative total of the quarters combined. The report also identifies whether each quarter's data correction period is open or closed as of the report run date.

Report Name	Report Category	Report Type	Report Purpose
LTCH			
LTCH Admission Report	Provider	Admission	Lists patients admitted to the LTCH provider during a specified time frame.
LTCH Discharge	Provider	Discharges	Lists the patients discharged (A0250 = 10, 11 or 12) from the provider during a specified timeframe.
LTCH Error Details Report	Provider	Error	Displays assessments with a submission date within the requested date range and an error number equal to one of the selected error numbers. Included in the report are the LTCH items and submitted data that caused the selected error to occur.
LTCH Error Number Summary by Provider and Vendor	Provider	Error	Summarizes the errors encountered in LTCH CARE records submitted by or on behalf of the provider during a specified time period.
LTCH Errors by Field by Provider	Provider	Error	Lists the errors encountered in the fields of successful submissions made by or on behalf of select LTCH providers during a specified time frame.
LTCH Provider Final Validation	Provider	Validation	Displays detailed information regarding all the records for the provider contained in the submission file. The report indicates whether the records were accepted or rejected and displays the warning and fatal errors, if any encountered.

Report Name	Report Category	Report Type	Report Purpose
LTCH Roster	Provider	Roster	Lists the patients in the LTCH on the day the report is run. Only patients for whom the most recent accepted LTCH CARE record is not a discharge record (A0250 = 10, 11 or 12) are reported.
LTCH Submission Activity	Provider	Submission	Lists the LTCH CARE records, including modification and inactivation requests that were submitted by or on behalf of the provider during a specified time period.
LTCH Submission Statistics	Provider	Submission	Summarizes the submissions made by or on behalf of the provider during a specified time period.
LTCH Submitter Final Validation	Provider	Validation	Displays detailed information regarding all the records for the selected Inpatient Rehab Facility contained in the submission file. The report indicates whether the records were accepted or rejected and displays the warning and fatal errors for all records

Report Name	Report Category	Report Type	Report Purpose
LTCH Facility-Level Quality Measure (QM) Report	Quality Measure	Facility Level Quality Measure	Provides facility-level quality measure results for a select 12-month period. Quality measure results are computed from the data submitted in the Long Term Care Hospital Continuity Assessment Record and Evaluation (LTCH CARE) Data Set, Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN), and Medicare Fee-For-Service (FFS) Claims data sources.
LTCH Patient-Level Quality Measure (QM) Report	Quality Measure	Resident/Patient-Level Quality Measure	Identifies each patient with qualifying Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) assessment records used to calculate the assessment-based quality measure values for a select 12-month period. The report displays each patient's name and indicates how/if the patient's assessments affected the LTCH's quality measure scores.
LTCH QRP Provider Threshold Report	Quality Measure	Threshold	Allows providers to monitor their compliance status of the required data submission for the LTCH Quality Reporting Program (QRP) for the Annual Payment Update (APU) by fiscal year.

Report Name	Report Category	Report Type	Report Purpose
LTCH Review and Correct Report	Quality Measure	Review and Correct	Allows providers to review their assessment-based data to identify if there are any corrections or changes needed to the data prior to the quarter's data submission deadline, which is 4.5 months after the end of the calendar quarter. The report will provide a breakdown, by measure and by quarter, of the LTCH's assessment-based QM data for four rolling quarters, except for NQF #2632, which will contain QM data for eight rolling quarters, along with a cumulative total of the quarters combined.
S&C			
Complaint/ Incident Investigation Report	Survey & Certification	Intake Module Reports	The report contains detailed information about the provider, intake, complainant(s), individuals involved, alleged perpetrators, allegations, and the investigation. It indicates whether deficiencies are linked to the investigation/complaint survey.
Complaint/ Incident Summary Report	Survey & Certification	Intake Module Reports	This report provides a summary of information for the public about the selected intake. This report does not include allegation details. It prints the Findings category for each allegation but does not include findings text.

Report Name	Report Category	Report Type	Report Purpose
Complaint/ Incident Survey Report	Survey & Certification	Intake Module Reports	This report displays provider, survey, complaint/incident, allegation, and citation information for all intakes linked to the same investigation as the selected intake.
Intake Information Report	Survey & Certification	Intake Module Reports	This report contains information about complaint(s)/incident(s): including intake and provider information such as the intake type, date received, individuals involved, complainant(s), alleged allegations, and other information associated with the intake.
Intake Notes Report	Survey & Certification	Intake Module Reports	This report displays the intake and provider information, including any supplementary notes entered about the complaint/incident. You can also choose which notes to display: Summary of Intake, Notes, or All.
Overdue Intake Investigations Report	Survey & Certification	Intake Module Reports	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

Report Name	Report Category	Report Type	Report Purpose
Name and Address Listing Report	Survey & Certification	Provider History Report	Displays a list of providers, including their address and phone number. Report criteria available includes results by provider type, geographical area, deemed status, federal certification status, or current survey date range.
Provider History Report	Survey & Certification	Provider Reports	This report lists the deficiencies cited on up to four of the provider's most recent surveys and up to three years of recent complaint surveys.