INTRODUCING iQIES

In March 2019, the Centers for Medicare and Medicaid Services (CMS) began delivering a series of enhancements to the Quality Improvement and Evaluation System (QIES). The upgraded system, called the Internet Quality Improvement and Evaluation System (iQIES), is an Internet facing, cloud-based system that is more reliable, intuitive, secure, and accessible.

Beginning January 2020, HHAs will have access to a new patient assessment upload and reporting interface that will replace the current Assessment Submission & Processing (ASAP) and the Certification and Survey Provider Enhanced Reports (CASPER) submission and reporting systems. This release will also include the ability for HHA providers and vendors to create assessments in iQIES, replacing the jHAVEN user tool. In addition, this release will include survey and certification functionality for HHAs.

The initial rollout of iQIES will not change how providers or vendors submit data. However, iQIES will require a new user management system because virtual private network (VPN) and CMSNet are no longer needed to access this system. All users will have to create an account and establish credentials in the Healthcare Quality Information System (HCQIS) Access, Roles and Profile system (HARP). HARP is a secure identity management portal that the Centers for Medicare and Medicaid Services (CMS) provides.

For your organization to receive access to iQIES, your organization must first complete the steps below according to the following schedule:

1. Identify an individual who will be the Provider Security Official (PSO).


3. After your MFA (Multi-Factor Authentication) is complete, choose the iQIES application presented to you to request your Security Official role. Alternatively, you can access iQIES at the following URL: [https://iqies.cms.gov/](https://iqies.cms.gov/) to complete your role request.
For assistance with HARP onboarding, users can call the QTSO Helpdesk at (800) 339-9313 or e-mail help@qtso.com. If you have questions related to iQIES, please send them to iQIES_Broadcast@cms.hhs.gov.

Additional iQIES access instructions and important information, may be located at: https://qtso.cms.gov/news-and-updates/register-iqies-account-action-required.

For any general iQIES questions: iQIES_Broadcast@cms.hhs.gov.

**New Medicare Card: Transition Period Ends in Less Than 2 Months**

Starting January 1, 2020, you must use the Medicare Beneficiary Identifier (MBI) even for services provided prior to this date. Claims will be rejected if you submit with the Health Insurance Claim Number (HICN), with a few exceptions, and reject all eligibility transactions.

There are 3 ways you can obtain the MBI number if you haven’t already done so:

1. Ask your Medicare patients

2. Use your Medicare Administrative Contractor’s secure look up tool. Sign up for the Portal to use the tool.
   1. You must have your patient’s SSN for the search and it may differ from their previous HICN number.
   2. If the look-up tool returns a last name matching error and the beneficiary’s last name includes a suffix, such as Jr. Sr. or III, try searching without and with the suffix as part of the last name.

3. Check the remittance advice

Use the MBI the same way you used the HICN. Put the MBI in the same field where you’ve always put the HICN. This also applies to reporting informational only and no-pay claims. Don’t use hyphens or spaces with the MBI to avoid rejection of your claim. The MBI replaces the HICN on Medicare transactions including Billing, Eligibility Status, and Claim Status. The effective date of the MBI, like the old HICN, is the date each beneficiary was or is eligible for Medicare.
Training Reminder!

Home Health Regulatory Compliance, PDGM & OASIS Training is coming up. Registration closes October 30th! Register online at OASIStraining.health.ok.gov!

Date: November 15, 2019
Sign-in: 8:30-9:30AM
Time: 9:30AM - 4:00PM

OASIS or Registration Questions? Call the QIES Help Desk at 405-271-5278.