

## QualityNet Security Administrator Registration Forms and Instructions

Completion of the QualityNet Security Administrator Registration Form and QualityNet Security Administrator Authorization Form, in this packet, is required to request access to the secure QualityNet website, My QualityNet, as the QualityNet Security Administrator for your organization.

Please refrain from making any changes or modifications to these forms, as this can delay the registration process. If you feel you have a business need to modify the registration forms, please contact the QualityNet Help Desk.

As a QualityNet Security Administrator, your responsibilities will include:

- Creating, approving, editing, and/or terminating QualityNet user accounts within your organization
- Monitoring QualityNet usage at your organization to ensure security and confidentiality is maintained
- Serving as a point of contact at your organization for information regarding QualityNet

It is highly recommended that each organization designate **two** people as **QualityNet Security Administrators** -- one to serve as the primary security administrator, and the other to act as an alternate security administrator.

### The following information is specific to QIOs:

- **Single State QIOs:** Two QualityNet Security Administrators, a primary and an alternate may be authorized.
- **Multi-state QIOs:** Multi-state QIOs have a top-level group along with sub-groups for each of the individual states. If a QIO QualityNet Security Administrator is assigned to the top-level group, that individual then has the ability to manage users at any of the sub-groups and is counted as one of the two allowed QIO QualityNet Security Administrators for each of the state sub-groups.

### To initiate the registration process, please complete the following steps:

1. Print your information legibly and completely in each of the applicable fields on the QualityNet Security Administrator Registration Form.
2. **For the ASC program**, both the CMS Certification number (CCN) and National Provider Identifier (NPI) numbers are required. *The NPI provided must:*
  - correspond to your Facility taxonomy designation as an ASC
  - match the NPI used for claims/billing and payment purposes.
3. Sign and date the **QualityNet Security Administrator Form** in the presence of a Notary Public, obtaining the Notary's stamp and seal on the form. Even though not all states require the stamp or seal of the notary, QualityNet requires it.
4. Have the highest-level executive at your location complete and sign the **QualityNet Security Administrator Authorization Form**.
5. Based on your organization affiliation, refer to the table below for mailing instructions of the original, completed QualityNet Security Administrator Registration Form and the QualityNet Security Administrator Authorization

Form. Photocopies or faxes of the forms will not be accepted. Keep a copy of all forms at your office.

- **Forms mailed to the wrong location will delay the registration process. If you have questions about the mailing address, please contact the QualityNet Help Desk for correct information prior to mailing.**

Organization Type	Mail Original Forms to:
ESRD Facility, Network	ESRD Network  ESRD Network Directory available at <a href="http://www.esrdnetworks.org/">http://www.esrdnetworks.org/</a> .
ASC	FMQAI  5201 W. Kennedy Blvd. Suite 900 Tampa, FL 33609-1822
Inpatient Psychiatric Facility <sup>1</sup>	QualityNet Help Desk  1401 50 <sup>th</sup> Street, Suite 200 West Des Moines, IA 50266
PPS-Exempt Cancer Hospital <sup>1</sup>	QualityNet Help Desk  1401 50 <sup>th</sup> Street, Suite 200 West Des Moines, IA 50266
Hospital – Inpatient <sup>1</sup> <i>and</i> Hospital – Outpatient <sup>1</sup>  *Registering for a single hospital	Quality Improvement Organization  QIO Directory available at <a href="http://www.qualitynet.org">http://www.qualitynet.org</a> under Hospitals-Inpatient>HQA>QIO Contacts
Health Care System*  *Report-only access for multiple hospital representation	QualityNet Help Desk  1401 50 <sup>th</sup> Street, Suite 200 West Des Moines, IA 50266
Vendor <sup>1</sup>	QualityNet Help Desk  1401 50 <sup>th</sup> Street, Suite 200 West Des Moines, IA 50266
All Others	Quality Improvement Organization  QIO Directory available at <a href="http://www.qualitynet.org">http://www.qualitynet.org</a> under Hospitals-Inpatient>HQA>QIO Contacts

<sup>1</sup>Hospitals may utilize existing QualityNet Security Administrators to support data collection efforts for Hospital – Inpatient or Hospital – Outpatient initiatives. Hospitals needing a new QualityNet Security Administrator specifically to support the data collection process for the Hospital – Outpatient, Inpatient Psychiatric Facility or PPS-exempt Cancer Hospital initiatives should utilize the QualityNet Help Desk as noted above.

6. A **QualityNet Security Registration Forms Checklist** has been included in this packet for your convenience. Please use the checklist to verify that you have completed all the necessary steps of registration prior to mailing the completed forms.
7. Depending on your affiliation, the QIO, ESRD Network or QualityNet Security Administrator will enter your registration information online in the secured area of QualityNet. They will then mail the original, completed forms to the QualityNet Help Desk, keeping a copy at their office.
8. **Vendors:** You must be assigned a Vendor ID prior to completing the QualityNet Registration Form. To obtain a Vendor ID, submit a request to be set up as a new vendor to the QualityNet Helpdesk at [qnetsupport@sdps.org](mailto:qnetsupport@sdps.org). Once the Vendor ID has been received, you may continue to register for QualityNet.
9. The QualityNet Help Desk will process your registration forms. When processing is completed, they will notify you by e-mail that the registration process is complete and that the secure area of QualityNet, My QualityNet, is now accessible to you. The e-mail you receive will contain your User ID. The QualityNet Security Administrator who created your account should provide a temporary password to you. Please contact them if you have not received this information. The first time you sign in to My QualityNet, you will immediately be prompted to change your password and answer six (6) Security Questions.
10. All QualityNet users accessing the secured pages need to run the **Test Your System** feature to test the compatibility of their computer with the QualityNet site to insure that they have the required Java Runtime Environment and associated policy files to utilize the system. Follow instructions found on the Getting Started with QualityNet/Test Your System section of the QualityNet website at <http://www.qualitynet.org/>.
11. If you have any questions regarding this process, contact the QualityNet Help Desk, 7:00 a.m. to 7:00 p.m., Central Time, Monday – Friday, at (866) 288-8912, or by e-mail at [qnetsupport@sdps.org](mailto:qnetsupport@sdps.org).

## QualityNet Security Administrator Registration Form

**\*NOTE:** All fields marked with an asterisk are required and must be completed to obtain approval.

### Access Request

<b>*Request Date:</b>	<b>*First Name:</b>	<b>Middle Initial:</b>	<b>*Last Name:</b>
-----------------------	---------------------	------------------------	--------------------

**\*Business E-Mail Address:** \_\_\_\_\_

**\*Job Title:** \_\_\_\_\_

**\*Business Name:** \_\_\_\_\_

**\*Specify Setting:** *(Check all that apply)*

- |  |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/> ASC                     | <input type="checkbox"/> ESRD Facility          | <input type="checkbox"/> Home Health Agency  | <input type="checkbox"/> Inpatient Psychiatric Facility         | <input type="checkbox"/> Physician Office           |
| <input type="checkbox"/> CMS                     | <input type="checkbox"/> ESRD Network           | <input type="checkbox"/> Hospital-Inpatient  | <input type="checkbox"/> Long-Term Care Facility                | <input type="checkbox"/> PPS-Exempt Cancer Hospital |
| <input type="checkbox"/> EHR                     | <input type="checkbox"/> Healthcare System      | <input type="checkbox"/> Hospital-Outpatient | <input type="checkbox"/> Nursing Home                           | <input type="checkbox"/> QIO                        |
| <input type="checkbox"/> State Agency            | <input type="checkbox"/> Other (Specify): _____ |  |   |   |
| <input type="checkbox"/> Vendor: ASC             |   |  | <input type="checkbox"/> Vendor: Hospital-Inpatient             |   |
| <input type="checkbox"/> Vendor: EHR             |   |  | <input type="checkbox"/> Vendor: Hospital-Outpatient            |   |
| <input type="checkbox"/> Vendor: Hospital-HCAHPS |   |  | <input type="checkbox"/> Vendor: Inpatient Psychiatric Facility |   |

<b>CMS Certification Number (CCN):</b>	<b>Vendor ID Number:</b> (If applicable):
--	--

**National Provider Identifier (Facility NPI):** (For ASC use only)

<b>*Business Address:</b>				
	Street	City	State	ZIP

<b>*Work Phone:</b> (    )	Extension:	Fax: (    )
----------------------------	------------	-------------

### Signatures Required

<b>*Applicant:</b>	<b>*Date:</b>
--------------------	---------------

**\*As The Assigned Notary Public I have used the following ID as verification**

☐ Driver's License    ☐ Passport    ☐ Other: \_\_\_\_\_

**\*Notarized Date:** \_\_\_\_\_    **Notary Expiration Date:** \_\_\_\_\_

**\*Notary Public (seal or stamp):**

**\*Notary Signature:** \_\_\_\_\_

## QualityNet Security Administrator Authorization Form

I \_\_\_\_\_ authorize \_\_\_\_\_  
(Name of highest-level Executive) (Name of QualityNet Security Administrator)  
to be the QualityNet Security Administrator for \_\_\_\_\_  
(Name of Organization)

I understand that he/she will be responsible for the following:

- Creating, approving, editing, and/or terminating QualityNet user accounts within this organization
- Monitoring QualityNet usage at your organization to ensure security and confidentiality is maintained
- Serving as the point of contact at this organization for information regarding QualityNet

I understand that, as a security measure, I may be contacted on a future date by the QualityNet Help Desk to verify my position and whom I have authorized to be QualityNet Security Administrator(s). I may also be asked to verify those individuals that have been given access to QualityNet.

_____ (Executive: Print Name)	_____ (Signature)
_____ (Title)	_____ (Date)
_____ (Phone #)	_____ (E-mail Address)

Please specify if this is a **New** Administrator Registration or an **Upgrade** from a Basic User and whether they will be the **Primary** or **Alternate** Security Administrator:

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> New     | <input type="checkbox"/> Primary Security Administrator   |
| <input type="checkbox"/> Upgrade | <input type="checkbox"/> Alternate Security Administrator |

## QualityNet Security Registration Forms Checklist

Please validate the following have been completed to avoid delays in processing your registration:

- ☐ All required fields have been completed on the QualityNet Security Administrator Registration Form.
  - ☐ You have signed and dated the QualityNet Security Administrator Registration Form before a Notary Public.
  - ☐ The Notary has fully completed the notary section, including both the notary signature and seal.
  - ☐ The highest-level executive at your organization has completed the QualityNet Security Administrator Authorization Form.
- Verify that you have obtained the correct address for mailing your completed forms. (See the table on page 2 for mailing instructions.) Photocopies or faxes of the completed forms will not be accepted.

Please contact the QualityNet Help Desk if you have any questions or concerns, 7:00 a.m. to 7:00 p.m., Central Time, Monday – Friday, at 866-288-8912, or e-mail at [qnetsupport@sdps.org](mailto:qnetsupport@sdps.org).