



ESRD Application Access Form

Form Pending Approval
OMB No. 0938-1234

Previously known as Part B of the QualityNet Identity Management System (QIMS) Account Form

You must have a current QIMS account to access CROWNWeb, ESRD Quality Incentive Program (QIP), and/or REMIS applications. Please print clearly when completing this form; if not legible your form will be rejected. (*) Indicates Required Field

SECTION 1 - *Purpose of Request [to be completed by Applicant with guidance from the Applicant's End User Manager]

Add new application role(s) Add additional application role(s) Change existing application role(s) Remove application access

SECTION 2 - * Name and Contact Info [to be completed by the Applicant]

Prefix: *First Name: *Middle Name (NMN if none): *Last Name: Suffix:

*Phone #: *E-Mail: Current QIMS User ID:

SECTION 3 - ESRD Application Access [to be completed with guidance from the Applicant's End User Manager]

Section 3.1 ESRD CROWNWeb Access Request -- Complete ONLY ONE column for CROWNWeb access

<input type="checkbox"/> Dialysis Facility	<input type="checkbox"/> ESRD Network	<input type="checkbox"/> CMS Employee	<input type="checkbox"/> Other Designated Users
CMS Certification Number:	ESRD Network #:	Office: Group:	Contract #(s) if applicable:
ESRD Network #:	<input type="checkbox"/> Network Viewer	Division:	CMS COR:
<input type="checkbox"/> Facility Viewer	<input type="checkbox"/> Network Patient Editor	<input type="checkbox"/> CMS Viewer	<input type="checkbox"/> Third Party Submitter for Batch
<input type="checkbox"/> Facility Editor	<input type="checkbox"/> Network Facility Editor	<input type="checkbox"/> CMS Editor	<input type="checkbox"/> System Administrator
<input type="checkbox"/> Facility Administrator	<input type="checkbox"/> Network Administrator	<input type="checkbox"/> CMS Administrator	<input type="checkbox"/> Other:

Additional Facility Scope for Applicants requiring CROWNWeb Scope over more than ONE Dialysis Facility

CMS Certification # (CCN)	Network	Facility Name	Facility Contact Name	Contact Phone	Contact E-Mail
1.					
2.					
3.					
4.					
5.					

Section 3.2 ESRD Quality Incentive Program (QIP) Access Request -- Complete ONLY ONE column for QIP access

<input type="checkbox"/> Dialysis Facility	<input type="checkbox"/> ESRD Network	<input type="checkbox"/> CMS Employee	<input type="checkbox"/> Other Designated Users
CMS Certification Number:	ESRD Network #:	Office: Group:	Contract #(s) if applicable:
ESRD Network #:	<input type="checkbox"/> Network User	Division:	CMS COR:
<input type="checkbox"/> Facility Point of Contact	<input type="checkbox"/> Network User	<input type="checkbox"/> CMS Viewer	<input type="checkbox"/> Roles Admin, Admin Level
<input type="checkbox"/> Facility Viewer			<input type="checkbox"/> Tier 1 Support
<input type="checkbox"/> Dialysis Organization			<input type="checkbox"/> Tier 2 Support, Analytical User
			<input type="checkbox"/> Tier 3 Support

*Dialysis Organization Name (required if applicable):

Check this box if the Applicant from SECTION 2 is employed by the Dialysis Organization named above

Section 3.3 Renal Management Information System (REMIS) Access Request -- Complete ONLY ONE role for REMIS access

<input type="checkbox"/> ESRD Network #:	<input type="checkbox"/> CMS Employee Org:	<input type="checkbox"/> Other Designated Users
<input type="checkbox"/> MSP (Medicare Secondary Payer)	<input type="checkbox"/> MSP (Medicare Secondary Payer)	Reason:
<input type="checkbox"/> ESRD2	<input type="checkbox"/> ESRD2	<input type="checkbox"/> MSP (Medicare Secondary Payer)
	<input type="checkbox"/> ISG (Information Systems Group)	<input type="checkbox"/> ESRD2
	<input type="checkbox"/> UI (User Interface) Admin	<input type="checkbox"/> ISG (Information Systems Group)

SECTION 4 - To be completed by BOTH the Applicant's End User Manager (EUM) and Security Official (SO)

Note: By signing and dating this section, you are authorizing the application access specified on this form.

*Signature of Applicant's EUM:		*Printed Name of Applicant's EUM:
*Date: (mm/dd/yyyy)	*EUM Phone #:	*EUM E-Mail:
*Signature of Applicant's SO:		*Printed Name of Applicant's SO:
*Date: (mm/dd/yyyy)	*SO Phone #:	*SO E-Mail:



ESRD Application Access Form Instructions

Previously known as Part B of the QualityNet Identity Management System (QIMS) Account Form

Form Pending Approval
OMB No. 0938-1234

QUALITYNET DATA SUBMISSION STATEMENT

Every QualityNet system user agrees, based on his or her best knowledge, information, and belief, that the data they submit to CMS is accurate, complete, and truthful.

PRIVACY ACT STATEMENT

The information on page 1 of this form is collected and maintained under the authority of Title 5 U.S. Code, Section 552a(e)(10) (The Privacy Act of 1974). This information is used for assigning, controlling, tracking, and reporting authorized access to and use of CMS's computerized information and resources. The Privacy Act prohibits disclosure of information from records protected by the statute, except in limited circumstances. This form is maintained locally by your component Security Official (SO). If an Administrator role is selected and approved, this form is maintained by the ESRD QualityNet Help Desk.

Furnishing the information on this form is voluntary. However, if you do not provide this information, you may not be granted access to CMS computer systems.

SECURITY REQUIREMENTS FOR USERS OF CMS COMPUTER SYSTEMS

CMS uses computer systems that contain sensitive information to carry out its mission. Sensitive information is any information which the loss, misuse, or unauthorized access to, or modification of could adversely affect the national interest, or the conduct of Federal programs, or the privacy to which individuals are entitled under the Privacy Act. To ensure the security and privacy of sensitive information in Federal computer systems, the Computer Security Act of 1987 requires Federal agencies to identify sensitive computer systems, conduct computer security training, and develop computer security plans. CMS maintains a system of records for use in assigning, controlling, tracking, and reporting authorized access to and use of CMS's computerized information and resources. CMS records all access to its computer systems and conducts routine reviews for unauthorized access to and/or illegal activity.

Anyone with access to CMS Computer Systems containing sensitive information must abide by the following:

- Do not disclose or lend your QIMS ACCOUNT USER ID and/or PASSWORD to someone else. They are for your use only and serve as your "electronic signature". This means that you may be held responsible for the consequences of unauthorized or illegal transactions executed under your account.
- Do not browse or use CMS data files for unauthorized or illegal purposes.
- Do not use CMS data files for private gain or to misrepresent yourself or CMS.
- Do not make any disclosure of CMS data that is not specifically authorized.
- Do not duplicate CMS data files, create extract files of such records, remove or transmit data unless you have been specifically authorized to do so.
- Do not change, delete, or otherwise alter CMS data files unless you have been specifically authorized to do so.
- Do not make copies of data files, with personal identifiable data, or data that would allow individual identities to be deduced unless you have been specifically authorized to do so.
- Do not intentionally cause corruption or disruption of CMS data files.

A violation of these security requirements could result in termination of CMS systems access privileges. In addition, Federal, State, and/or local laws may provide criminal penalties for any person illegally accessing or using a Government-owned or operated computer system for illegal activities.

If you become aware of any violation of the above security requirements or suspect that your QIMS account User ID and/or Password may have been compromised, you must immediately report that information to the designated Security Official (SO) assigned to your component and immediately contact the QualityNet Help Desk at 1-866-288-8912, Secure FAX 1-888-329-7377 (qnetsupport-esrd@hcqis.org) to report the actual or potential security incident.

MAILING ADDRESS: QualityNet Help Desk, 1401 50th Street, Suite 200, West Des Moines, IA 50266

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0938-1234; the name is FORM CMS-10484. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, complete the form, and review the information collection (this does not include obtaining signatures as required on page 1 Section 4). If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: The Centers for Medicare and Medicaid Services (CMS), Attention: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

INSTRUCTIONS AND FORM ROUTING

The following instructions are intended to assist Applicants with completing this form to add or change roles in CROWNWeb, ESRD Quality Improvement Program (QIP), and/or REMIS applications; or to remove access to one or more of the three applications.

This form was previously known as and replaces *Part B of the QualityNet Identity Management System (QIMS) Account Form.*

- An Applicant must first have an active QIMS user account in order to request access to ESRD applications via this form.
- If you need a QIMS user account, you must first complete Part A of the QualityNet Identity Management System (QIMS) Account Form and be approved and provisioned by your End User Manager (EUM) and Security Official (SO).
- Please print clearly. Your form will be rejected if it is not complete and legible; this may delay your request for application access.
- All fields marked with an asterisk (*) are required by the Applicant, End User Manager (EUM) and/or Security Official (SO) as applicable.

SECTION 1

Please check only one Purpose of Request:

- Add new application role(s): check if you are requesting application access to CROWNWeb, QIP, and/or REMIS for the first time
- Add additional application role(s): check if you already have access to one application but need to add CROWNWeb, QIP or REMIS
- Change existing application role(s): check if you are changing your role and/or scope in existing applications you access
- Remove application access: check if you are requesting removal of application access to CROWNWeb, QIP and/or REMIS

SECTION 2

Please complete all required fields; these fields are marked with an asterisk (*).

If you have no **Middle Name** enter **NMN** in that field.

Prefix (Mr., Mrs., Ms., Dr., etc.); Suffix (Jr., Sr., II, III, M.D., Ph.D., Esq., etc.)

You should already have a **Current QIMS User ID**, but if your QIMS Account Form is in process leave this field blank.

SECTION 3

Select the ESRD application(s) for which you are requesting a new role, changing a role, or from which you are removing user access. You can use this form for CROWNWeb, QIP, REMIS or all three systems.

Section 3.1 ESRD CROWNWeb Access Request: check box to request a new role, change a role or remove user access to CROWNWeb

- Complete only one of the following columns:
 - **Dialysis Facility:** select if you are an employee of a dialysis facility and complete the following:
 - CMS Certification Number (CCN)
 - ESRD Network # (1-18)
 - Select the facility role(s) you will be performing in CROWNWeb:
 - Facility Viewer
 - Facility Editor
 - Facility Administrator
 - Additional Facility Scope for Applicants requiring CROWNWeb scope over more than one Dialysis Facility
 - Complete if applicable by listing up to 5 additional Facilities
 - If access to more than 5 facilities is needed, attach a spreadsheet containing the same information for each facility (CCN, Network, Facility Name, Facility Contact Name, Contact Phone, Contact E-Mail)
 - **ESRD Network:** select if you are an employee of an ESRD Network and complete the following:
 - ESRD Network # (1-18)
 - Select the Network role(s) you will be performing in CROWNWeb:
 - Network Viewer
 - Network Patient Editor
 - Network Facility Editor
 - Network Administrator
 - **CMS Employee:** select if you are an employee of CMS and enter the following:
 - Office, Group, Division
 - Select the role(s) you will be performing in CROWNWeb:
 - CMS Viewer
 - CMS Editor
 - CMS Administrator
 - **Other Designated Users:** select if you are a CMS designee to use CROWNWeb and enter the following:
 - Contract Number(s) and CMS Contracting Officer Representative (COR) if applicable
 - Select the role(s) you will be performing in CROWNWeb:
 - Third Party Submitter for Batch
 - System Administrator
 - Other - if checked please write in your role as designated by CMS

Section 3.2 ESRD Quality Incentive Program (QIP) Access Request: check box to request access to ESRD QIP

- Complete only one of the following columns:
 - **Dialysis Facility:** select if you are an employee of a dialysis facility and complete the following:

- CMS Certification Number (CCN)
- ESRD Network # (1-18)
- Select the facility role(s) you will be performing in ESRD QIP
 - Facility Point of Contact (POC) - only one POC per facility (facility employee or corporate employee)
 - Facility Viewer
- If Applicant is employed by a **Dialysis Organization** (a corporate owner of dialysis facilities), then also:
 - Choose the Dialysis Organization role (will provide read-only access to QIP data for that facility)
 - Enter Dialysis Organization Name and select the checkbox in the next row
 - If Applicant requires access to more than one facility, complete the following:
 - ♦ Enter "Multiple, see attached" in place of the CMS Certification Number (CCN)
 - ♦ Leave the ESRD Network # blank
 - ♦ Attach a spreadsheet containing the following information for each facility
 - ✓ Corporate Owner
 - ✓ CMS Certification Number (CCN)
 - ✓ Facility Name
 - ✓ Facility Address (physical address)
 - ✓ ESRD Network # (1-18)
- **ESRD Network:** select if you are an employee of an ESRD Network and complete the following:
 - ESRD Network # (1-18)
 - Select the Network User role (will provide read-only access to QIP data for all facilities in that ESRD Network)
- **CMS Employee:** select if you are an employee of CMS and enter the following:
 - Office, Group, Division
 - Select the CMS Viewer role (will provide read-only access to QIP data for all facilities)
- **Other Designated Users:** select if you are a CMS designee to use ESRD QIP and enter the following:
 - Contract Number(s) and CMS Contracting Officer Representative (COR) if applicable
 - Select the role(s) you will be performing in QIP:
 - Roles Administrator - Admin Level (limited to view user information and assign/remove users)
 - Tier 1 Support (allows viewing of the PSR/PSC Access Report)
 - Analytical User (Tier 2 Support)
 - Tier 3 Support

Section 3.3 REMIS Access Request: check box to request a new role, change a role or remove user access to the REMIS application

- Complete only one of the following columns:
 - **ESRD Network:** select if you are an employee of an ESRD Network and complete the following:
 - ESRD Network # (1-18)
 - Select the Network role(s) you will be performing in REMIS:
 - MSP (Medicare Secondary Payer)
 - ESRD2 (ESRD Networks)
 - **CMS Employee:** select if you are an employee of CMS and enter the following:
 - Office, Group, Division
 - Select the role(s) you will be performing in REMIS:
 - MSP (Medicare Secondary Payer)
 - ESRD2 (ESRD Networks)
 - ISG (Information Systems Group)
 - UI (User Interface) Admin
 - **Other Designated Users:** select if you are a CMS designee to use REMIS and enter the following:
 - Your reason for access
 - Select the role(s) you will be performing in REMIS:
 - MSP (Medicare Secondary Payer)
 - ESRD2 (ESRD Networks)
 - ISG (Information Systems Group)

SECTION 4

After the Applicant has completed SECTIONS 1, 2, and 3 of the ESRD Application Access Form:

- The Applicant's End User Manager (EUM) will review, approve and sign the form. EUMs are pre-designated for the Facility, Help Desk, Network, and CMS activity that the Applicant is closest to. By signing the form, the EUM is authorizing the ESRD application access requested by the Applicant in SECTION 1, the identification of the Applicant in SECTION 2, and the application roles and scope requested in SECTION 3. After signing, the EUM forwards the form to their Security Official (SO).
- The SO will verify that the form (1) is the original, (2) is complete, (3) has the required SO information completed, (4) is signed by the EUM, and (5) is signed by themselves as the SO. If the EUM does not have an SO at their location, they will forward the form to their designated SO.
- For non-locally approved roles, the SO will send the original form to the QualityNet Help Desk (using mailing address on page 2) via traceable mail. For locally approved roles, the SO will securely store the original form locally.
- After the Applicant's QIMS User ID has been activated, the QualityNet Help Desk or the SO/EUM/Facility Administrator (depending on the application) will provision the requested application roles for the Applicant.