

VENDOR AUTHORIZATION

Alerts (1) Notifications (0) Help Log Out

CMS.gov QualityNet

Home Quality Programs My Data My Measures My Scores My Reports

Home > Quality Programs > Hospital Quality Reporting > Authorize Vendors to Submit Data

Start Add New Vendor Authorization Update Vendor Authorization

Start Authorize Vendor to Submit Data

To authorize and add a new vendor to the list, click the "Add New Vendor Authorization" tab. Then select the Vendor and, for the measure set(s) of interest, enter the required Start Discharge Date and the required Start Data Transmission Date. Entering End dates for both will put a time limit on the authorization, which will end after the End Dates.

To update a currently authorized vendor, click the "Update Vendor Authorization" tab. Select the Vendor and the measure set(s) of interest. Then add or modify the dates of interest.

Provider Information

Provider CCN NPI

I'd Like To

- Add New Vendor Authorization
- Update Vendor Authorization

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VENDOR AUTHORIZATION

Alerts (1) Notifications (0) Help Log Out

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Home Quality Programs My Data My Measures My Scores My Reports

Home Quality Programs Hospital Quality Reporting Authorize Vendors to Submit Data

Start Add New Vendor Authorization Update Vendor Authorization

Add New Vendor Select Add Vendor Dates Approve Vendor Confirmation Help

Add a New Vendor to Authorized List of Vendors * Required Field

Search for vendors, then select a vendor from the result list and click Continue.

Provider CCN NPI

Search Vendors

* Search Text SEARCH

< Prev 0 of 0 Next >

Select	Vendor ID	Vendor Name	Address	Contact Name	Phone	Fav
Start searching						

CANCEL CONTINUE

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VENDOR AUTHORIZATION

The screenshot shows the CMS QualityNet interface for adding dates to a selected vendor. The breadcrumb trail is: Home > Quality Programs > Hospital Quality Reporting > Add/Update Vendor to Submit Data. The navigation tabs include Home, Quality Programs, My Data, My Measures, My Scores, and My Reports. The current step is 'Add Dates to Selected Vendor', which is a required field. Below the title, there are instructions: 'Enter dates for which this vendor is authorized to submit data on your behalf. Enter 'End' dates only if you intend to discontinue authorization for this vendor on those dates. Otherwise, leave 'End' dates blank.' A barcode is present for the vendor. The vendor details are as follows:

Vendor Name	Vendor ID	Telephone	FAX
ABC Sample Vendor	V123456	410-222-9854	410-222-4144

Address	Contact Name
123 Main St. Denver, CO 12345	Joe Smith

This vendor is to be authorized for the following measure set(s):

Measure Set	Discharge Date	Data Transmission Date
IPF	* START: MM/DD / YYYY END: MM/DD / YYYY	* START: MM/DD/YYYY END: MM/DD/YYYY

At the bottom, there are three buttons: CANCEL, PREVIOUS, and CONTINUE.

VENDOR AUTHORIZATION

The screenshot shows a web application interface for 'Approve Vendor Authorization'. At the top, there are navigation tabs: 'Start', 'Add New Vendor Authorization', and 'Update Vendor Authorization'. Below these are four steps in a progress bar: 'Add New Vendor Select', 'Add Vendor Dates', 'Approve Vendor' (which is highlighted), and 'Confirmation'. A 'Help' icon is in the top right corner.

The main heading is 'Approve Vendor Authorization' with a red asterisk and the text '* Required Field'. Below this is a instruction: 'Carefully review the information you have entered. To verify the new vendor data and submit it, click Confirm and Submit.'

The form contains several fields:

- Provider:** A barcode.
- CCN:** A barcode.
- NPI:** A barcode.
- Vendor Name:** ABC Sample Vendor
- Vendor ID:** V123456
- Telephone:** 410-222-9854
- FAX:** 410-222-4144
- Address:** 123 Main St., Denver, CO 12345
- Contact Name:** Joe Smith

There are two date selection sections:

- Discharge Date:** Includes 'START' and 'END' fields with dropdown menus for MM/DD and YYYY.
- Data Transmission Date:** Includes 'START' and 'END' fields with text input for MM/DD/YYYY and a calendar icon.

A text box contains the following text:

Meadowood Psychiatric Hospital authorizes ABC Sample Vendor to transmit data for the specified dates. The vendor agrees to transmit data for all payers via QualityNet to the Warehouse in the agreed-upon data format provided by CMS (XML). The data collected has also met the CMS standard protocols and transmission requirements. The vendor ensures that all of its data collection and transmission activities are in accordance with HIPAA regulatory requirements regarding security and privacy. The authorization remains in effect for the specified vendor until dates are entered to end the authorization.

Please confirm your changes to this vendor's authorization. CMS requires that you confirm the changes you have made to the vendor authorization to submit data on your facility's behalf.

Please indicate your confirmation by checking the box below, then click the Confirm and Submit button.

* On behalf of my facility, I approve this vendor to transmit our facility quality of care data.

At the bottom, there are three buttons: 'CANCEL', 'PREVIOUS', and 'CONFIRM AND SUBMIT'.

These screen shots are for the Vendor Authorization function, which is expected to go live as part of the Hospital Reporting tool set by June 27, 2013. These screen shots are mock-ups of the expected functionality, which is still in development, and may not be fully representative. A paper-based form will also be submitted in the PRA package.