

VENDOR AUTHORIZATION

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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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Start Add New Vendor Authorization Update Vendor Authorization

Add New Vendor Select Add Vendor Dates Approve Vendor Confirmation

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

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

CANCEL CONTINUE

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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 in blue), 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 also date selection fields:

- Discharge Date:** * START: MM/DD / YYYY, END: MM/DD / YYYY
- Data Transmission Date:** * START: MM/DD/YYYY, END: MM/DD/YYYY

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.