



#	Page # / Section	FORM CMS-QIMS-0001 (05/11v) (Original Part B)	FORM CMS-ESRD-0223 (01.14.2013) Updated Form - ESRD Application Access Form (Previously known as Part B of the QualityNet Identity Management System (QIMS) Account Form)	Description of Change																																																								
1	All - Header	 <p>DEPARTMENT OF HEALTH AND HUMAN SERVICES QualityNet Identity Management System (QIMS) Account Form</p>	 <p>ESRD Application Access Form Previously known as Part B of the QualityNet Identity Management System (QIMS) Account Form</p> <p>Form Approved OMB No. 0000-0000</p>	Adding ESRD QIP Application to the form. Adding OMB Form Number. Updating CMS logo.																																																								
2	1	<p>Part B of this form applies to CROWNWeb only. All fields marked with an asterisk (*) are required.</p> <p>CROWNWeb and ESRD QIP Roles and Scope Part B</p> <p>Prefix: * First Name: * Middle Name: (NMN if none) * Last Name: Suffix:</p> <p>* System Access Required for the Applicant's Job Role: Complete ONLY ONE column with the guidance of your Manager</p> <table border="1"> <tr> <th>Dialysis Facility</th> <th>ESRD Network</th> <th>CMS Employee</th> <th>Other Roles</th> </tr> <tr> <td> CMS Medicare Provider Number (CMS Certification Number): ESRD Network #: ESRD Network #: Select at least one role: <input type="checkbox"/> Facility Viewer <input type="checkbox"/> Facility Editor <input type="checkbox"/> Facility Administrator </td> <td> ESRD Network #: <input type="checkbox"/> Network Patient Editor <input type="checkbox"/> Network Facility Editor <input type="checkbox"/> Network Administrator </td> <td> Office: Group: Division: <input type="checkbox"/> CMS Viewer <input type="checkbox"/> CMS Editor <input type="checkbox"/> CMS Administrator </td> <td> Contract(s): CMS COTR: <input type="checkbox"/> Third Party Submitter for Batch <input type="checkbox"/> Third Party Researcher <input type="checkbox"/> CROWNWeb System Administrator <input type="checkbox"/> ESRD QIP System Administrator <input type="checkbox"/> ESRD QIP Special Purpose Contractor </td> </tr> </table>	Dialysis Facility	ESRD Network	CMS Employee	Other Roles	CMS Medicare Provider Number (CMS Certification Number): ESRD Network #: ESRD Network #: Select at least one role: <input type="checkbox"/> Facility Viewer <input type="checkbox"/> Facility Editor <input type="checkbox"/> Facility Administrator	ESRD Network #: <input type="checkbox"/> Network Patient Editor <input type="checkbox"/> Network Facility Editor <input type="checkbox"/> Network Administrator	Office: Group: Division: <input type="checkbox"/> CMS Viewer <input type="checkbox"/> CMS Editor <input type="checkbox"/> CMS Administrator	Contract(s): CMS COTR: <input type="checkbox"/> Third Party Submitter for Batch <input type="checkbox"/> Third Party Researcher <input type="checkbox"/> CROWNWeb System Administrator <input type="checkbox"/> ESRD QIP System Administrator <input type="checkbox"/> ESRD QIP Special Purpose Contractor	<p>You must have a QIMS account in order to access (1) CROWNWeb and/or (2) ESRD Quality Incentive Program (QIP) applications. Please print clearly or type when completing this form; if not legible your form will be returned to you. * Indicates Required Field</p> <p>SECTION 1 - To be completed with guidance from the Applicant's Manager</p> <p>* Purpose of Request: <input type="checkbox"/> Add new application role(s) <input type="checkbox"/> Add additional application role(s) <input type="checkbox"/> Change existing application role(s) <input type="checkbox"/> Remove application access</p> <p>SECTION 2 - To be completed by the Applicant</p> <p>Prefix: * First Name: * Middle Name (NMN if none): * Last Name: Suffix: * Phone #: * E-Mail: Current QIMS User ID:</p> <p>SECTION 3 - To be completed with guidance from the Applicant's Manager</p> <p>Section 3.1 ESRD CROWNWeb Access Request -- Complete ONLY ONE column for CROWNWeb access</p> <table border="1"> <tr> <th>Dialysis Facility</th> <th>ESRD Network</th> <th>CMS Employee</th> <th>Other Designated Users</th> </tr> <tr> <td> CMS Medicare Provider Number (CMS Certification Number): ESRD Network #: ESRD Network #: <input type="checkbox"/> Facility Viewer <input type="checkbox"/> Facility Editor <input type="checkbox"/> Facility Administrator </td> <td> ESRD Network #: <input type="checkbox"/> Network Viewer <input type="checkbox"/> Network Patient Editor <input type="checkbox"/> Network Facility Editor <input type="checkbox"/> Network Administrator </td> <td> Office: Group: Division: <input type="checkbox"/> CMS Viewer <input type="checkbox"/> CMS Editor <input type="checkbox"/> CMS Administrator </td> <td> Contract #(s) if applicable: CMS COR: <input type="checkbox"/> Third Party Submitter for Batch <input type="checkbox"/> System Administrator <input type="checkbox"/> Other: </td> </tr> </table>	Dialysis Facility	ESRD Network	CMS Employee	Other Designated Users	CMS Medicare Provider Number (CMS Certification Number): ESRD Network #: ESRD Network #: <input type="checkbox"/> Facility Viewer <input type="checkbox"/> Facility Editor <input type="checkbox"/> Facility Administrator	ESRD Network #: <input type="checkbox"/> Network Viewer <input type="checkbox"/> Network Patient Editor <input type="checkbox"/> Network Facility Editor <input type="checkbox"/> Network Administrator	Office: Group: Division: <input type="checkbox"/> CMS Viewer <input type="checkbox"/> CMS Editor <input type="checkbox"/> CMS Administrator	Contract #(s) if applicable: CMS COR: <input type="checkbox"/> Third Party Submitter for Batch <input type="checkbox"/> System Administrator <input type="checkbox"/> Other:	Added purpose of request text. Added section headers 1, 2, 3 and 3.1. Modified CMS COTR to CMS COR. Removed Third Party Researcher, ESRD QIP System Administrator, ESRD QIP Special Purpose Contractor. Modified CROWNWeb System Administrator to System Administrator.																																								
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3	1	<p>Facility Scope *If the Applicant requires and is approved for Scope over more than ONE dialysis facility, the following section is required and must follow the SPECIAL ROUTING INSTRUCTIONS FOR ADDITIONAL FACILITY SCOPE on Page 2 of this form.</p> <table border="1"> <tr> <td>Facility Name:</td> <td>Name of Facility Contact:</td> <td>Contact Phone:</td> <td>Contact E-mail:</td> </tr> <tr> <td>Facility Name:</td> <td>Name of Facility Contact:</td> <td>Contact Phone:</td> <td>Contact E-mail:</td> </tr> <tr> <td>Facility Name:</td> <td>Name of Facility Contact:</td> <td>Contact Phone:</td> <td>Contact E-mail:</td> </tr> <tr> <td>Facility Name:</td> <td>Name of Facility Contact:</td> <td>Contact Phone:</td> <td>Contact E-mail:</td> </tr> <tr> <td>Facility Name:</td> <td>Name of Facility Contact:</td> <td>Contact Phone:</td> <td>Contact E-mail:</td> </tr> </table> <p>I have authorized the CROWNWeb Roles and Scope, including any Additional Facility Scope for the Applicant</p> <p>* Signature of Applicant's End User Manager: * Date: (mm/dd/yyyy)</p>	Facility Name:	Name of Facility Contact:	Contact Phone:	Contact E-mail:	Facility Name:	Name of Facility Contact:	Contact Phone:	Contact E-mail:	Facility Name:	Name of Facility Contact:	Contact Phone:	Contact E-mail:	Facility Name:	Name of Facility Contact:	Contact Phone:	Contact E-mail:	Facility Name:	Name of Facility Contact:	Contact Phone:	Contact E-mail:	<p>Additional Facility Scope for Applicants requiring CROWNWeb Scope over more than ONE Dialysis Facility</p> <table border="1"> <thead> <tr> <th>CMS Medicare Provider # or CMS Certification #</th> <th>ESRD Network</th> <th>Facility Name</th> <th>Facility Contact Name</th> <th>Contact Phone</th> <th>Contact E-Mail</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	CMS Medicare Provider # or CMS Certification #	ESRD Network	Facility Name	Facility Contact Name	Contact Phone	Contact E-Mail	1.						2.						3.						4.						5.						Added a column for CMS Medicare Provider # or CMS Certification #. Added column for ESRD Network. Modified Name of Facility Contact to Facility Contact Name.
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4	1	N/A	<p>Section 3.2 <input type="checkbox"/> ESRD Quality Incentive Program (QIP) Access Request -- Complete ONLY ONE column for QIP access</p> <table border="1"> <tr> <td><input type="checkbox"/> Dialysis Facility</td> <td><input type="checkbox"/> ESRD Network</td> <td><input type="checkbox"/> CMS Employee</td> <td><input type="checkbox"/> Other Designated Users</td> </tr> <tr> <td>CMS Medicare Provider Number (CMS Certification Number):</td> <td>ESRD Network #:</td> <td>Office: Group: Division:</td> <td>Contract #(s) if applicable:</td> </tr> <tr> <td>ESRD Network #:</td> <td></td> <td></td> <td>CMS COR:</td> </tr> <tr> <td><input type="checkbox"/> Roles Admin - Facility Level</td> <td><input type="checkbox"/> Roles Admin - Network Level</td> <td><input type="checkbox"/> Roles Admin - CMS Level</td> <td><input type="checkbox"/> Roles Admin - Admin Level</td> </tr> <tr> <td><input type="checkbox"/> Facility Point of Contact (Only one POC per Facility)</td> <td><input type="checkbox"/> Network User</td> <td><input type="checkbox"/> CMS Approver</td> <td><input type="checkbox"/> Roles Admin - Analytical Level</td> </tr> <tr> <td><input type="checkbox"/> Facility Viewer</td> <td></td> <td><input type="checkbox"/> CMS Viewer</td> <td><input type="checkbox"/> Tier 1 Support</td> </tr> <tr> <td><input type="checkbox"/> Dialysis Organization</td> <td></td> <td><input type="checkbox"/> Administrator User</td> <td><input type="checkbox"/> Analytical User</td> </tr> <tr> <td><input type="checkbox"/> Roles Admin - Dialysis Organization</td> <td></td> <td></td> <td><input type="checkbox"/> Tier 3 Support</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> M&E Contractor</td> </tr> </table> <p>*Dialysis Organization Name (required if applicable): <input type="checkbox"/> Check this box if the Applicant from SECTION 2 is employed by the Dialysis Organization named above</p>	<input type="checkbox"/> Dialysis Facility	<input type="checkbox"/> ESRD Network	<input type="checkbox"/> CMS Employee	<input type="checkbox"/> Other Designated Users	CMS Medicare Provider Number (CMS Certification Number):	ESRD Network #:	Office: Group: Division:	Contract #(s) if applicable:	ESRD Network #:			CMS COR:	<input type="checkbox"/> Roles Admin - Facility Level	<input type="checkbox"/> Roles Admin - Network Level	<input type="checkbox"/> Roles Admin - CMS Level	<input type="checkbox"/> Roles Admin - Admin Level	<input type="checkbox"/> Facility Point of Contact (Only one POC per Facility)	<input type="checkbox"/> Network User	<input type="checkbox"/> CMS Approver	<input type="checkbox"/> Roles Admin - Analytical Level	<input type="checkbox"/> Facility Viewer		<input type="checkbox"/> CMS Viewer	<input type="checkbox"/> Tier 1 Support	<input type="checkbox"/> Dialysis Organization		<input type="checkbox"/> Administrator User	<input type="checkbox"/> Analytical User	<input type="checkbox"/> Roles Admin - Dialysis Organization			<input type="checkbox"/> Tier 3 Support				<input type="checkbox"/> M&E Contractor	Added Section 3.2 ESRD Quality Incentive Program (QIP) Access Request. Added Organization Types. Added ESRD QIP user roles.
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5	1 – Security Official information	<p>Security Official Information: (This section is to be completed by the Security Official)</p> <table border="1"> <tr> <td>*QIMS Security Official (SO) Name:</td> <td>*SO Phone Number:</td> <td>*Date: (mm/dd/yyyy)</td> </tr> <tr> <td>*Applicant QIMS User ID:</td> <td>*Account Activation Date: (mm/dd/yyyy)</td> <td></td> </tr> <tr> <td>*Security Official Name (First Middle Last)</td> <td>*Security Official Signature:</td> <td></td> </tr> <tr> <td>Reason(s) for account Activation Denial (if applicable)</td> <td><input type="checkbox"/> Missing required * information</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Notarization</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Roles and/or scope</td> <td></td> </tr> </table>	*QIMS Security Official (SO) Name:	*SO Phone Number:	*Date: (mm/dd/yyyy)	*Applicant QIMS User ID:	*Account Activation Date: (mm/dd/yyyy)		*Security Official Name (First Middle Last)	*Security Official Signature:		Reason(s) for account Activation Denial (if applicable)	<input type="checkbox"/> Missing required * information			<input type="checkbox"/> Notarization			<input type="checkbox"/> Roles and/or scope		<p>SECTION 4 - To be completed by BOTH the Applicant's End User Manager (EUM) and Security Official (SO)</p> <p>Note: By signing and dating this section, you are authorizing the application access specified on this form.</p> <table border="1"> <tr> <td>*Signature of Applicant's EUM:</td> <td>*Printed Name of Applicant's EUM:</td> </tr> <tr> <td>*Date: (mm/dd/yyyy)</td> <td>*EUM Phone #:</td> </tr> <tr> <td></td> <td>*EUM E-Mail:</td> </tr> <tr> <td>*Signature of Applicant's SO:</td> <td>*Printed Name of Applicant's SO:</td> </tr> <tr> <td>*Date: (mm/dd/yyyy)</td> <td>*SO Phone #:</td> </tr> <tr> <td></td> <td>*SO E-Mail:</td> </tr> </table>	*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:	Combined Security Official and End User Manager signature box. Removed Applicant QIMS User ID, Account Activation Date, Security Official Name (First, Middle, Last), Reason(s) for account activation denial (if applicable), Missing required information checkbox, Notarization checkbox, and Roles and/or Scope checkbox. Added Signature of Applicant's EUM, Printed Name of Applicant's EUM, Date (MM/DD/YYYY), EUM Phone Number, EUM E-MAIL, and						
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				<i>SO E-MAIL.</i>
6	All – Footer	Form CMS-QIMS-0001 (05/11v)	FORM CMS-ESRD-0223 (01.14.2013)	Updated CMS Form Number
7	1 – Footer	Page 1 of 3	Page 1 of 4	Updated page numbers.
8	2	Removed (Instructions and Form Routing for Part A and Part B)	Replaced with Page 3 of Form CMS-QIMS 0001 (05/11v)	No changes to text of <i>QualityNet Data Submission Statement, Privacy Act Statement, or Security Requirements for Users of CMS Computer Systems.</i>
9	3, 4	N/A	Instructions and Form Routing (Sections 1-4)	Replaced page 2 of CMS-QIMS 0001 (05/11v). Provides detailed instructions for completing and submitting the form.