



ESRD Application Access Form

Form Approved
OMB No. 0000-0000

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

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

SECTION 1 - To be completed with guidance from the Applicant's Manager

*Purpose of Request:

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

SECTION 2 - 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 - To be completed with guidance from the Applicant's 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 Medicare Provider Number (CMS Certification Number):	ESRD Network #:	Office: Group:	Contract #(s) if applicable:
ESRD Network #:		Division:	CMS COR:
<input type="checkbox"/> Facility Viewer	<input type="checkbox"/> Network Viewer	<input type="checkbox"/> CMS Viewer	<input type="checkbox"/> Third Party Submitter for Batch
<input type="checkbox"/> Facility Editor	<input type="checkbox"/> Network Patient Editor	<input type="checkbox"/> CMS Editor	<input type="checkbox"/> System Administrator
<input type="checkbox"/> Facility Administrator	<input type="checkbox"/> Network Facility Editor	<input type="checkbox"/> CMS Administrator	<input type="checkbox"/> Other:
	<input type="checkbox"/> Network Administrator		

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

CMS Medicare Provider # or CMS Certification #	ESRD 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 Medicare Provider Number (CMS Certification Number):	ESRD Network #:	Office: Group: Division:	Contract #(s) if applicable: CMS COR:
ESRD Network #:			
<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

*Dialysis Organization Name (required if applicable):

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

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:
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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 QualityNet Help Desk ESRD Team.

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 (qnetsupport@sdps.org) to report the actual or potential security incident.

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 FORM CMS-ESRD-0223. 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, Attention: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.



ESRD Application Access Form

INSTRUCTIONS AND FORM ROUTING

The following instructions are intended to assist Applicants with completing this form to add or change roles in CROWNWeb and/or ESRD Quality Improvement Program (QIP) applications or to remove access to one or both 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 or type when completing this form. It will be returned to you if your form is not complete and legible; this may delay your request for application access.
- All fields marked with an asterisk (*) are required and must be filled out by the Applicant.

SECTION 1

Please check only one Purpose of Request:

- Add new application role(s): check if you are requesting application access to CROWNWeb and/or QIP for the first time
- Add additional application role(s): check if you have access to one application but need to add either CROWNWeb or QIP
- 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 and/or QIP

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 or QIP or both systems.

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

- Complete only one of the following columns:
 - **Dialysis Facility:** select if you are an employee of a dialysis facility and complete the following:
 - CMS Medicare Provider Number (CMS Certification Number)
 - 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 Facilities; attach a separate sheet to list more than 5 Facilities
 - **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 Medicare Provider Number (CMS Certification Number)
 - ESRD Network # (1-18)
 - Select the facility role(s) you will be performing in ESRD QIP:
 - Roles Administrator - Facility Level
 - Facility Point of Contact (POC) - One POC per facility (facility employee or corporate employee)
 - Facility Viewer
 - Dialysis Organization
 - Roles Administrator - Dialysis Organization
 - If Applicant is employed by a **Dialysis Organization** (a corporate owner of dialysis facilities):
 - Complete Dialysis Organization Name and select the checkbox in the next row
 - Choose Facility POC or Facility Viewer role (Facility Role Administrator must assign this role) and/or the Dialysis Organization or Roles Administrator – Dialysis Organization role
 - **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 ESRD QIP:
 - Roles Administrator - Network Level
 - Network User
 - **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 ESRD QIP:
 - Roles Administrator - CMS Level
 - CMS Approver
 - CMS Viewer
 - Administrator User
 - **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
 - Roles Administrator - Analytical Level
 - Tier 1 Support
 - Analytical User
 - Tier 3 Support
 - M&E Contractor

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. 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.
- NOTE: EUMs are pre-designated for the Facility, Help Desk, Network, and CMS activity that the Applicant is closest to.
- If the EUM does not have an SO at their location, they will forward the form to their designated SO.
- The SO will provision application roles after the Applicant's QIMS User ID has been activated.
- After the Applicant's roles are provisioned, the SO will:
 - store the original ESRD Application Access Form locally for a period no less than 7.5 years
 - update the form whenever there is a change in access required of the original Applicant
 - produce the original form at the request of CMS