

# CMSNet REMOTE ACCESS REQUEST PORTAL

## Online Enrollment Instructions

<http://www.cmsruas.com/>

Using the Online CMSNet Remote Access Portal:

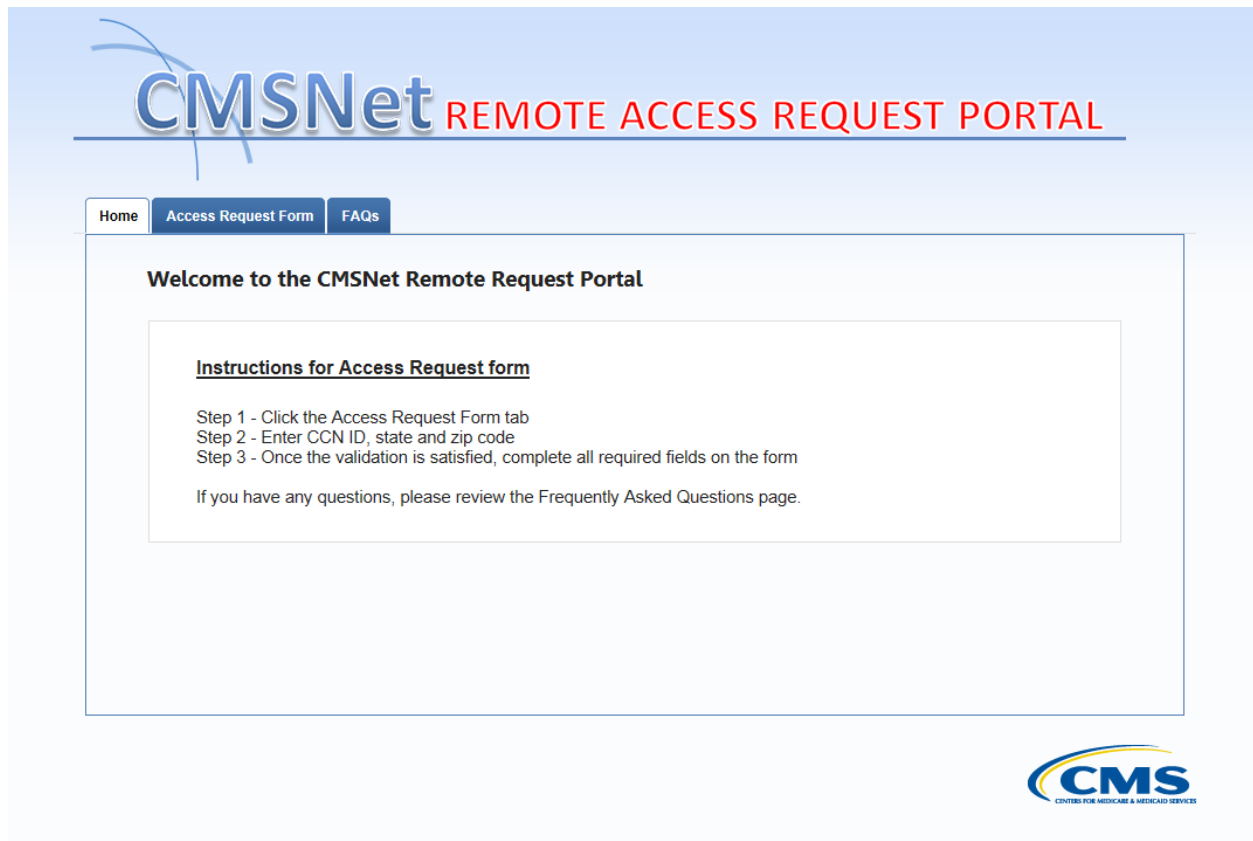


Figure 1

(1) Navigate to the [www.cmsruas.com](http://www.cmsruas.com) home page: (Figure 1)

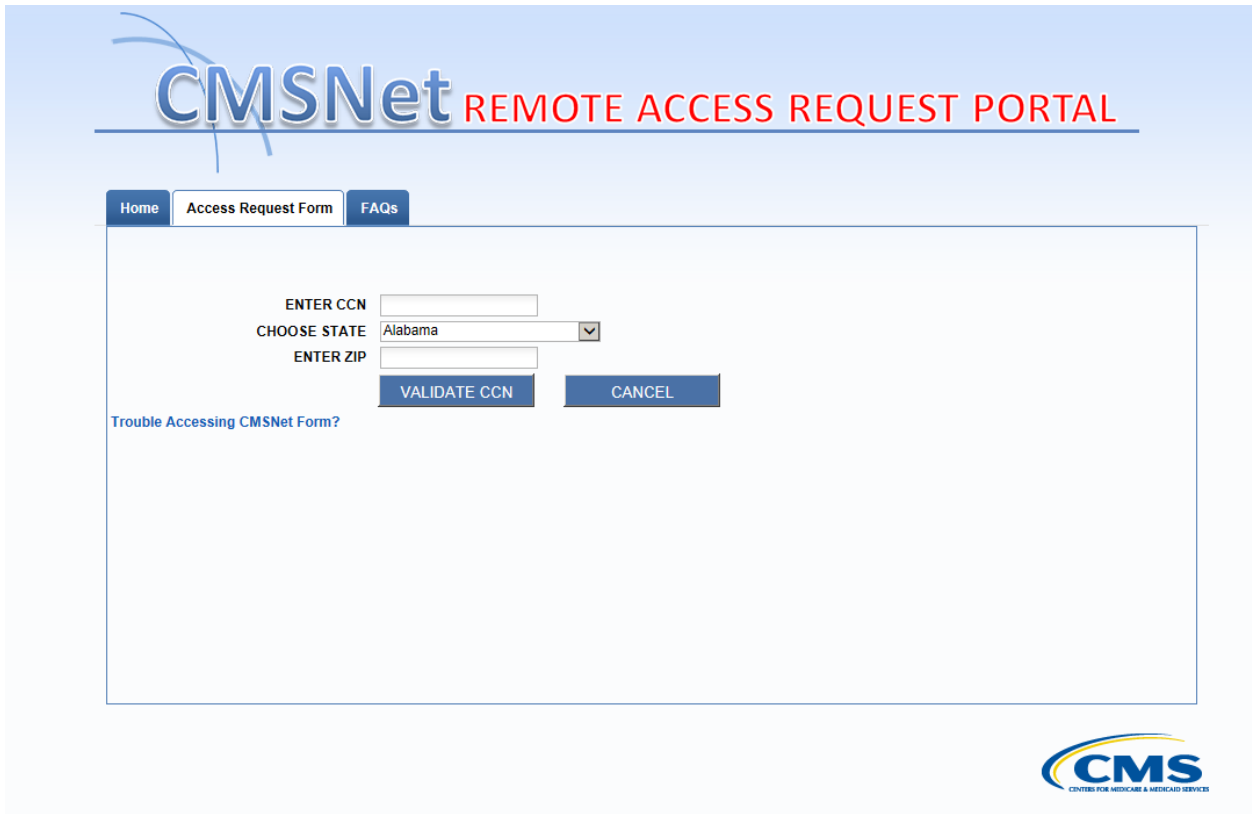


Figure 2

(2) Select the “Access Request Form” tab: (Figure 2)

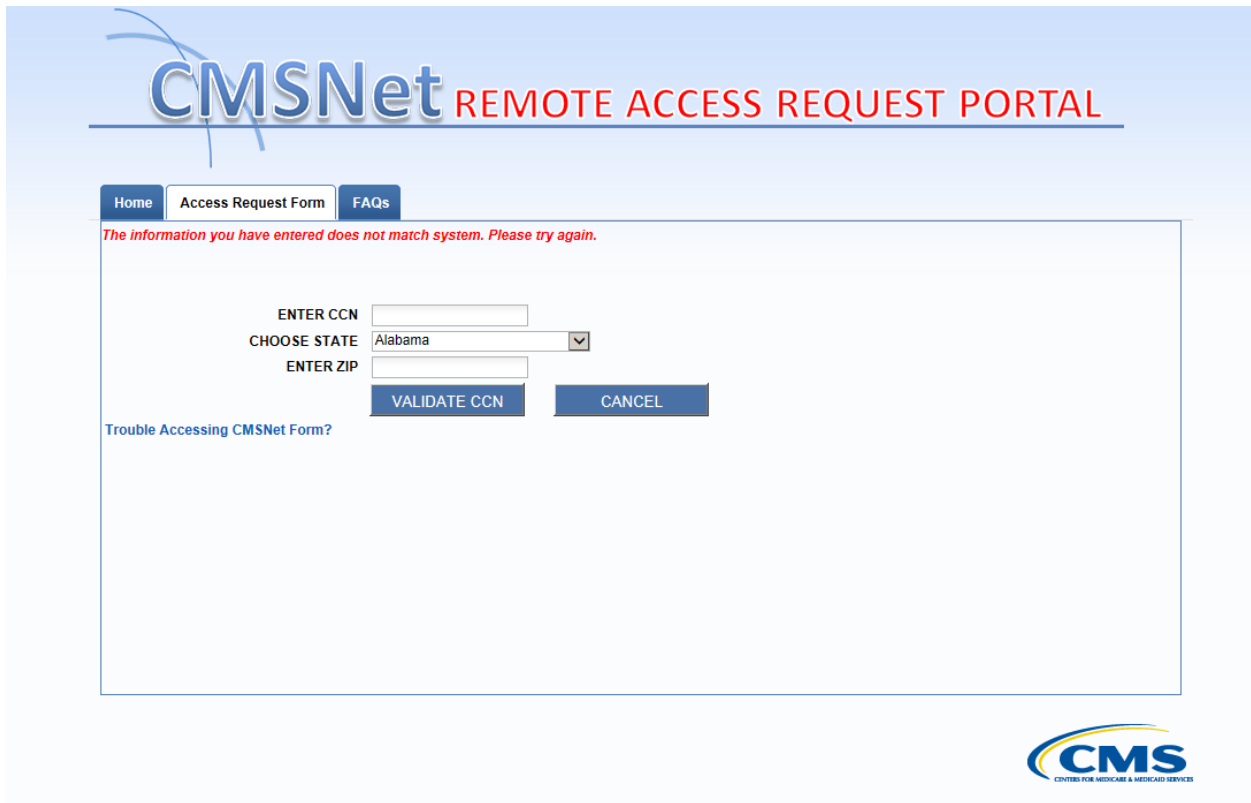


Figure 3

- (3) Enter the CCN, state and zip for the facility. If it does not match our records you will see the red lettering. **“The information you have entered does not match system. Please try again.”** (Figure 3)

Please check that you entered the information correctly and re validate.

If you do not receive the validation or believe your entry is correct please contact the CMSNet Remote User helpdesk, by choosing the Trouble Accessing CMSNet Form link in Figure 3.

Home Access Request Form FAQs

CCN %%%%  
 STATE AL  
 ZIP %%%%

You are submitting for the state of: AL

TYPE REQUEST \* <Select an item>  
 TYPE PROVIDER \* <Select an item>  
 PROVIDER STATUS \* <Select an item>  
 PROVIDER FACILITY \*  
 FACILITY ADDRESS \*  
 FACILITY ADDRESS 2  
 CITY \*  
 FIRST NAME \*  
 LAST NAME \*  
 EMAIL \*  
 PHONE \*

Submit Cancel

CCN STATE, and ZIP are brought forward from first page.

Figure 4

- (4) Once you have correctly entered the required verification indicators in the previous screen, you will be presented the enrollment page. (Figure 4)

Home Access Request Form FAQs

CCN  
 STATE AL  
 ZIP

You are submitting for the state of: AL

TYPE REQUEST \* Create New Access  
 TYPE PROVIDER \* Hospice  
 PROVIDER STATUS \* <Select an item>  
 PROVIDER FACILITY \*  
 FACILITY ADDRESS \*  
 FACILITY ADDRESS 2  
 CITY \*  
 FIRST NAME \*  
 LAST NAME \*  
 EMAIL \*  
 PHONE \*

Submit Cancel

Figure 5

- (5) Select the “TYPE REQUEST” from the drop down and complete the form. Red stars are required fields, if these are not completed the form will not submit until complete. This example is for a new user. (Figure 5)

Home Access Request Form FAQs

CCN

STATE AL

ZIP

You are submitting for the state of: AL

TYPE REQUEST \* **Replace Existing User** ▼

TYPE PROVIDER \* Hospice ▼

PROVIDER STATUS \* <Select an item> ▼

PROVIDER FACILITY \*

FACILITY ADDRESS \*

FACILITY ADDRESS 2

CITY \*

FIRST NAME \*

LAST NAME \*

EMAIL \*

PHONE \*

EXISTING USER ID

LAST NAME \*

FIRST NAME \*

EMAIL

Submit Cancel

Figure 6

(6) Example of “REPLACE EXISTING USER”. (Figure 6)

This is used if you have exceeded your 2 users and must replace as user. You will be required to notify us which user is to be removed.

Notice the ID is not required, however, the users name is.

You may not have the same user for both user ID’s.

# CMSNet REMOTE ACCESS REQUEST PORTAL

Request Successfully Submitted

Please allow 2 full business days to receive your login information by email from [mdcn.mco@palmettogba.com](mailto:mdcn.mco@palmettogba.com).  
If you do not receive your log in please check your spam folder before calling for assistance.

[Back to Home](#)



Figure 7

- (7) If entered all the required fields, the “Request Successfully Submitted” screen will display. Allow up to 2 business days to receive a reply. If you do not receive a reply in that time, please check your spam folder before calling the helpdesk.  
(Figure 7)
  
- (8) ID’s are processed in the order they are received and users will receive 2 emails from [mdcn.mco@palmettogba.com](mailto:mdcn.mco@palmettogba.com). First with their assigned login ID and second with the password and links to install documents, FAQ’s, and contact information.