CMSNet/QIES Third-Party Service Bureau User Request for LTCHs, IRFs, and Hospices

This form must be completed by a provider (LTCH, IRF, or Hospice) in order to:

1. **Designate a third-party service bureau user** to submit records (assessments) on the provider's behalf
2. **Remove access** of a current third-party service bureau user to the provider in situations such as termination or turnover

A Third-Party Service Bureau is defined as follows: An outside entity contracted by a provider or corporation to provide services. The entity is typically contracted to process submissions, but may also be contracted to retrieve and/or review report data for the provider. The entity is not limited to contracting with providers in a single state and may provide services for providers in multiple states.

Warning: Security regulations do not allow a user ID to be logged on to multiple sessions simultaneously. Problems may arise if the third-party service bureau user ID is used with an automated submission system and accesses multiple servers.

Please complete this form, in its entirety, electronically

Note: *In order to e-mail this form, you must first save it as a text file*

Instructions for downloading and saving PDF forms are available at www.QTSO.com

Type of Request (REQUIRED)

Request to Create New Third-Party Personal User ID ☐ Type of Provider (select one): ◯ IRF ◯ LTCH ◯ Hospice

Request to Change: Add Provider ☐ Remove Provider ☐ Third Party User's Current Personal ID: _____

Third-Party User Information (REQUIRED)

First & Last Name: _____ User Phone: _____

User E-mail Address: _____

User Physical Address: _____

Company Name: _____

Provider Information (REQUIRED)

(of the LTCH, IRF, or Hospice for which data will be submitted or reports requested)

Provider Name: _____

CCN: _____

Provider Physical Address: _____

Provider Mailing Address: _____

Provider Contact Person Name: _____ Contact Person Phone: _____

Contact Person Title: _____

Contact Person E-mail Address: _____

Request Date: _____

Fax OR e-mail the completed form to the QTSO Help Desk

E-mail submissions must include provider letterhead as an attachment

E-mail: help@QTSO.com

Fax cover sheet must contain provider letterhead and must come from a provider fax machine

Fax: 888-477-7871

After submitting the request, if you do not receive e-mail acknowledgment within 2 business days, please contact us immediately

Please allow 5 business days for your request to be completed