

QIES (MDS/ePOC/PBJ) Corporate Access Request

This form must be completed in order to:

1. **Designate a corporate user** to submit assessments and/or staffing information on a facility's behalf
2. **Remove access** of a current corporate user to a facility in situations such as termination or turnover

A Corporate User is defined as follows: Represents multiple facilities which are all owned by a single corporation. The corporation is responsible for processing submissions for its facilities and can also be responsible for retrieving and/or reviewing facility report data from the MDS Submission, CASPER Reporting, Electronic Plan of Correction (ePOC), and Payroll Based Journal (PBJ) systems. The corporation's facilities are not limited to a single state and the corporation may have facilities operating 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 corporate user ID is used with an automated submission system and accesses multiple servers.

NOTE: For state license-only facilities, please provide the Facility IDs used for submissions in lieu of Medicare CCNs.

Please complete this form electronically, print, and submit the signed document to the QTSO Help Desk

Type of User Request (REQUIRED)

Request to Create New Corporate Personal User ID for: MDS Submission PBJ ePOC

Request to Change: Add Facility Remove Facility Corporate User's Current Personal ID:

Corporate User Information (REQUIRED)

First & Last Name: User's Phone:

User's E-mail Address:

(attach list for additional users)

Corporation Name:

Corporation Physical Address:

Corporate Contact Name:

Corporate Contact Title: Corporate Contact Phone:

Corporate Contact Signature:

Request Date:

Reason for Additional Facility Access for User (REQUIRED)

Please provide a brief description justifying the need for additional user access to facility data:

Facility Information (REQUIRED)

Use the following pages to list the facilities to add to or remove from this corporate user's access.

NOTE: For a state license-only facility, please provide the Facility ID used for submissions in lieu of a Medicare CCN.

Fax OR e-mail the completed, signed 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 the corporate 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

Facility Information

Name	Physical Address	Mailing Address	Medicare CCN or Fac ID	Access to Application
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ

Facility Information - Continued

Name	Physical Address	Mailing Address	Medicare CCN or Fac ID	Access to Application
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ
				<input type="checkbox"/> MDS <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ