

CMSNet/QIES Corporate Access Request for Hospices

This form must be completed in order to:

1. **Designate a corporate user** to submit records (assessments) on a Hospice provider's behalf
2. **Remove access** of a current corporate user to a provider in situations such as termination or turnover

A Corporate User is defined as follows: Represents multiple providers that are all owned by a single corporation. The corporation is responsible for processing submissions for its providers and can also be responsible for retrieving and/or reviewing provider report data from the ASAP submission system and from CASPER Reports. The corporation's providers are not limited to a single state and the corporation may have providers 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.

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

Type of User Request (REQUIRED)

Request to Create New Corporate Personal User ID

Request to Change: Add Provider Remove Provider 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 Provider Access for User (REQUIRED)

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

Provider Information (REQUIRED)

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

Fax OR e-mail the completed, signed form to the Help Desk

E-mail submissions must include provider letterhead as an attachment

E-mail: iqies@cms.hhs.gov

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

Provider Information

Name	Physical Address	Mailing Address	CCN	# Additional Users Needed

Provider Information - Continued

Name	Physical Address	Mailing Address	CCN	# Additional Users Needed