

CMSNet/QIES Third-Party Service Bureau User Request for Hospices

This form must be completed by a Hospice provider 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 <https://qtso.cms.gov/access-forms/data-access-request-information>.

Type of Request (REQUIRED)

Request to Create New Third-Party Personal User ID

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 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 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 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