

# 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 Help Desk

E-mail submissions must include provider letterhead as an attachment

E-mail: [iqies@cms.hhs.gov](mailto: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**

## 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
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				<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
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