

Completing and Saving a PDF Form Electronically

1. Select *File* → *Save As*. A **Save As** dialog box opens.
2. From the drop-down list associated with the *Save In* field, select *Desktop*. Note the name of the file in the *File name* field, and then select the **Save** button.
3. Open the form from its location on your desktop.
4. As you begin to fill out the form a warning message may display that states "Cannot Save Form Information". While it is true that you can not save the information entered in a PDF format, you are able to save it as a text file.
5. After you complete the form, select *File* → *Save As Text*. A **Save As** dialog box opens. From the drop-down list associated with the *Save In* field, select *Desktop* and then click the **Save** button.
6. Open the text file and verify the information you entered before closing the PDF form.
Note: When you close the PDF form, the information you entered is not saved within the form.

QIES (MDS/ePOC/PBJ) Individual User Account Maintenance Request

This form must be completed by a facility only for the following types of maintenance requests:

1. **Remove all access** - Did someone leave the position? Are you replacing someone?
2. **Remove only ePOC access** - Does an MDS and/or PBJ individual user no longer need access to ePOC (electronic Plan of Correction)?
3. **Remove only PBJ access** - Does an MDS and/or ePOC individual user no longer need access to PBJ (Payroll Based Journal)?
4. **Remove only MDS Submission access** - Does an ePOC and/or PBJ individual user no longer need access to submit MDS data?
5. **Increase user limit** - If your facility requires more than two users for submissions/reporting/PBJ or four users for ePOC, complete and submit this form. The QTSO Help Desk will contact you with further instructions.

Note: This form is for maintenance of individual users only. Corporate and Third-Party Service Bureau Users must complete the *Corporate Access Request* or *Third Party Service Bureau User Request* form.

****State license-only facilities must provide their Facility ID used for submissions in the Facility ID field****

Type of Request (REQUIRED)

(must select at least one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Remove Access (Remove all access from an existing user) | Select System(s) you wish to Remove or Increase Access <input type="checkbox"/> ePOC <input type="checkbox"/> PBJ <input type="checkbox"/> MDS Submission | <input type="checkbox"/> Increase Facility User Limit (Request user accounts beyond the limit, if required) |
|---|--|--|

Reason for Request (REQUIRED)

Briefly explain the reason for this request:

Existing User Information

(required when Remove Access or Remove ePOC is checked)

| | | | |
|--------------------|----------------------|----------------------------------|----------------------|
| First & Last Name: | <input type="text"/> | User's Phone: | <input type="text"/> |
| E-mail Address: | <input type="text"/> | User's Account ID: (if known) | <input type="text"/> |

Facility Information (REQUIRED)

(for the facility for which data is submitted or reports requested)

| | | | |
|--|----------------------|---------------|----------------------|
| Facility Name: | <input type="text"/> | Medicare CCN: | <input type="text"/> |
| <input type="checkbox"/> Check if facility is State License-Only (Medicaid Only) | | Facility ID: | <input type="text"/> |
| Facility Physical Address: | <input type="text"/> | | |
| Facility Mailing Address: | <input type="text"/> | | |

Contact Person / Administrator Authorization (REQUIRED)

(for the facility for which data was/will be submitted or reports requested)

| | | | |
|-----------------------|----------------------|-----------------------|----------------------|
| Contact Person Name: | <input type="text"/> | Contact Person Title: | <input type="text"/> |
| Contact Person Phone: | <input type="text"/> | Request Date: | <input type="text"/> |
| E-mail Address: | <input type="text"/> | | |

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

Fax: 888-477-7871

E-mail: iqies@cms.hhs.gov

Fax cover sheet must contain facility letterhead and must be sent from a facility fax machine

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