

QualityNet Exchange ADMINISTRATOR Registration Form and Instructions

The QualityNet Exchange (QNet Exchange) Administrator Registration Form is used for you to request access to the secure QualityNet Exchange website as the QNet Exchange Administrator for your organization.

NOTE: Please refrain from making any changes or modifications to these forms, as this can delay the registration process. If you feel you have a business need to modify the registration forms, please contact the QualityNet Help Desk.

It is highly recommended that each organization designate **two** people as **QualityNet Exchange Administrators** for the organization—one to serve as the primary QualityNet Exchange Administrator and the other, to act as a backup administrator.

Note: For QIOs, the designated Security Administrator (QIOSA) and their backup person are the QNet Exchange Administrators for the QIO. A single state QIO may authorize two QIOSAs. The rules are slightly different for multi-state QIOs, depending on how administrators are assigned to QualityNet Exchange groups. Multi-state QIOs have a top-level group along with sub-groups for each of the individual states. If a QIOSA is assigned to the top-level group, that individual then has the ability to manage users at any of the sub-groups and is counted as one of the two allowed QIOSAs for each of the state sub-groups.

To register as the QualityNet Exchange Administrator for your organization, complete the following steps:

1. **Print** your information **legibly** and **completely** in each of the applicable fields on the QualityNet Exchange Administrator Registration Form.
2. As the person applying to be the QualityNet Exchange Administrator, you must sign and date the form in the presence of a Notary Public, obtaining the Notary's signature and seal on the form.
NOTE: If you do not have a Notary on staff, most banks and libraries have a Notary available. Some states allow Notaries to charge a fee. If someone at your organization is interested in becoming a Notary, you may contact your Secretary of State for additional information. Some states do not require a notary seal or stamp. However, QualityNet Exchange requires the notary seal or stamp on the registration form for approval.
3. The highest-level **executive** at your location must **complete** and **sign** the QualityNet Exchange **Administrator Authorization form**, attached to the Quality Net Exchange Administrator Registration Form and Instructions.
- 4a. If you are a Vendor or a Health Care System, **mail** the original completed QualityNet Exchange **Administrator Registration Form** and the QualityNet

Exchange **Administrator Authorization form** to the QNet Help Desk. The address follows.

- 4b. If you are *not* a Vendor or a Healthcare System, **mail** the original completed QualityNet Exchange **Registration Form** and the QualityNet Exchange **Administrator Authorization form** to your QIO or ESRD Network, keeping a copy at your office.

The QIO or ESRD Network QualityNet Exchange Administrator will mail the original form to the QualityNet Help Desk, keeping a copy at their office. The QIO or ESRD Network QualityNet Exchange Administrator will also enter your registration information online (in the secured area of QualityNet Exchange).

QualityNet Help Desk

6000 Westown Parkway, Suite 350E
West Des Moines, IA 50266

5. The QualityNet Help Desk will process the registration form. You will be notified by **e-mail** that the **registration** process is **complete** and that the **QualityNet Exchange** website is now **accessible**. The e-mail received from the QualityNet Help Desk upon the completion of registration contains your Log-In ID. If your QualityNet Administrator has not notified you of your password, click on the **Forgot Your Password?** link on the Log-In screen of the QualityNet Exchange website at www.qnetexchange.org. A temporary password will be e-mailed to the user of the account.
6. Follow instructions found on the Resources/Getting Started/System Set-up section of the QualityNet Exchange website at www.qnetexchange.org. All QualityNet Exchange users need to run the Test Your System feature to test the compatibility of their computer with the QualityNet Exchange site. The test will insure that the user has the required Java Runtime Environment and associated policy files to utilize the system.
7. If you have any questions regarding this process, contact the QualityNet Help Desk at (866) 288-8912 or send an e-mail message to Qnetsupport@ifmc.sdps.org

QualityNet Exchange Administrator Responsibilities

- Create, approve, edit, and/or terminate QualityNet Exchange user accounts within your organization.
- Monitor QualityNet Exchange usage at your organization to maintain proper security and confidentiality measures.
- Serve as the point of contact at your organization for information regarding QualityNet Exchange.

QualityNet Exchange Administrator Registration Form Field Descriptions

| Access Request | |
|--|---|
| Request Date | REQUIRED. The date the <u>QualityNet Exchange Administrator Registration Form</u> is filled out. |
| First Name | REQUIRED. The first name of the person for which the QNet Exchange access request is requested (from this point on, referred to as the user). |
| Middle Initial | The first initial of the middle name of the user. |
| Last Name | REQUIRED. The last name of the user. |
| Business E-mail Address | REQUIRED. The user's e-mail address at his/her organization. |
| Job Title | REQUIRED. The job title of the user. |
| Business Name | REQUIRED. The name of the organization where the user will access QNet Exchange. Specify Health Care System (HCS) name if applying to be a QNet Administrator for the HCS. |
| Setting | REQUIRED. The type of organization you are applying to be the QNet Exchange Administrator for. |
| Medicare Provider Number (If applicable) | The Medicare provider number of the organization where the user will access QNet Exchange. |
| Vendor ID Number (If applicable) | The Vendor ID number assigned by IFMC. |
| Business Address | REQUIRED. The address of the organization where the user will access QNet Exchange. |
| Work Phone Number | REQUIRED. The work telephone number of the user. |
| Extension Number | The work telephone extension number, if applicable, of the user. |
| Fax Number | The fax number of the organization where the user will access QNet Exchange. |
| Security Question | REQUIRED. A question that is easily answered by the user but that would be difficult for others to |

| | |
|--------|--|
| | answer. Write the correct answer next to one of the question choices: City of birth, Pet's name, or Mother's maiden name. This question is used for security and password validation purposes. |
| Answer | REQUIRED. The answer to the user's security question. |

| Signatures Required | |
|-------------------------------|---|
| Applicant | REQUIRED. The signature of the user. The user must sign in the presence of a Notary. |
| Date | REQUIRED. The date the QualityNet Exchange <u>Administrator Registration Form</u> is signed by the user. |
| ID Verified by Notary | REQUIRED. The type of ID the Notary used to verify the applicants identity. |
| Notarized Date | REQUIRED. The date the Notary Public signs the form. |
| Notary Expiration Date | The commission expiration date of the notary. |
| Notary Public (seal or stamp) | REQUIRED. The notary seal or stamp for the Notary Public who notarizes the form. Note: Some states do not require a notary seal or stamp. However, QNet Exchange requires the notary seal or stamp and notary signature on the registration form for approval. |
| Notary Signature | REQUIRED. The signature of the Notary Public who notarizes the form. |

QualityNet Exchange Administrator Registration Form

*NOTE: All fields marked with an asterisk are required and must be completed to obtain approval.

Access Request

| | | | |
|--|--|--------------------------------------|--------------------|
| *Request Date: | *First Name: | Middle Initial: | *Last Name: |
| *Business E-Mail Address: | | | |
| *Job Title: | | | |
| *Business Name: | | | |
| *Specify Setting: <i>(Check only one)</i> | QIO | Hospital | Physician Office |
| | CMS | Home Health Agency | ESRD Network |
| | Health Care System | Other (Specify): _____ | |
| | Vendor: Hospital-HDC | Vendor: Hospital-HCAHPS | |
| | Vendor: Physician Office | Vendor: Nursing Home-NHIFT | Vendor: Premier |
| Medicare Provider Number: (If applicable): | Vendor ID Number: (If applicable): | | |
| *Business Address: | | | |
| | Street | City | State ZIP |
| *Work Phone: () | Extension: | Fax: () | |
| *Security Question (answer only one): | City of birth _____ | | |
| | Pet's name _____ | | |
| | Mother's maiden name _____ | | |
| Signatures Required | | | |
| *Applicant: | | | *Date: |
| *As The Assigned Notary Public I have used the following ID as verification | | | |
| Driver's License Passport Other: _____ | | | |
| *Notarized Date: _____ | | Notary Expiration Date: _____ | |
| *Notary Public (seal or stamp): | | | |
| *Notary Signature: _____ | | | |

QualityNet Exchange Administrator Authorization

I _____ authorize _____
(Name of highest-level Executive) (Name of QualityNet Administrator)

to be the QualityNet Exchange Administrator for _____
(Name of Organization)

I understand that he/she will be responsible for the following:

- Creating, approving, editing, and/or terminating QualityNet Exchange user accounts within this organization
- Monitoring QualityNet Exchange usage at this organization to maintain proper security and confidentiality measures
- Serving as the point of contact at this organization for information regarding QualityNet Exchange

I understand that, as a security measure, I may be contacted on a future date by the QualityNet Help Desk to verify my position and whom I have authorized to be QualityNet Exchange Administrator(s). I may also be asked to verify those individuals that have been given access to QualityNet Exchange.

(Executive: Print Name)

(Signature)

(Title)

(Phone #)

(E-mail Address)

(Date)