

QualityNet Exchange Administrator Registration Form and Instructions

The QualityNet Exchange (QNet Exchange) 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 will also contain your Log-In ID. If your QualityNet Exchange Administrator has not notified you of your initial password, click on the **Forgot Your Password?** link on the Log-In screen of the QualityNet Exchange website at <http://www.qnetexchange.org/>. A temporary password will be e-mailed to you.
6. Follow instructions found on the Resources/Getting Started/System Set-up section of the QualityNet Exchange website at <http://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. |
| Employer 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. |
| Medicare Provider Number (If applicable) | The Medicare provider number of the organization where the user will access QNet Exchange. |
| Joint Commission ID Number (If applicable) | The Joint Commission ID number of the organization where the user will access QNet Exchange. (If you are not a JCAHO Performance Measurement System and your data collection tool meets the CMS 7 th SOW measurement specifications, your organization will be assigned an organization ID number.) |
| Setting | REQUIRED. The type of organization for which you are applying to be the QualityNet Exchange Administrator. |
| Employer 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 (**REQUIRED** for approval)*

| | |
|------------------------|---|
| Applicant | REQUIRED. The signature of the user. The user must sign in the presence of a Notary. |
| Date | REQUIRED. The date the QualityNet <u>Exchange 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. |
| Notary Public | REQUIRED. The signature of the Notary Public who notarizes the form. Note: Some states do not require a notary seal or stamp. However, the QualityNet Exchange registration form does require a notary seal or stamp for approval. |
| Notary Expiration Date | The commission expiration date of the notary. |
| Notarized Date | REQUIRED. The date the Notary Public signs 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: |
|--------------------|

| | |
|--|--|
| *Employer Name or Healthcare System Name: | |
|--|--|

| |
|--|
| Medicare Provider Number: (If applicable): |
|--|

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|--|
| Joint Commission ID Number: (If applicable): |
|--|

(If applicable):

(If applicable):

| | | | | | |
|-------------------|--------------|--------------------|--------------------|--------------|------------------|
| *Specify Setting: | QIO | Health Care System | Hospital | Vendor | Physician Office |
| | ESRD Network | ESRD Facility | Home Health Agency | Nursing Home | State Agency |
| Other (Specify): | | | | | |

***Employer Address:**

Street

City

State

ZIP

*Work Phone: ()

Extension:

Fax: ()

City of birth_____

***Security Question** (answer only one): Pet's name _____
Mother's maiden name _____

Proctor'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: _____

| | |
|--|--------------------------------|
| *Notary Public (include seal or stamp): | Notary Expiration Date: |
|--|--------------------------------|

Notary Expiration Date: _____

***Notarized
Date:**

QualityNet Exchange Administrator Authorization

I _____ authorize _____
(Name of 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.

(Signature)

(Title)

(Date)