Join CMS and the ESRD Networks, in bringing data management into the 21st Century!

CMS is encouraging dialysis facilities to take part in VISION. This software application will allow facilities to enter and transmit their own data (patient master files, events and forms) via a secured connection and have local real time access to patient event history too!

What are Some of VISION's Benefits?
- ✓ Free software provided by CMS
- ✓ HIPAA Compliant
- ✓ Training materials included in the software
- ✓ Software delivered "ready to use"
- ✓ Immediate access to your patient data
- ✓ Ability to print patient and facility reports
- ✓ Eliminates need to fill out paper forms
- ✓ Faster transmission of data for prompt beneficiary coverage
- ✓ More accurate data transmissions
- ✓ Secure point-to-point data transmission
- ✓ Electronic communication with your Network

Facility Next Steps

- ❑ Register your facility by going online to www.esource.net
- ❑ Contact your Network to:
  - o Schedule Training
  - o Receive software and installation instructions
  - o Complete QualityNet Exchange Registration process in order to obtain a smart token/digital certificate for system user access

- ❑ Install the initial version and subsequent versions of the software onto your PC with support from facility IT personnel, or eSource Helpdesk assistance.

Technical Requirements

- ❑ Windows 98, Windows 98 2nd Edition, Windows ME, Windows NT SP7, Windows 2000 Professional *(all service packs),* or Windows XP
- ❑ Pentium 200 MHz or faster microprocessor
- ❑ 32 MB free system RAM or better
- ❑ Microsoft Office 97 or 2000 installed
- ❑ Acquire internet access via modem line/ISP subscription or dedicated Network connection on facility PC *(not provided by CMS)*
- ❑ Microsoft Internet Explorer version 5.5 or greater *(the latest version of Internet Explorer is available for download from the Microsoft web site)*

VISION Facility Interest and Readiness Survey

MUST BE COMPLETED AND FAXED To 405.942.6181

PROVIDER INFORMATION

Facility Name (print): _____	**Date**: ____/____/___
Facility Provider #: *(Please use the number that has been assigned to your facility by Medicare/CMS)*	_____

Facility Address:	
Street Address	
City, State	
Zip	

Name of Person Completing this survey: _____	**Position at this facility** _____

Phone: (____)____-_____ **Email Address**: _____

Are you authorized to enroll your facility in this project?	❑ Yes ❑ No
Does your facility/company have an Information Systems (IS) person or team?	❑ Yes ❑ No

How many units are you responsible for completing patient data-entry for at this facility? If more than 1, please list all provider numbers.	____ _____ _____ _____	Total # of staff members who complete network data forms *(2728, 2746, 820, 821)*:	____

DATA ENTRY PERSONNEL

Please list the person(s)responsible completing 2728 and 2746 forms at your facility *(Please do not include physicians)*

Name	**Job Title**

COMPUTER READINESS

How many computers do you have in this facility that you anticipate will run VISION?	_____	
Does your company have an internal computer network? (Check one)	❑ Yes ❑ No	
Please select the operating system on which you will be running VISION? (Check one)	❑	Windows 98
	❑	Windows 2000
	❑	Windows ME
	❑	Windows XP
VISION requires a Windows-based PC running at a speed of at least 200 MHz. Please provide your CPU speed? (Check one)	❑	Pentium I
	❑	Pentium II
	❑	Pentium III
	❑	Pentium IV
	❑	AMD Athlon series

How much RAM does the computer have? (Check one)	❑	Less than 32 MB
	❑	More than 32 MB
Do you have Microsoft IE *(Internet Explorer)* **installed on this computer?** If so, what version?	❑	Less than 5.0
	❑	5.0 or greater
Does this computer have access to the Internet? If **yes, how do you connect to the internet?** (Check one)	❑	Dial-Up
	❑	DSL
	❑	Cable
	❑	Satellite
	❑	Other

PARTICIPATION STATUS	
Yes, I'll sign! (Go to http://www.esource.net to sign up for training)	☐
I'm interested, but not right now. Send me more information …	☐
No, I can't participate because…	(Check all that apply)
I don't meet the computer requirements at this time	☐
Our facility will become part of a large dialysis organization	☐
Management does not support VISION Mgmt Signature _____	☐
Other _____	☐

Please Fax this form to:

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