



**Log in to QualityNet Secure Portal** (formerly MyQualityNet)

---

## Getting Started with QualityNet

[Registration](#)

[Sign-In Instructions](#)

[Security Statement](#)

[Password Rules](#)

[QualityNet System Security Policy, PDF](#)

## Registration

### QualityNet

All users requesting access to the QualityNet Secure Portal must be individually approved and verified. This mandatory registration process is used to maintain the confidentiality and security of healthcare information and data transmitted via QualityNet. For registration instructions, select your user classification below:

[Hospitals - Inpatient](#)

[Hospitals - Outpatient](#)

[Physician Offices](#)

[Ambulatory Surgical Centers \(ASCs\)](#)

[PPS Exempt Cancer Hospitals](#)

[ESRD Facilities](#)

[Inpatient Psychiatric Facilities](#)

[Quality Improvement Organizations \(QIOs\)](#)

---



**Log in to QualityNet Secure Portal** (formerly MyQualityNet)

---

## Registration

[QualityNet](#)

[Optional Public Reporting Participation](#)

[Hospital Inpatient Quality Reporting Program Participation](#)

## Getting Started with QualityNet

[Registration](#)

[Sign-In Instructions](#)

[Security Statement](#)

[Password Rules](#)

[QualityNet System Security Policy, PDF](#)

## QualityNet Registration

### Hospitals - Inpatient

All users requesting access to the QualityNet Secure Portal (formerly, My QualityNet) must be individually approved and verified. This mandatory registration process is used to maintain the confidentiality and security of healthcare information and data transmitted via the Secure Portal. The process begins with registration for a QualityNet account.

For registration instructions, select your user classification below:

#### [Security Administrator](#)

The QualityNet Security Administrator facilitates the registration process for other users at the organization. Typically, an organization designates two Security Administrators. See the [Security Administrator Responsibilities](#) for a more complete list of duties. Providers submitting data via the QualityNet Secure Portal (or using a vendor to submit data on their behalf) are **required** to designate a Security Administrator.

#### [Basic User](#)

All other registered QualityNet users in an organization are considered basic users.

### Data submission vendors

Joint Commission-certified Performance Measurement Systems or other third-party data submission vendors wishing to transmit data via the QualityNet Secure Portal must also register for a QualityNet account. Contact the [QualityNet Help Desk](#) to obtain a Vendor ID and initiate the registration process.

### Healthcare systems

If you represent a healthcare system (comprising multiple providers), contact the [QualityNet Help Desk](#) to initiate registration for a QualityNet account.

---



**Log in to QualityNet Secure Portal** *(formerly MyQualityNet)*

---

## Data Collection (& CART)

[CART Downloads & Info](#)

[Abstraction Resources](#)

[CART Module Designer](#)

[Uniform Billing File Layout](#)

[CART Training](#)

## **Data Collection (& CART)**

### **Hospitals**

CART, the CMS Abstraction & Reporting Tool, is a powerful application for the collection and analysis of quality improvement data. Through data collection, retrospective analyses and real-time reporting, CART enables hospitals to comprehensively evaluate and manage quality improvement efforts. Whether a hospital is seeking Medicare certification and/or Joint Commission accreditation, or undertaking its own quality improvement initiatives, CART is ideal for the data collection and analyses that are essential to the success of all quality improvement efforts. The application is available at no charge to hospitals or other organizations seeking to improve the quality of care in the following clinical areas:

Acute Myocardial Infarction (AMI)

Emergency Department (ED)

Heart Failure (HF)

Immunization (IMM)

Pneumonia (PN)

Stroke (STK)

Venous Thromboembolism (VTE)

CART is available for use on a stand-alone, Windows-based computer, in a computer network or in environments without computing resources (paper tool). For more CART details, see the [Executive Summary](#), PDF.

---

## QualityNet Security Administrator Registration Form and Instructions

Completion of the QualityNet Security Administrator Registration form and QualityNet Security Administrator Authorization Form, in this packet, is required to request access to the secure QualityNet website, QualityNet Secure Portal, as the QualityNet Security Administrator for your organization.

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.

As a QualityNet Security Administrator, your responsibilities will include:

- Creating, approving, editing, and/or terminating QualityNet user accounts within your organization
- Performing In-Person Proofing for individuals who are unable to complete identity proofing through Experian
- Monitoring QualityNet usage at your organization to ensure security and confidentiality is maintained
- Serving as a point of contact for your organization for information regarding QualityNet

It is highly recommended that each organization designate **two** people as QualityNet Security Administrators.

### **The following information is specific to Beneficiary & Family Centered Care (BFCC) QIOs and Quality Innovation Network (QIN) QIOs:**

Due to a multi-state coverage area, it is recommended that QualityNet Security Administrators be established for each physical office location.

To initiate the registration process, please complete the following steps:

1. Print your information legibly and completely in each of the applicable fields on the QualityNet Security Administrator Registration Form.

**For the ASC program,** both the CMS Certification Number (CCN) and National Provider Identifier (NPI) are required. The NPI provided must:

- *Correspond to your Facility Taxonomy designation as an ASC*
- *Match the NPI used for claims/billing and payment purposes*

**Vendors:** You must be assigned a Vendor ID prior to completing the QualityNet Registration Form. To obtain a Vendor ID, submit a request to be set up as a new vendor to the QualityNet Help Desk at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org). Once the Vendor ID has been received, you may continue to register for QualityNet.

2. Have the highest-level Executive at your location complete and sign the QualityNet Administrator Authorization Form.
3. Based on your organization affiliation, refer to the table below for mailing instructions of the original, completed QualityNet Security Administrator

Registration Form and QualityNet Administrator Authorization Form. Photocopies or faxes of the form will not be accepted. Keep a copy of all forms at your office.

**Forms mailed to the wrong location will delay the registration process. If you have questions about the mailing address, please contact the QualityNet Help Desk for correct information prior to mailing.**

Organization Type	Mail Original Forms to:
ESRD Networks	QualityNet Help Desk 12000 Ridgemont Dr. Urbandale, IA 50323
Ambulatory Surgery Center (ASC)	HSAG Attn: ASCQR Program 3000 Bayport Drive, Suite 300 Tampa, FL 33607-8415
Health Care System* <i>* Report-only access for multiple hospitals.</i>	QualityNet Help Desk 12000 Ridgemont Dr. Urbandale, IA 50323
Vendors	QualityNet Help Desk 12000 Ridgemont Dr. Urbandale, IA 50323
Hospital – Inpatient <sup>1</sup> Hospital – Outpatient <sup>1</sup> Inpatient Psychiatric Facility <sup>1</sup> PPS-Exempt Cancer Hospital <sup>1</sup>	QualityNet Help Desk 12000 Ridgemont Dr. Urbandale, IA 50323
All Others	QualityNet Help Desk 12000 Ridgemont Dr. Urbandale, IA 50323

<sup>1</sup> Hospitals may utilize existing QualityNet Security Administrators to support data collection efforts for their quality reporting initiatives; however Security Administrators for ASCs require a separate login from Hospital – Inpatient, Hospital – Outpatient, Inpatient Psychiatric Facility and PPS-Exempt Cancer Hospital initiatives. Hospitals needing a new QualityNet Security Administrator to support data collection should utilize the QualityNet Help Desk as noted above.

- The QualityNet Help Desk will process your registration forms and create your QualityNet account.

**For ESRD Facilities**, the registration information is entered by the ESRD Network. The original paperwork is then forward to the QualityNet Help Desk for account activation. The ESRD Network directory is available at <http://www.esrdnetworks.org>.

5. When processing is complete the account is activated and a welcome email is sent to the account owner at the email address supplied on the registration form. The email will contain your QualityNet User ID.
6. The QualityNet Security Administrator who created the account should provide a temporary password to you. If the account was processed by the QualityNet Help Desk, a temporary password will be sent immediately after the Welcome email containing the User ID.
7. The user can then proceed to the QualityNet Secure Portal to change their password, answer their security questions, complete identity proofing and register their two-factor credential.

If you have any questions regarding this process, please contact the QualityNet Help Desk, 7:00 a.m. to 7:00 p.m., Central Time, Monday – Friday, at 866-288-8912, or by email at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org).

### **QualityNet Security Registration Forms Checklist**

The following checklist has been included for your convenience. Please validate the following have been completed to avoid delays in processing your registration:

- All required fields have been completed on the QualityNet Security Administrator Registration Form
- The QualityNet Security Administrator Registration Form has been signed by the applicant
- The highest-level Executive at the organization has completed the QualityNet Security Administrator Authorization Form
- Verify that you have obtained the correct address for mailing your completed forms (See the table on page 2 for mailing instructions)
- Verify that the forms are original. Photocopies and faxes of the completed forms will not be accepted.

## QualityNet Security Administrator Registration Form

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

### Access Request

<b>*Request Date:</b>	<b>*First Name:</b>	<b>Middle Initial:</b>	<b>*Last Name:</b>
<b>*Business Email Address:</b>			
<b>*Job Title:</b>			
<b>*Business Name:</b>			
<b>*Specify Setting: (check all that apply)</b>			
<input type="checkbox"/> ASC	<input type="checkbox"/> ESRD Network	<input type="checkbox"/> Hospital – Inpatient	<input type="checkbox"/> Inpatient Psychiatric Facility
<input type="checkbox"/> CMS	<input type="checkbox"/> Healthcare System	<input type="checkbox"/> Hospital – Outpatient	<input type="checkbox"/> Long-Term Care Facility
<input type="checkbox"/> EHR	<input type="checkbox"/> Long-Term Care Facility	<input type="checkbox"/> Physician Office	<input type="checkbox"/> PPS-Exempt Cancer Hospital
<input type="checkbox"/> BFCC QIO	<input type="checkbox"/> QIN QIO	<input type="checkbox"/> State Agency	
<input type="checkbox"/> Vendor: ASC	<input type="checkbox"/> Vendor: EHR	<input type="checkbox"/> Vendor: Hospital-HCAHPS	
<input type="checkbox"/> Vendor: Hospital – Inpatient	<input type="checkbox"/> Hospital – Outpatient	<input type="checkbox"/> Vendor – Inpatient Psychiatric Facility	
<input type="checkbox"/> Other (Specify): _____			
<b>CMS Certification Number (CCN):</b>		<b>Vendor ID Number:</b> (If applicable)	
<b>National Provider Identifier (Facility NPI):</b> (For ASC use only)			
<b>*Business Address:</b>			
<b>*City:</b>	<b>*State:</b>	<b>*Zip:</b>	
<b>*Work Phone:</b>	<b>Extension:</b>	<b>Fax:</b>	
<b>Signature Required</b>			
<b>*Applicant:</b>			<b>*Date:</b>



## QualityNet Security Administrator Authorization Form

I \_\_\_\_\_ authorize \_\_\_\_\_  
(Name of highest-level Executive) (Name of QualityNet Security Administrator)

to be the QualityNet Security Administrator for \_\_\_\_\_.  
(Name of organization)

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

- Creating, approving, editing, and/or terminating QualityNet user accounts within your organization
- Performing In-Person Proofing for individuals who are unable to complete identity proofing through Experian
- Monitoring QualityNet usage at your organization to ensure security and confidentiality is maintained
- Serving as a point of contact for your organization for information regarding QualityNet

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 Security Administrator(s). I may also be asked to verify those individuals that have been given access to QualityNet.

_____	_____
(Executive: Print Name)	(Signature)
_____	_____
(Title)	(Date)
_____	_____
(Phone #)	(Email Address)

Please specify if this is a **New Administrator Registration** or an **Upgrade** from a Basic User:

New

Upgrade