Individual User Account Maintenance Form

The purpose of the Individual User Account Maintenance Form is to request additions or modifications in accessibility for an individual user (including nursing facility staff, consultants and corporate staff members) of the Nursing Facility Report Portal (NFRP). Only those individuals with a business need to access Case Mix Index (CMI) Reports and/or submit signed Certification Pages or submit MA-11 Cost Report information should request access. The form can be used to request the creation of:

- A new user account
- Modify an existing user account
- Remove all access to your nursing facility's data for a user

Only five Individual Users can have active accounts for a nursing facility at any one time for CMI Report access and five for MA-11 Cost Report access. If this threshold has been met, one or more of the active Individual User accounts must be removed before another user account can be created.

For consultant accounts and corporate user accounts, a separate request form must be submitted for each nursing facility that the Individual User needs to access. Each must be accompanied by a cover sheet with the letterhead of the individual nursing facility and uploaded using the Facility Account for which the user is requesting access.

Instructions

Step 1: Complete the Form

Complete each section of the form for each Individual User Account as described below. Individual User Accounts are limited to three for each facility.

Nursing Facility Information – Specify the Facility ID which is the Licensure Number shown on the facility's Certificate of Licensure as well as the name of the facility (Fields 1 - 2).

Individual User Information – Indicate the type of request (Create New User Account, Modify User's Access or Remove User Access to Facility) and complete the user's information (Fields 3 – 8). Only one type of request may be made on a single form. The *User's Company Email Address* and *Telephone Number* should be those used by the individual to conduct business on behalf of the nursing facility and should not be the individual's personal email address and telephone number. Regardless of the type of request, all areas of the form must be completed.

Administrator Authorization/Contact Person – In order for the request to be processed, the administrator is required to sign and date the form (Fields 9 – 10). Type or print the administrator's name and the name of the contact person (if other than the administrator), company email address and telephone number (Fields 11 – 20). The *Administrator's Company Email Address*, *Contact Person's Company Email Address* and *Telephone Numbers* should be those used by the individual to conduct business on behalf of the nursing facility and not be the individual's personal email address and telephone number.

Grant Access – All Individual Users of the NFRP existing prior to October 1, 2015 were granted access to view and download CMI Reports. Indicate if the user should be able to view and download CMI Reports (Field 21), upload the signed CMI Report certification page for the nursing facility (Field 22), and/or submit MA-11 Cost Reports (Field 23).

After the form is completed and signed and dated by the administrator, place a coversheet containing the facility's letterhead along with the completed form and scan them to create a .pdf file. Do this for each completed form. Do not scan multiple forms into the same .pdf file.

Step 2: Submit the Request

Access the NFRP at https://nfrp.panfsubmit.com. Click on *Sign In* and enter the Facility Account username and password provided to each facility in November 2014. Select the *Requests* folder. Click on the *Browse* button and select a scanned file. Click on the *Upload* button to complete the upload process. Repeat this process for each scanned file.

Step 3: Receive Feedback

New Users – Each Individual User Account Maintenance Form with a type of request of Create New User Account will be reviewed for completeness by the Department's contractor Myers and Stauffer. An Individual User Account will then be created and an email will be sent to the User's Company Email Address. The email will contain instructions to call the Myers and Stauffer helpdesk at (717) 541-5809 to receive your password information. The email will contain a PIN number that you'll need when calling the helpdesk to confirm your credentials.

Existing Users – Each Individual User Account Maintenance Form with a type of request of Modify User's Access or Remove User's Access to Facility will be reviewed for completeness. After the modification is completed, an email will be sent to the User's Company Email Address confirming that the modification has been completed. If the Type of Request was Remove User's Access to Facility, an email will be sent to the Administrator's Company Email Address when the Individual User's access to the facility information has been terminated.

Note: For changes to a user's email address (Field 7), you'll need to submit two Access Request Forms: one form to remove the Individual User Account with the old email address, and another form to create an Individual User Account for the new email address.

Need Assistance?

If you have any questions or require assistance in completing the form or accessing and using the NFRP, please contact the Myers and Stauffer help desk at (717) 541-5809.

NFRP nursing facility report portal

Individual User Account Maintenance Form

NURSING FACILITY INFORMATION

1	Facility ID (Licensure Number)	2	Facility Name

INDIVIDUAL USER INFORMATION

Type of Request (Select One)

3	☐ Create New User Account	☐ Modify User's Access	☐ Remove User's Access

4	Last Name	5	First Name	6	Middle Initial

7	User's Company Email Address	8	Telephone Number

ADMINISTRATOR AUTHORIZATION/CONTACT PERSON

By signature and date below, the administrator of the facility is authorizing granting/removing access for the individual in the INDIVIDUAL USER INFORMATION section. If there are any questions concerning the information submitted on the form, the Contact Person named here will be contacted for clarification.

9	Administrator's Signature	10	Date

Administrator's Name (Type or Print)

11	Last Name	12	First Name	13	Middle Initial

14	Administrator's Company Email Address	15	Telephone Number

Contact Person's Name (Type or Print; Only required if different than the Administrator)

16	Last Name	17	First Name	18	Middle Initial

19	Contact Person's Company Email Address	20	Telephone Number

GRANT ACCESS (Required for account creation or access modification. Do not complete when removing access)

Mark all that apply, even if the user already has access.

21	Should the user be able to view CMI Reports?	☐ Yes	☐ No
22	Should the user be able to upload signed CMI Report Certification Pages?	☐ Yes	☐ No
23	Should the user be able to submit MA-11 Cost Reports?	☐ Yes	☐ No