

Obtaining the 'PV-PQRS Individual' Role in IACS

Introduction

The primary or backup Physician Value-Physician Quality Reporting System (PV-PQRS) Individual approver role allows the user to perform the following tasks on behalf of the solo practitioner:

- Obtain a solo practitioner's Quality and Resource Use Report (QRUR).
- Approve requests for the "PV-PQRS Individual Representative" role in IACS.

Information about obtaining QRURs is available at <http://www.cms.gov/PhysicianFeedbackProgram>.

Solo practitioners are identified in IACS by their Medicare billing Taxpayer Identification Number (TIN) and rendering National Provider Identifier (NPI). A solo practitioner consists of **only one eligible professional** (as identified by the National Provider Identifier (NPI)) that bills under the TIN. To find out if a TIN is already registered in IACS and who is the TIN's Individual approver, please contact the QualityNet Help Desk and provide the TIN and the name of the solo practitioner.

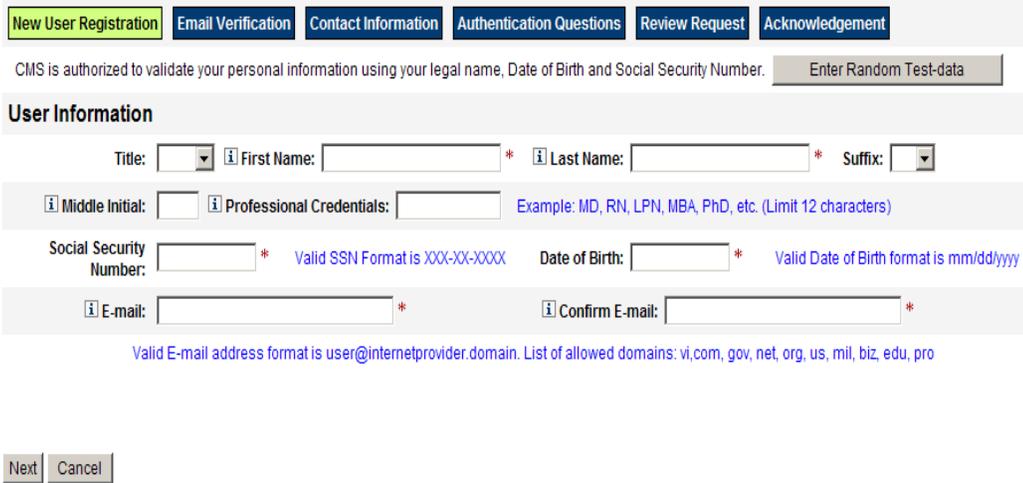
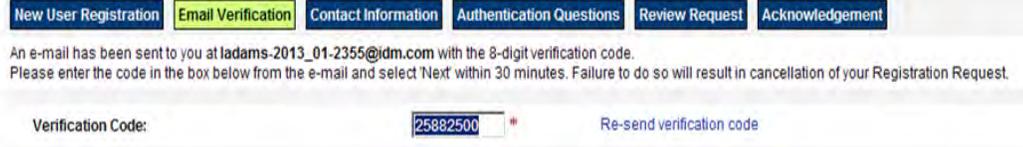
Please gather the following information before you begin the process for signing up for an IACS account with a PV-PQRS Individual approver role:

- **User Information:** First Name, Last Name, Social Security Number, Date of Birth, and E-mail.
- **Professional Contact Information:** Office Telephone, Company Name, and Address.
- **Individual Eligible Professional Information:**
 - For a **primary** Individual approver role: First Name, Last Name, Solo practitioner's Medicare billing TIN, Solo practitioner's rendering NPI and the corresponding individual Provider Transaction Access Number (PTAN) (*do not use the GROUP NPI or GROUP PTAN*), Address, and Phone Number.
 - OR**
 - For a **backup** Individual approver role: Solo practitioner's Medicare billing TIN and rendering NPI.

Step-by-Step Instructions: You have **15 minutes** to complete each screen (unless a different time is noted on the screen). Otherwise, you will lose all of the information you filled in and will need to start the process again. Please follow each step listed below unless otherwise noted for primary or backup role-specific screens.

If you have questions or need further assistance, please contact the QualityNet Help Desk by phone at (866) 288-8912 (TTY 1-877-715-6222) or by email at qnet-support@hcqis.org. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

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Steps	Screenshots
<p>1. Navigate to https://applications.cms.hhs.gov.</p> <p>2. Select Enter CMS Applications Portal, select Account Management, select New User Registration, and select PV/PQRS Registration System.</p>	 <p>MDR State Exchange Medicaid Drug Rebate: Exchanges data between CMS and the States. Data exchanges include quarterly drug rebate files to states; quarterly drug utilization to CMS; utilization discrepancy reports to states; quarterly rebate offset amounts to states.</p> <p>Medicaid and CHIP Program System, MACPro The purpose of the Medicaid and CHIP Program System, MACPro, is to support an efficient automated business process for submitting, reviewing, and taking final action on all Medicaid and CHIP actions. This application is not currently available for registration.</p> <p>Medicare Exclusion Database The Medicare Exclusion Database, MED, is updated monthly with sanction and reinstatement information on excluded providers, and is made available to approved entities only</p> <p>myCGS The myCGS DME portal allows users to access J-C Medicare information, including eligibility, claim status, denial status and more. MyCGS is available to Jurisdiction C suppliers of durable medical equipment, prosthetics, orthotics, and supplies.</p> <p>Novitasphere Internet Provider Portal for Novitas Solutions, Inc.</p> <p>Physician Quality Reporting System/eRx Physician Quality Reporting System and E-Prescribing Incentive Programs. This registration link is for users requesting access to the PQRS Portal to access their Feedback Reports and/or submit data to the Physician Quality Reporting System and E-Prescribing Incentive Programs.</p> <p>PS&R/STAR Provider Statistical and Reimbursement/System for Tracking Audit and Reimbursement</p> <p>PV/PQRS Registration System PV-PQRS allows Group Practices to select their reporting mechanism for the PQRS and, if applicable, elect CAHPS.</p> <p>The SPOT First Coast Service Options' Internet portal. The SPOT offers an array of self-service resources to furnish essential Medicare processing information within a secure, online environment.</p> <p>VMS Client Letter VMS Durable Medical Equipment, DME, Client Letter application. The Durable Medical Equipment Medicare Administrative Contractor integrated correspondence system.</p>
<p>3. After accepting the Terms and Conditions, enter the required User Information in the New User Registration screen and select Next.</p> <p><i>Note: A valid E-mail address is required in order to receive the verification code that needs to be entered in step 4.</i></p>	 <p>New User Registration Email Verification Contact Information Authentication Questions Review Request Acknowledgement</p> <p>CMS is authorized to validate your personal information using your legal name, Date of Birth and Social Security Number. <input type="button" value="Enter Random Test-data"/></p> <p>User Information</p> <p>Title: <input type="text"/> <input type="text"/> First Name: <input type="text"/> * <input type="text"/> Last Name: <input type="text"/> * Suffix: <input type="text"/></p> <p><input type="text"/> Middle Initial: <input type="text"/> <input type="text"/> Professional Credentials: <input type="text"/> Example: MD, RN, LPN, MBA, PhD, etc. (Limit 12 characters)</p> <p>Social Security Number: <input type="text"/> * Valid SSN Format is XXX-XX-XXXX Date of Birth: <input type="text"/> * Valid Date of Birth format is mm/dd/yyyy</p> <p><input type="text"/> E-mail: <input type="text"/> * <input type="text"/> Confirm E-mail: <input type="text"/> *</p> <p>Valid E-mail address format is user@internetprovider.domain. List of allowed domains: vi, com, gov, net, org, us, mil, biz, edu, pro</p> <p><input type="button" value="Next"/> <input type="button" value="Cancel"/></p>
<p>4. Enter the verification code sent to your registered email and select Next.</p> <p><i>Note: The registered email is the email you provided in Step 3.</i></p>	 <p>New User Registration Email Verification Contact Information Authentication Questions Review Request Acknowledgement</p> <p>An e-mail has been sent to you at ladams-2013_01-2355@idm.com with the 8-digit verification code. Please enter the code in the box below from the e-mail and select 'Next' within 30 minutes. Failure to do so will result in cancellation of your Registration Request.</p> <p>Verification Code: <input type="text" value="25882500"/> * <input type="button" value="Re-send verification code"/></p>

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<p>5. Enter the required information in the Professional Contact Information section.</p> <p><i>Note: The User Information section is pre-populated from Step 3.</i></p>	<p>New User Registration</p> <p> <input type="button" value="New User Registration"/> <input type="button" value="Email Verification"/> <input type="button" value="Contact Information"/> <input type="button" value="Authentication Questions"/> <input type="button" value="Review Request"/> <input type="button" value="Acknowledgement"/> </p> <p>CMS is authorized to validate your personal information using your legal name, Date of Birth and Social Security Number. <input type="button" value="Enter Random Test-data"/></p> <p>User Information</p> <p> Title: <input type="text"/> <input type="text"/> <input type="text"/> * <input type="text"/> <input type="text"/> * Suffix: <input type="text"/> </p> <p> <input type="text"/> <input type="text"/> M <input type="text"/> <input type="text"/> MD Example: MD, RN, LPN, MBA, PhD, etc. (Limit 12 characters) </p> <p> Social Security Number: <input type="text"/> 121-45-1112 * Valid SSN Format is XXX-XX-XXXX Date of Birth: <input type="text"/> 01/01/2001 * Valid Date of Birth format is mm/dd/yyyy </p> <p> <input type="text"/> <input type="text"/> test1@test.com * <input type="text"/> <input type="text"/> test1@test.com * </p> <p>Valid E-mail address format is user@internetprovider.domain. List of allowed domains: vi, com, gov, net, org, us, mil, biz, edu, pro</p> <p>Professional Contact Information</p> <p> <input type="text"/> <input type="text"/> 301-301-3011 * <input type="text"/> <input type="text"/> Ext: Valid Phone Number Format is XXX-XXX-XXXX </p> <p> <input type="text"/> <input type="text"/> MY ABCD DR * <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Ext: </p> <p> <input type="text"/> <input type="text"/> 2910 Lord Baltimore Dr * <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Address 2: </p> <p> <input type="text"/> <input type="text"/> Baltimore * <input type="text"/> <input type="text"/> MD * <input type="text"/> <input type="text"/> 21212 * <input type="text"/> <input type="text"/> </p>
<p>6. Select the PV PQRS Individual role under Access Request.</p> <p><i>Note: The screen will refresh after you select the role and display the appropriate fields that you need to complete.</i></p> <p>If you are requesting a primary Individual approver role, proceed to Step 7(a).</p> <p>If you are requesting a backup Individual approver role, proceed to Step 7(b).</p>	<p>Access Request</p> <p>User Type: PV/PQRS Registration System</p> <p>Role: <input type="text"/> PV PQRS Individual *</p>
<p>7. (a) Primary Individual Approver: If you are the first person (the solo practitioner or an authorized representative of the solo practitioner) to sign up for an IACS account on behalf of the solo practitioner, select Create a New Individual Eligible Professional. Then, proceed to</p>	<p>Access Request</p> <p>User Type: PV/PQRS Registration System</p> <p>Role: <input type="text"/> PV PQRS Individual *</p> <p> <input checked="" type="radio"/> Create a new Individual Eligible Professional <input type="radio"/> Associate to an Existing Individual Eligible Professional </p>

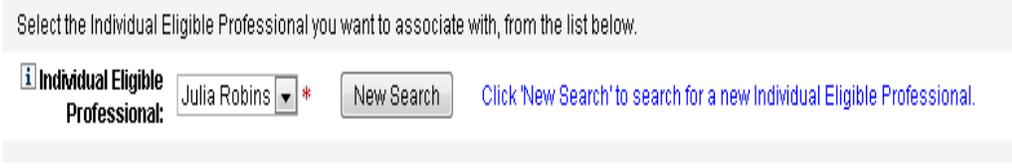
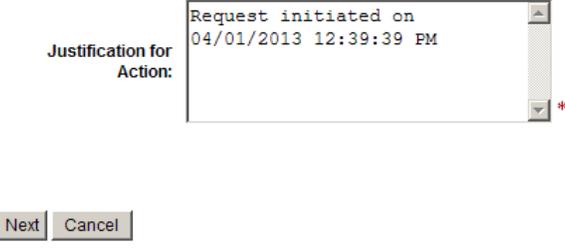
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<p>Step 8(a).</p> <p style="text-align: center;">OR</p> <p>(b) Backup Individual Approver: If you are signing up for an IACS account in order to become the solo practitioner's backup approver, select Associate to an Existing Individual Eligible Professional. Then, proceed to Step 8(b) (1).</p>	
<p>8. (a) Primary Individual Approver: Enter the solo practitioner's Medicare billing TIN, rendering NPI, and corresponding individual PTAN (<i>do not use the GROUP NPI or GROUP PTAN</i>); and enter the remaining required Individual Eligible Professional Information. Then, proceed to Step 9.</p> <p>Example: Dr. Robins' Medicare billing TIN is 38-3565656. Her rendering NPI is 5235565666 and the corresponding individual PTAN is G676767676.</p> <p><i>Note: PTANs are alphanumeric therefore, enter the alpha characters. All leading zeros, if there are any in the individual PTAN, should be entered.</i></p>	<p>Individual Eligible Professional Information</p> <p>First Name: Julia * Middle Initial: <input type="text"/> Last Name: Robins *</p> <p>TIN: 38-3565656 * Individual Eligible Professional's 9 digit Medicare Billing TIN in XX-XXXXXXX format</p> <p>NPI: 5235565666 * PTAN: G676767676 * Individual Eligible Professional's PTAN number corresponding to NPI</p> <p>Address Line 1: 2910 Lord Baltimore Dr * Address Line 2: <input type="text"/></p> <p>City: Baltimore * State: MD * Zip Code: 21212 * - Zip 4: <input type="text"/></p> <p>Country: United States</p> <p>Phone Number: 301-301-3011 * Individual Eligible Professional's 10 digit contact number in XXX-XXX-XXXX format</p> <p>Fax Number: <input type="text"/> Individual Eligible Professional's 10 digit fax number in XXX-XXX-XXXX format</p>
<p>8. (b)(1) Backup Individual Approver: Enter the solo practitioner's Medicare billing TIN and rendering NPI and select Search.</p> <p>Example: Enter Dr. Robins' Medicare billing TIN 38-3565656 and rendering NPI 5235565666.</p>	<p>Search for an Individual Eligible Professional</p> <p>TIN: 38-3565656 * Individual Eligible Professional's 9 digit Medicare Billing TIN in XX-XXXXXXX format</p> <p>NPI: 5235565666 * Individual Eligible Professional's 10 digit NPI number</p> <p><input type="button" value="Search"/></p>

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<p>8. (b)(2) Backup Individual Approver: Select the solo practitioner's name from the Individual Eligible Professional dropdown menu.</p> <p><i>Note: If the solo practitioner cannot be found, then please verify that there is an approved primary PV-PQRS Individual approver for the solo practitioner and you entered the solo practitioner's Medicare billing TIN and rendering NPI correctly. If you do not know the primary Individual approver, contact the QualityNet Help Desk.</i></p>	
<p>9. Enter the Justification for Action (e.g., new user or modify existing account) and select Next.</p>	

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<p>10. Complete at least <u>two</u> Authentication Questions and select Next. (<i>Note: Fields are case sensitive</i>)</p>	<div style="border: 1px solid black; padding: 10px;"> <h3 style="margin-top: 0;">Authentication Questions</h3> <p style="font-size: small; margin-top: 5px;">Please answer at least 2 of the following questions, and then select "Next" to proceed with registration.</p> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> New User Registration Email Verification Contact Information Authentication Questions Review Request Acknowledgement </div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 60%;">Question</th> <th>Answer</th> </tr> </thead> <tbody> <tr> <td>What is your grandmother's maiden name?</td> <td>Smith</td> </tr> <tr> <td>What was the model of your first car?</td> <td>Honda</td> </tr> <tr> <td>What is the middle name of your oldest cousin?</td> <td><input type="text"/></td> </tr> <tr> <td>What was the name of your first pet?</td> <td><input type="text"/></td> </tr> <tr> <td>What was your childhood phone number?</td> <td><input type="text"/></td> </tr> <tr> <td>What was the first name of your first boyfriend?</td> <td><input type="text"/></td> </tr> <tr> <td>What was the first name of your first girlfriend?</td> <td><input type="text"/></td> </tr> <tr> <td>What is the name of your first elementary school?</td> <td><input type="text"/></td> </tr> <tr> <td>What was your childhood street name?</td> <td><input type="text"/></td> </tr> <tr> <td>What was the name of your first employer?</td> <td><input type="text"/></td> </tr> <tr> <td>What was your grandfather's profession?</td> <td><input type="text"/></td> </tr> <tr> <td>What was the name of your first college roommate?</td> <td><input type="text"/></td> </tr> <tr> <td>Where was your wedding reception held?</td> <td><input type="text"/></td> </tr> </tbody> </table> <div style="margin-top: 10px; display: flex; justify-content: space-around;"> Back Next Cancel </div> </div>	Question	Answer	What is your grandmother's maiden name?	Smith	What was the model of your first car?	Honda	What is the middle name of your oldest cousin?	<input type="text"/>	What was the name of your first pet?	<input type="text"/>	What was your childhood phone number?	<input type="text"/>	What was the first name of your first boyfriend?	<input type="text"/>	What was the first name of your first girlfriend?	<input type="text"/>	What is the name of your first elementary school?	<input type="text"/>	What was your childhood street name?	<input type="text"/>	What was the name of your first employer?	<input type="text"/>	What was your grandfather's profession?	<input type="text"/>	What was the name of your first college roommate?	<input type="text"/>	Where was your wedding reception held?	<input type="text"/>
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<p>11. Verify that the information is correct on the Review Registration Details screen and select Submit.</p>	<div style="border: 1px solid black; padding: 10px;"> <h3 style="margin-top: 0;">Review Registration Details</h3> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> New User Registration Email Verification Contact Information Authentication Questions Review Request Acknowledgement </div> <p style="font-size: small;">The following is the information you entered on the New User Registration Form. Please review the information below to verify correctness.</p> <ul style="list-style-type: none"> - To modify any of the information, click 'Edit'. - If the information is correct and you wish to proceed, click 'Submit'. <div style="border: 1px solid #ccc; padding: 5px; margin: 10px 0;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">First Name:</td> <td style="width: 25%;">First</td> <td style="width: 25%;">MI:</td> <td style="width: 25%;">M</td> <td style="width: 25%;">Last Name:</td> <td style="width: 25%;">Last</td> </tr> <tr> <td>Title:</td> <td></td> <td>Suffix:</td> <td></td> <td>Professional Credentials:</td> <td>MD</td> </tr> <tr> <td>Social Security Number:</td> <td>*****1112</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Date of Birth:</td> <td>01/01/2001</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>E-mail:</td> <td>test1@test.com</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Office Telephone:</td> <td>301-301-3011</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Company Name:</td> <td>MY ABCD DR</td> <td>Company Telephone:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Address 1:</td> <td>2910 Lord Baltimore Dr</td> <td>Address 2:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>City:</td> <td>Baltimore</td> <td>State/Territory:</td> <td>MD</td> <td>Zip Code:</td> <td>21212</td> </tr> <tr> <td>User Type:</td> <td>PV/PQRS Registration System</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Role:</td> <td>PV PQRS Individual</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>First Name:</td> <td>Julia</td> <td>Middle Initial:</td> <td></td> <td>Last Name:</td> <td>Robins</td> </tr> <tr> <td>TIN:</td> <td>38-3565655</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NPI:</td> <td>5235565666</td> <td>PTAN:</td> <td>G676767676</td> <td></td> <td></td> </tr> <tr> <td>Address Line 1:</td> <td>2910 Lord Baltimore Dr</td> <td>Address Line 2:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>City:</td> <td>Baltimore</td> <td>State:</td> <td>MD</td> <td>Zip Code:</td> <td>21212</td> </tr> <tr> <td>Zip 4:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Phone Number:</td> <td>301-301-3011</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fax Number:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> </div> <div style="margin-top: 10px;"> <p>Authentication Questions</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 70%;">Question</th> <th>Answer</th> </tr> </thead> <tbody> <tr> <td>What is your grandmother's maiden name?</td> <td>Smith</td> </tr> <tr> <td>What was the model of your first car?</td> <td>Honda</td> </tr> </tbody> </table> </div> <div style="margin-top: 10px; text-align: center;"> Submit Edit Cancel </div> </div>	First Name:	First	MI:	M	Last Name:	Last	Title:		Suffix:		Professional Credentials:	MD	Social Security Number:	*****1112					Date of Birth:	01/01/2001					E-mail:	test1@test.com					Office Telephone:	301-301-3011					Company Name:	MY ABCD DR	Company Telephone:				Address 1:	2910 Lord Baltimore Dr	Address 2:				City:	Baltimore	State/Territory:	MD	Zip Code:	21212	User Type:	PV/PQRS Registration System					Role:	PV PQRS Individual					First Name:	Julia	Middle Initial:		Last Name:	Robins	TIN:	38-3565655					NPI:	5235565666	PTAN:	G676767676			Address Line 1:	2910 Lord Baltimore Dr	Address Line 2:				City:	Baltimore	State:	MD	Zip Code:	21212	Zip 4:						Phone Number:	301-301-3011					Fax Number:						Question	Answer	What is your grandmother's maiden name?	Smith	What was the model of your first car?	Honda
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<p>12. Record the registration request tracking number displayed on the Registration Acknowledgement screen.</p>	<div style="border: 1px solid black; padding: 10px;"> <h3 style="margin-top: 0;">Registration Acknowledgement</h3> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> New User Registration Email Verification Contact Information Authentication Questions Review Request Acknowledgement </div> <p style="font-size: small;">Your IACS request has been successfully submitted. Print</p> <p style="font-size: x-small;">The tracking number for your request is: REQ-1364575271971 Please use this number in all correspondence concerning this request.</p> <p style="font-size: x-small;">You will be contacted via e-mail after your request has been processed.</p> <p style="font-size: x-small;">Click 'OK' to close your browser window.</p> <div style="margin-top: 20px; text-align: center;"> OK </div> </div>																																																																																																																								

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Steps	Screenshots
<p>13. Once the request is approved, you will receive an IACS User ID and temporary password in two separate emails sent to the registered email address.</p> <p><i>Note: The Centers for Medicare and Medicare Services (CMS) will review a request for a <u>primary Individual approver</u> role and notify the requestor of approval or denial within 24 hours after the request is submitted. CMS will approve a request for a <u>backup Individual approver</u> role after verifying with the <u>primary Individual approver</u> by phone that the requestor should have the backup Individual approver role.</i></p> <p>14. After receiving your IACS User ID and temporary password, log into https://applications.cms.hhs.gov to change your password. Select Enter CMS Applications Portal, select Account Management, select My Profile, and accept the Terms and Conditions. Enter your IACS User ID and temporary password in the Login to IACS screen and select Log In. Change the password when prompted.</p> <p>15. You will be able to use your IACS User ID and password to log into https://portal.cms.gov in order to:</p> <ul style="list-style-type: none"> • Obtain a solo practitioner's QRUR. 	This area is intentionally left blank for screenshots

If you have questions or need further assistance, please contact the QualityNet Help Desk by phone at (866) 288-8912 (TTY 1-877-715-6222) or by email at qnet-support@hcqis.org. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

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Approval of 'PV-PQRS Individual Representative' Roles

The primary or backup Individual approver must approve requests for 'PV-PQRS Individual Representative' roles. The request must be approved within 12 calendar days after it has been submitted. Otherwise, the request will be canceled and need to be resubmitted.

Step-by-Step Instructions

1. Navigate to <https://applications.cms.hhs.gov> .
2. Click **Enter CMS Applications Portal**, select **Account Management**, and select **My Profile**.
3. After accepting the **Terms and Conditions**, enter your IACS User ID and Password on the **Login to IACS** screen and select **Login**.
4. Select **Pending Approvals**.
Note: The **Pending Approvals** link will only appear if there is a request pending for a representative role.
5. Click on the appropriate request under the **Process** heading on the **Inbox** screen.
6. Review the request information and enter the **Approval/Rejection Justification**.
7. Select **Approve** to approve the request, **Reject** to reject the request, or **Defer** to defer the request.

How to Retrieve a Forgotten Password

If you forget your IACS password, then you can reset the password by following the steps listed below.

1	Navigate to https://applications.cms.hhs.gov .
2	After accepting the Terms and Conditions , enter your IACS User ID and then select the Forgot Your Password? hyperlink.
3	Enter the SSN and the E-mail address and select Next .
4	When prompted, answer the Authentication Questions and select Next .
5	On the Change Password screen, enter the new password.
6	Confirm new password and select Change Password .
7	On the Change Password Results screen, select OK .

Note: You will not be allowed to change the password more than once a day.

How to Reset an Expired Password (Password expired after 60 days)

Your IACS password must be changed at least once every 60 days. In the event your password does expire, you will be prompted to change your password when you log into your IACS account by following the steps listed below.

1	Navigate to https://applications.cms.hhs.gov .
2	After accepting the Terms and Conditions , enter your IACS User ID and Password on the Login to IACS screen and select Login .
3	The system will display a message that your password has expired and you will be prompted to change your password.
4	On Change Password screen, enter your current password, a new password and re-enter the new password again.
5	Select Change Password to complete the Change Password process.
6	On the Change Password Results screen, select OK .

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Note: The IACS password must conform to the following CMS Password Policy:

- The password must be changed at least every 60 days.
- The password must be eight characters long.
- The password must start with an alphabetical character.
- The password must contain at least one number.
- The password must contain at least one lower case letter.
- The password must contain at least one upper case letter.
- The password must not contain the User ID.
- The password must not contain four consecutive characters from any of the previous six passwords.
- The password must be different from the previous six passwords.

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