

Individuals Authorized Access to CMS Computer Services (IACS)

USER GUIDE

DECEMBER 2005

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850



Table of Contents

Purpose.....	3
Background	3
Roles and Responsibilities	4
Procedures	5
CSR User Registration.....	5
CSR Approver Registration	21
Approving CSR Users.....	37
MA/MA-PD/PDP/CC User Registration	38
MA/MA-PD/PDP/CC Approver Registration	55
Approving MA/MA-PD/PDP/CC Users.....	71
Questions and Troubleshooting	72
Helpful Hints.....	73
Legal	75

Purpose

This document establishes the procedures for registering and provisioning users and approvers using the Individuals Authorized Access to CMS Computer Services (IACS) application within the Centers for Medicare & Medicaid Services (CMS).

Background

One of CMS' strategic goals is to streamline our information technology environment so that existing and new systems can work more effectively by sharing information, and so that CMS can be more responsive to the demands of changing business needs and the promises of emerging technology. CMS plans to make our data more readily accessible to our beneficiaries, partners, and stakeholders in a secure, efficient, and carefully planned manner.

In striving to meet these goals, CMS has established a target enterprise architecture and modernization strategy that is based upon several key design principles:

- An established, secure Internet architecture for the CMS enterprise
- Defined products for the target enterprise architecture
- Defined security classifications and controls for CMS applications
- Defined security services that support the architecture and implement the controls
- Prescriptive application development standards and guidelines for the target environment

Registering and provisioning users for the IACS system is fundamental to the design and implementation of business applications/systems planned for the CMS target enterprise architecture.

Roles and Responsibilities

The following entities have responsibilities related to the implementation of this user guide:

User - A user is a Medicare Advantage/Medicare Advantage – Prescription Drug/Prescription Drug Plan/Cost Contract (MA/MA-PD/PDP/CC) submitter/representative, or a Customer Service Representative (CSR). A user may only be put into a user role; a user may not be put into an approver role.

Approver - An approver is an external point of contact (EPOC), or a call center supervisor. Approvers are responsible for approving end users requesting access to CMS systems, which includes employees within their organization as well as subcontractor end users. They may not also be a user of the system. Because approvers are the sole points of contact for authorizing their end users, it is strongly recommended that this approver be in a position of authority within your organization, e.g., management official, compliance officer, etc.

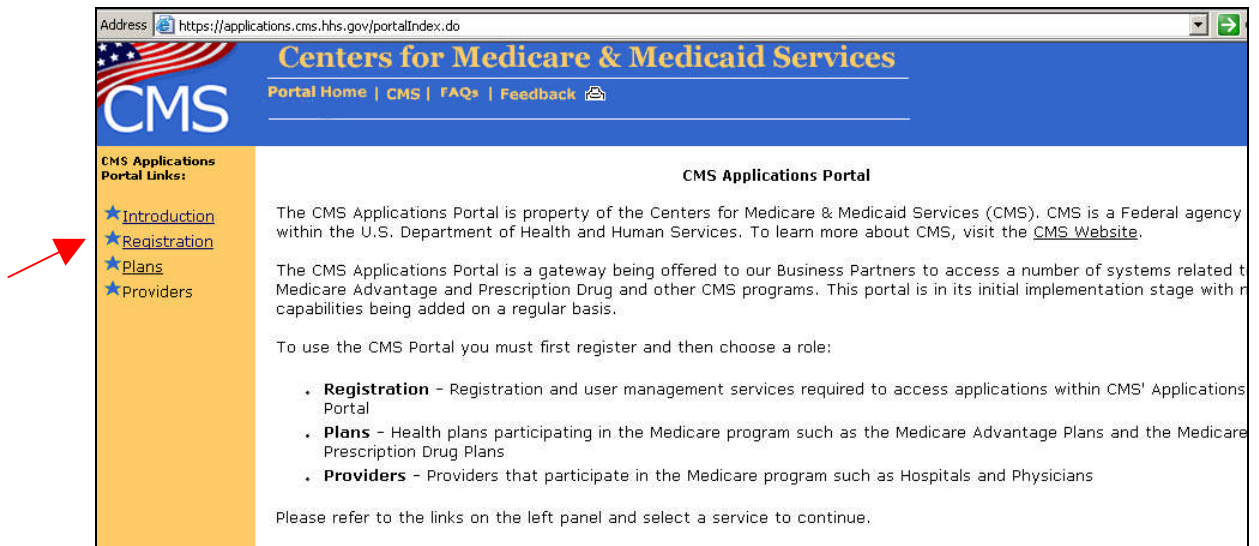
Procedures

CSR User Registration

1. Browse to <https://applications.cms.hhs.gov>
2. Read the government computer system WARNING, then agree by clicking **Enter**



3. Click **Registration** on the left sidebar

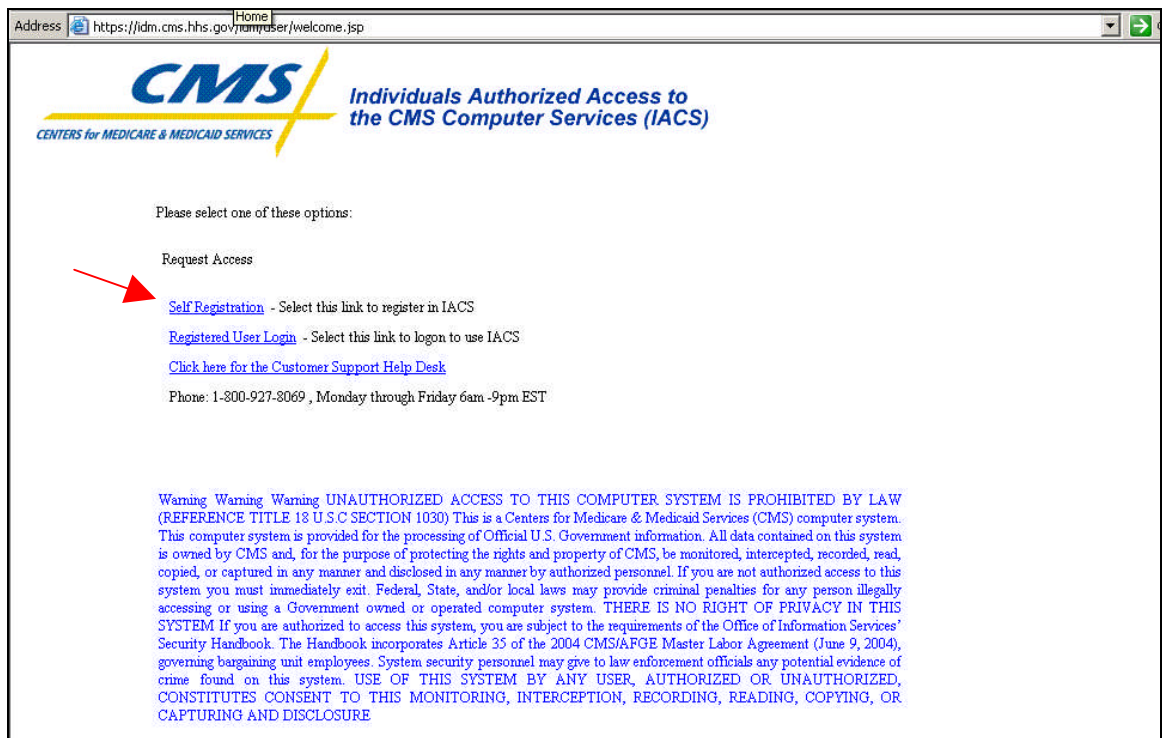


IACS User Guide

4. Click **Register to access CMS applications** in the main window



5. Click **Self Registration**



IACS User Guide

6. Fill in fields in the *User Information* section

The screenshot shows a web browser window with the URL `https://idm.cms.hhs.gov/idm/user/anon/WorkItemEdit.jsp?id=%23ID%23B9C26F7E776DB4E5%3A18BF6BF%3A107E1F1CC47%3A35C2`. The page header features the CMS logo and the text "Individuals Authorized Access to the CMS Computer Services (IACS)". The main heading is "Application for Access to CMS Computer Systems". Below this, a warning message states: "Warning: Selected value for field 'State:' does not match any of the allowed values." The "User Information" section contains several input fields: "First Name:", "Last Name:", "Middle Initial:", "Social Security Number:", "Email Address:", "Email Address:", "Office Telephone:", and "Company/Organization/Department Name:". A red callout box with the text "Enter same Email Address in each box" has two red arrows pointing to the two "Email Address:" input fields. Below the "Email Address:" fields, there is a note: "Please make sure to use your business/official email address while registering. Do not use a personal email account." The "Social Security Number:" field has a validation message: "Valid SSN Format is XXX-XX-XXXX". The "Office Telephone:" field has a validation message: "Valid Phone Number Format is XXX-XXX-XXXX".

Note:

- The SSN must be unique
- Enter your email address twice for verification. Please do not cut and past from one field to the other. A unique, corporate email address is required. Non-corporate email addresses are prohibited (e.g. ssmith@yahoo.com, mjordan@hotmail.com).

7. In the **Required Access** section, choose **CSR** for **User Type**

Note: The appearance of the form will change depending on the User Type selected.

The screenshot shows the 'Required Access' form. At the top, 'User Type' is set to 'CSR' (selected with a radio button). Below this, a note states: 'NOTE: MA/MA-PD/PDP/CC is Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Plan/Cost Contracts'. The 'Call Center' field contains '28th Avenue, Phoenix, AZ' and has an 'Add' button next to it. A blue instruction text reads: 'Please enter one call center at a time and click the button: Add.' The 'Role' field is empty with an asterisk. The 'Justification' field is a large text area with an asterisk. At the bottom left, it says '* indicates a required field'. At the bottom, there are 'Next' and 'Cancel' buttons.

8. The **Call Center** list will appear; pick your Call Center from the drop down list, then click **Add**

This screenshot shows the same 'Required Access' form, but the 'Call Center' dropdown menu is open, displaying a list of call centers. A red box with arrows points to the dropdown and the 'Add' button, with the text: 'Select Call Center' and 'Then click Add'. The list of call centers includes: '28th Avenue, Phoenix, AZ' (highlighted), 'Black Canyon, Phoenix, AZ', 'Blue Cross/Blue Shield, Little Rock, AR', 'Columbia, Broad River, SC', 'Columbia, SC', 'Convergys, Tucson, AZ', 'Convergys, Denver, CO', 'Convergys, Tamarac, FL', 'Coralville, IA', 'Corbin, KY', and 'First Coast Service Option, Jacksonville, FL'. The rest of the form remains the same as in the previous screenshot.

IACS User Guide

9. From the drop down list select **User** as your **Role**

The screenshot shows the 'Required Access' form. At the top, 'User Type' has three radio buttons: 'MA/MA-PD/PDP/CC', 'CSR' (which is selected), and 'COB *'. Below this is a note: 'NOTE: MA/MA-PD/PDP/CC is Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Plan/Cost Contracts'. The 'Call Center' field contains '28th Avenue, Phoenix, AZ' and has an 'Add' button. Below that is a prompt: 'Please enter one call center at a time and click the button: Add.' The 'Role' dropdown menu is open, showing 'User' and 'Approver'. A red arrow points to the 'User' option, and a red box labeled 'Select Role' is next to it. The 'Justification' field is empty. At the bottom, there is a note '* indicates a required field' and 'Next' and 'Cancel' buttons.

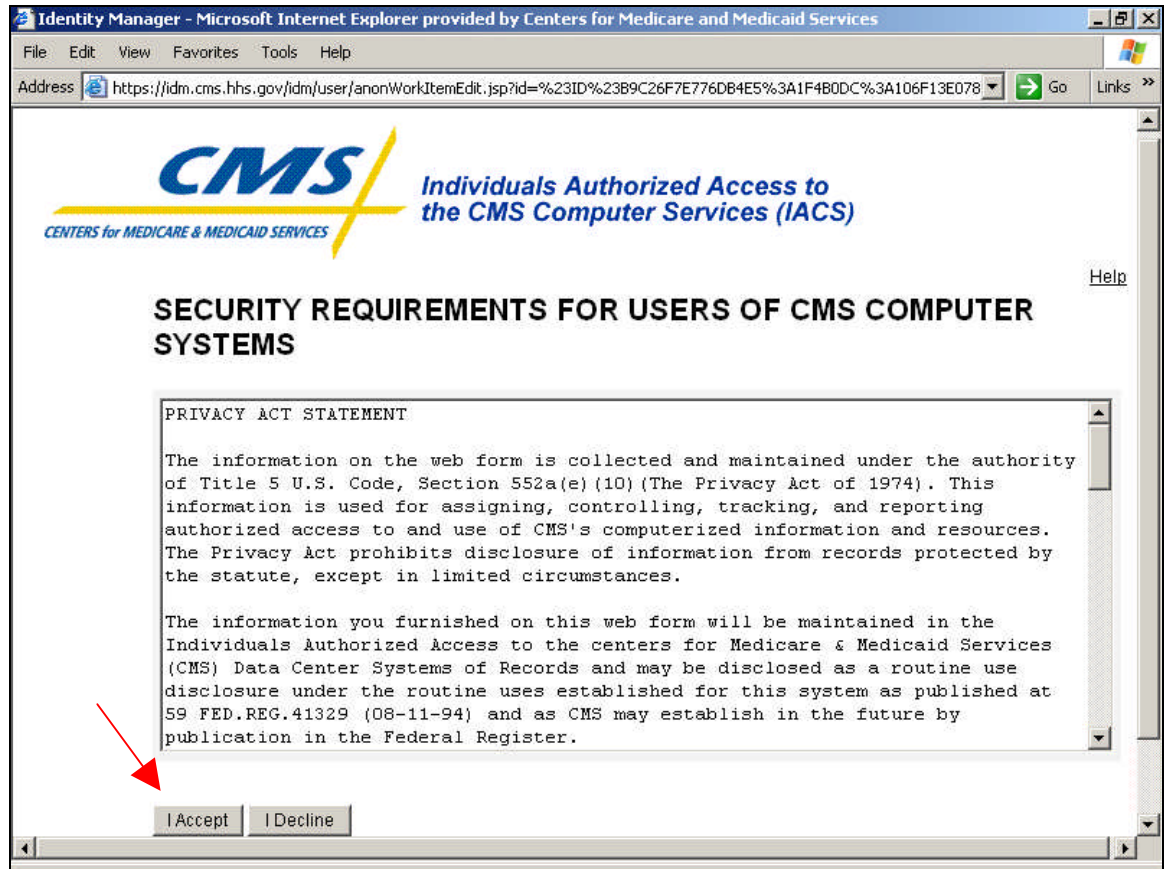
10. Enter a brief statement for the **Justification**

The screenshot shows the 'Required Access' form with the 'Justification' field filled with the text 'CSR for 28th Avenue is Phoenix AZ'. A red arrow points to the end of the text in the field. The 'Role' dropdown menu is still open, showing 'User' and 'Approver'. The 'Call Center' field and 'User Type' section are the same as in the previous screenshot. At the bottom, there is a note '* indicates a required field'.

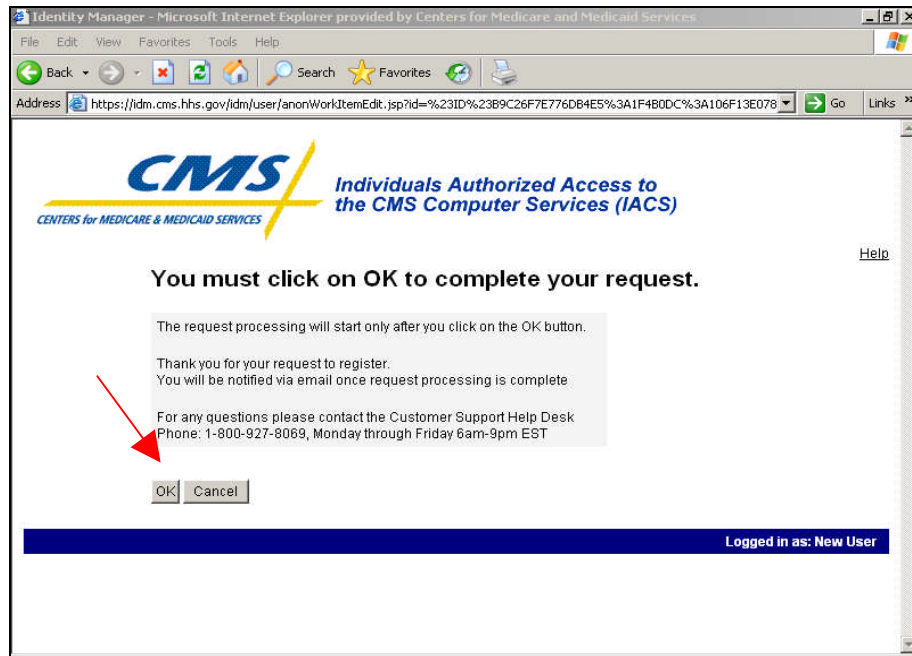
11. Click **Next**

12. Read the **Privacy Act Statement**, and agree by clicking **I Accept**

IACS User Guide



13. Click **OK**



14. Click **Logout** on the lower left of your screen



Note: Submission of registration form and agreement of terms will constitute an electronic signature

After Registration

Your approver will be notified of your pending request via email. Once your request has been approved and your account has been created, two separate email messages will be automatically sent to you. The first (**Subject:** FYI: User Creation Completed – Account ID Enclosed) will contain your User ID. The second (**Subject:** FYI: User Creation Completed – Password Enclosed) will contain your onetime password. You'll be required to change your onetime password the first time you login.

Note: If an email notification is not received within 24 hours after you register, please contact the Help Desk at 1-800-927-8069.

1. Using the Account ID and onetime password provided, login to the IACS system at <https://applications.cms.hhs.gov> to change your password
2. Read the government computer system WARNING, then agree by clicking **Enter**



3. Click **Registration** on the left sidebar

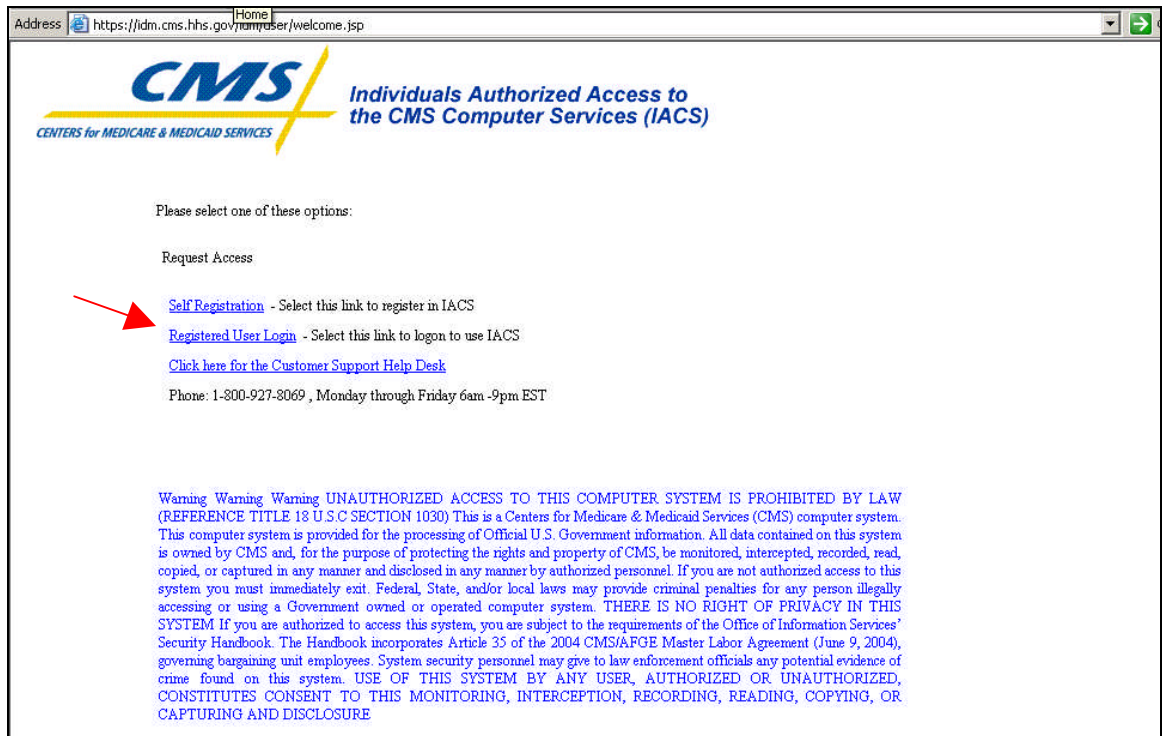


4. Click **Register to access CMS applications** in the main window

IACS User Guide



5. Click **Registered User Login**



6. Enter your **User ID** and onetime **Password** and click **Login**

IACS User Guide

Identity Manager - Microsoft Internet Explorer provided by Centers for Medicare and Medicaid

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address <http://158.73.179.72/idm/user/login.jsp?lang=en&cntry=US> Go Links >>

CMS *Individuals Authorized Access to the CMS Computer Services (IACS)*
CENTERS for MEDICARE & MEDICAID SERVICES

[Help](#)

Log In to IACS

Your GUID must be used to login into IACS. (Example: ABCD123) If you have already registered and have been approved you would have been sent an email with your own personal GUID and password.

User ID

Password

Done Local intranet

7. Enter your new password in the password fields. Make sure the box next to ***Change Identity system user and all resource accounts*** is checked

Note: This screen also appears when the Help Desk processes a user-requested password reset

IACS User Guide

Identity Manager - Microsoft Internet Explorer provided by Centers for Medicare and Medicaid

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address <http://158.73.179.72/idm/user/login.jsp?lang=en&cntry=US> Go Links >>

CMS *Individuals Authorized Access to the CMS Computer Services (IACS)*
CENTERS for MEDICARE & MEDICAID SERVICES

Change Password

Your password has expired for account NUUR357 on resource Lighthouse (Lighthouse). Please change it now.

Password

Confirm Password

☒ Change Identity system user and all resource accounts

Resource accounts whose password will be changed if selected.

Account ID	Resource Name	Resource Type	E
☒ NUUR357	Lighthouse	Lighthouse	Y

Done Local intranet

8. Scroll down and click ***Change password***

IACS User Guide

Identity Manager - Microsoft Internet Explorer provided by Centers for Medicare and Medicaid

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address <http://158.73.179.72/idm/user/login.jsp?lang=en&cntry=US> Go Links >>

Password: [masked]

Confirm Password: [masked]

☒ Change Identity system user and all resource accounts

Resource accounts whose password will be changed if selected.

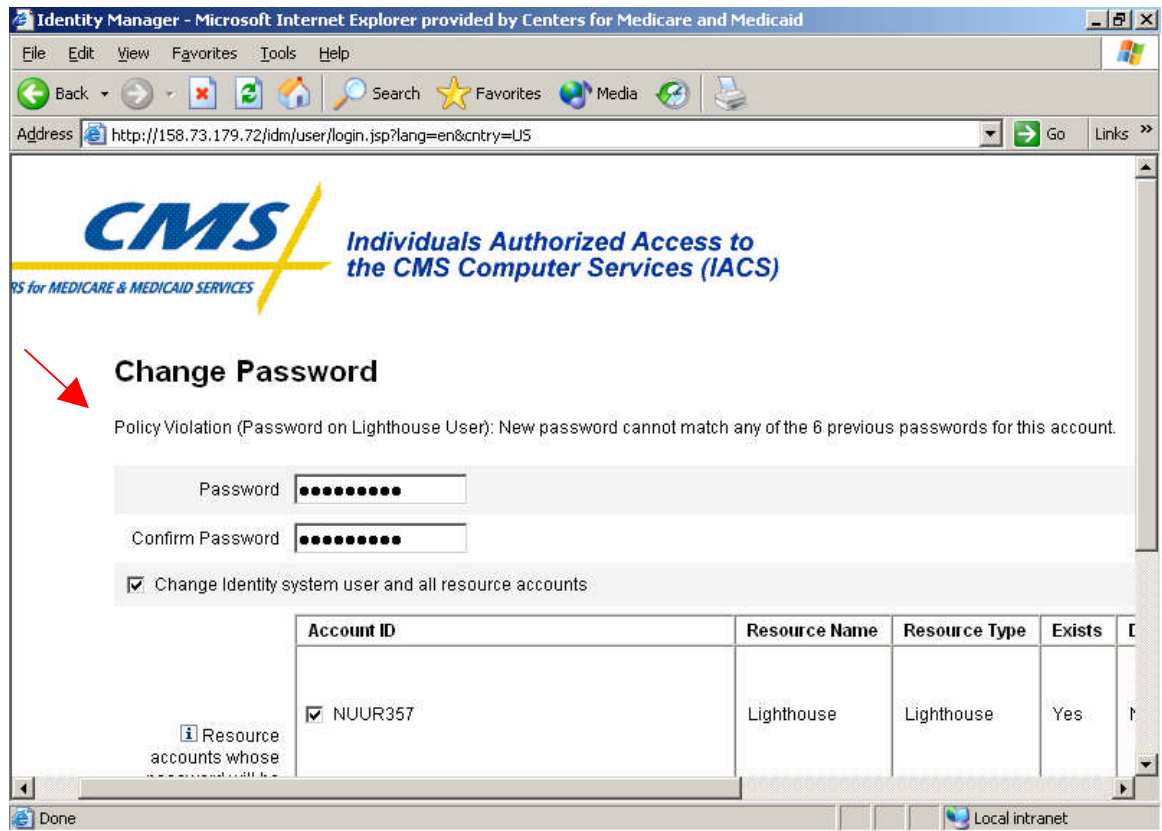
Account ID	Resource Name	Resource Type	E
☒ NUUR357	Lighthouse	Lighthouse	Y
☒ uid=NUUR357,ou=people,dc=cms,dc=hhs,dc=gov	LDAP	LDAP	Y

Done Local intranet

Note: If the ***Change Password*** screen reappears, a password policy violation has occurred. Check the message that appears below the ***Change Password*** label and process accordingly.

Possible messages:

- New password cannot match any of the 6 previous passwords for this account
- Fields **Confirm Password:** and **Password:** do not match
- Must have at least 1 alpha characters
- Must have at least 1 numeric characters
- Maximum length is 8
- Minimum length is 6

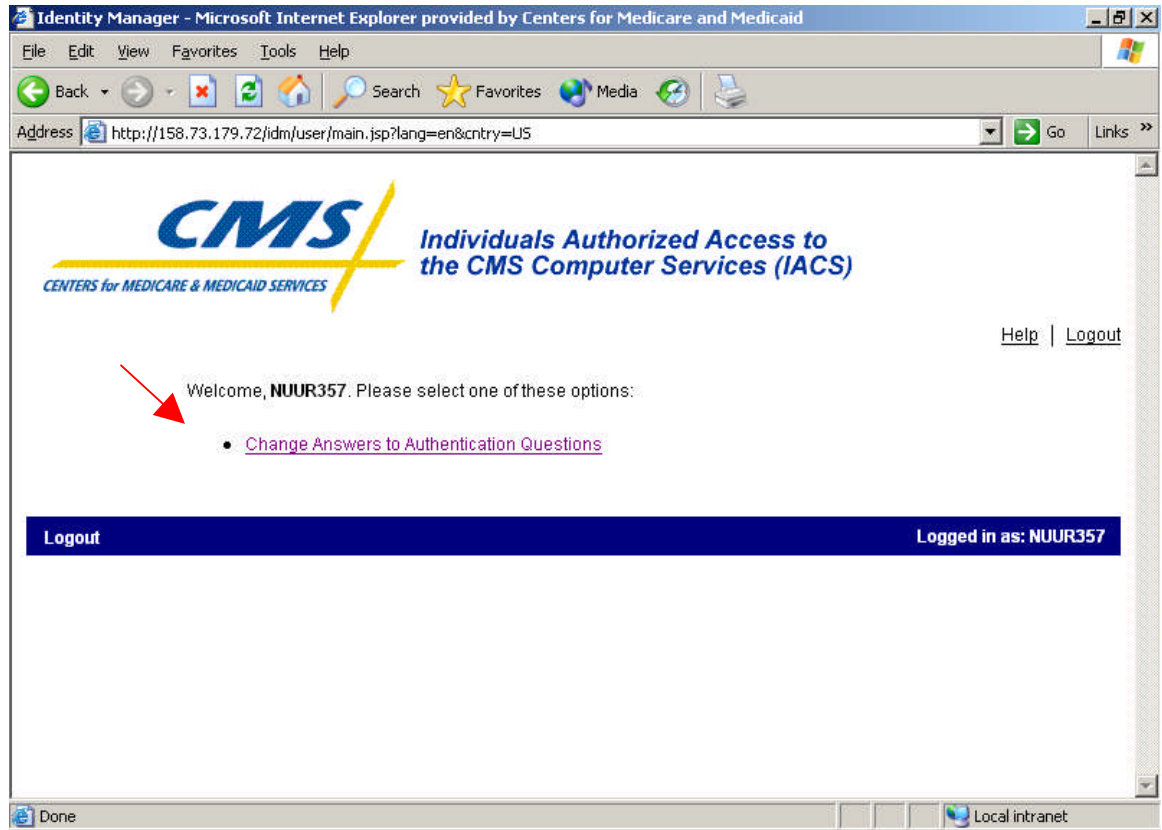


Note: IACS passwords must be changed at least every 60 days. In addition:

- The password must be from 6 to 8 characters in length
- The password must be a mixture of letters and numbers (no special characters)
- The password must be lower case letters only. Do not use mixed cased letters.
- The password must not contain a user's User ID
- The password must not begin with a number
- The password must not contain 4 consecutive characters from the previous password
- The password must be different from the previous 6 passwords
- The password must not contain a reserved word: PASSWORD, WELCOME, CMS, HCFA, SYSTEM, MEDICARE, MEDICAID, TEMP, LETMEIN, GOD, SEX, MONEY, QUEST, 1234, F20ASYA, RAVENS, REDSKIN, ORIOLES, BULLETS, CAPITOL, MARYLAND, TERPS, DOCTOR, 567890, 12345678, ROOT, BOSSMAN, JANUARY, FEBRUARY, MARCH, APRIL, MAY, JUNE, JULY, AUGUST, SEPTEMBER, OCTOBER, NOVEMBER, DECEMBER, SSA, FIREWALL, CITIC, ADMIN, UNISYS, PWD, SECURITY, 76543210, 43210, 098765, IRAQ, OIS, TMG, INTERNET, INTRANET, EXTRANET, ATT, LOCKHEED

IACS User Guide

9. Once your password has been successfully changed, you'll be asked to answer at least four (4) authentication questions. Your answers will be used in the future in the event you forget your password. Click ***Change Answers to Authentication Questions***



10. Answer at least four (4) of the ten (10) ***Authentication Questions***

IACS User Guide

Identity Manager - Microsoft Internet Explorer provided by Centers for Medicare and Medicaid

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address <http://158.73.179.72/idm/user/changeAnswers.jsp> Go Links >>

CMS *Individuals Authorized Access to the CMS Computer Services (IACS)*
CENTERS for MEDICARE & MEDICAID SERVICES

[Help](#) | [Logout](#)

Change Answers to Authentication Questions

If you forget your password, the system will prompt you for the answers to all authentication questions associated with your account.
Enter new answers to **four** or more of the following questions, and then click **Save**.

Authentication Questions

Please answer at least 4 of the following questions.

What city were you born in

What year did you graduate from high school

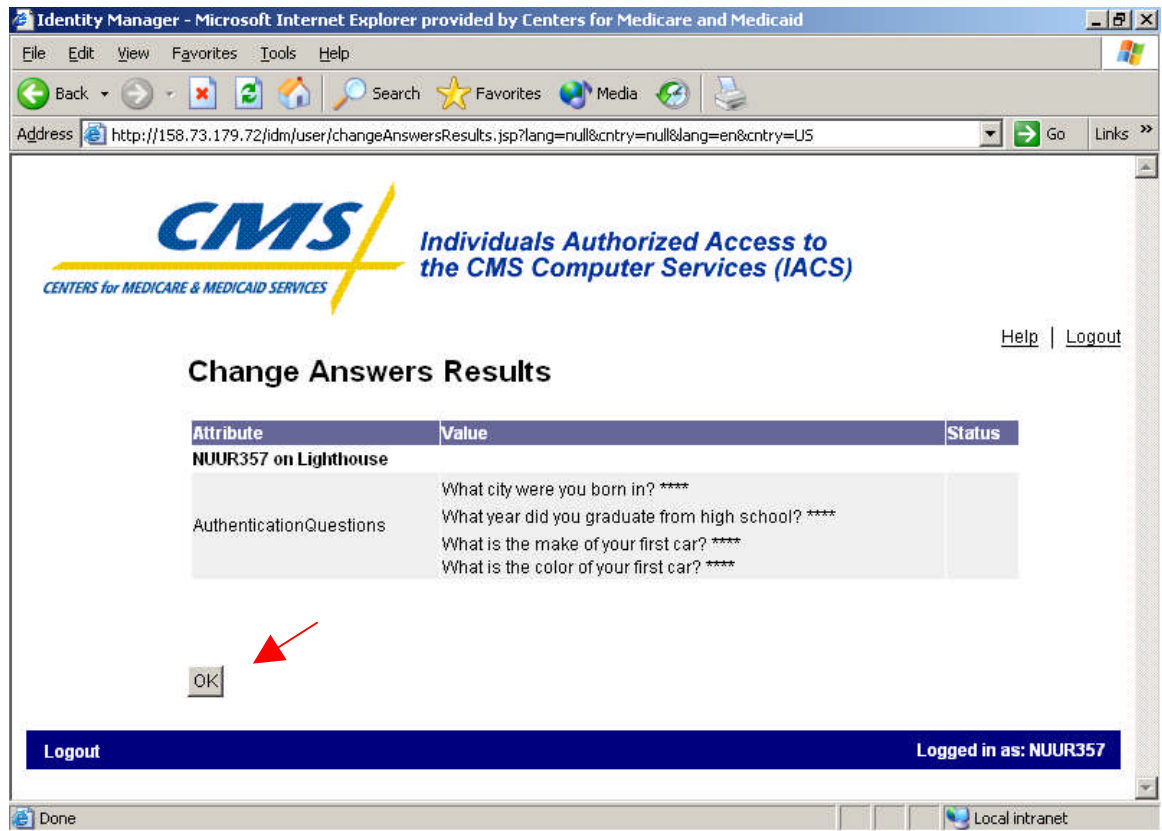
What is the make of your first car

What is the color of your first car

Done Local intranet

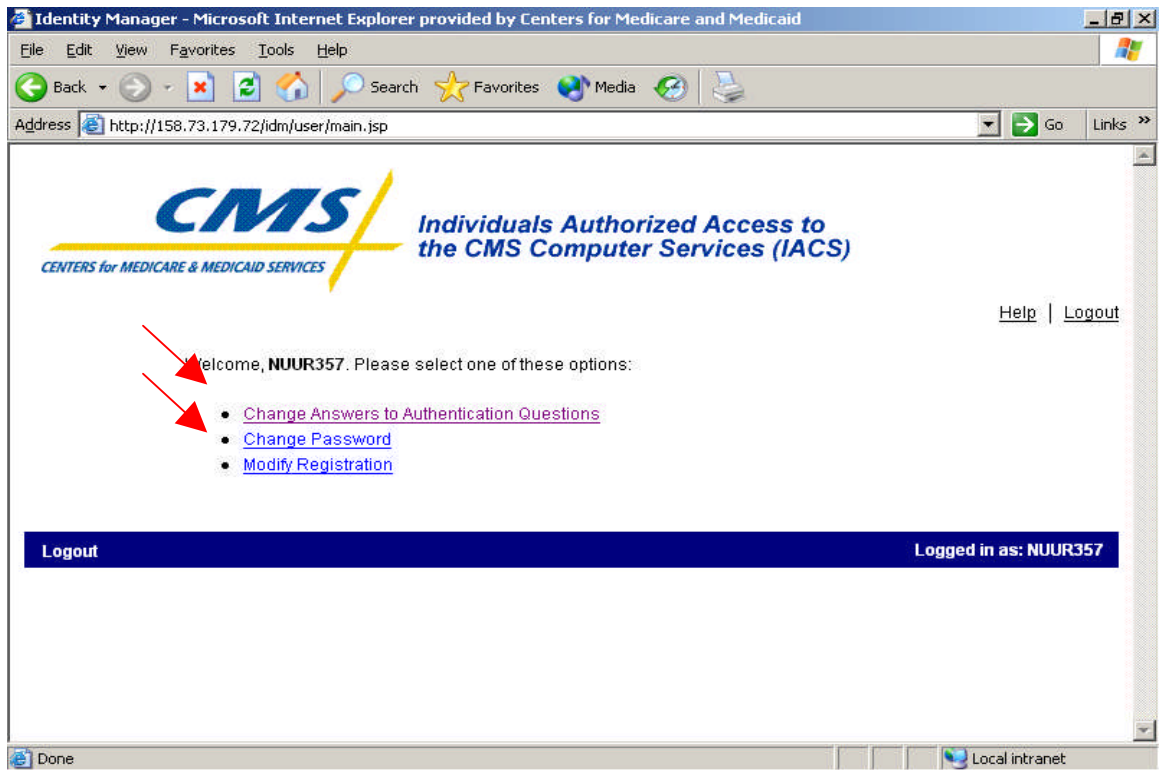
11. Click **OK**

IACS User Guide



Note: After the initial login, the *Change Password* and *Change Answers to Authentication Questions* options only need to be selected if you want to change those values

IACS User Guide



CSR Approver Registration

1. Browse to <https://applications.cms.hhs.gov>
2. Read the government computer system WARNING, then agree by clicking **Enter**



IACS User Guide

3. Click **Registration** on the left sidebar

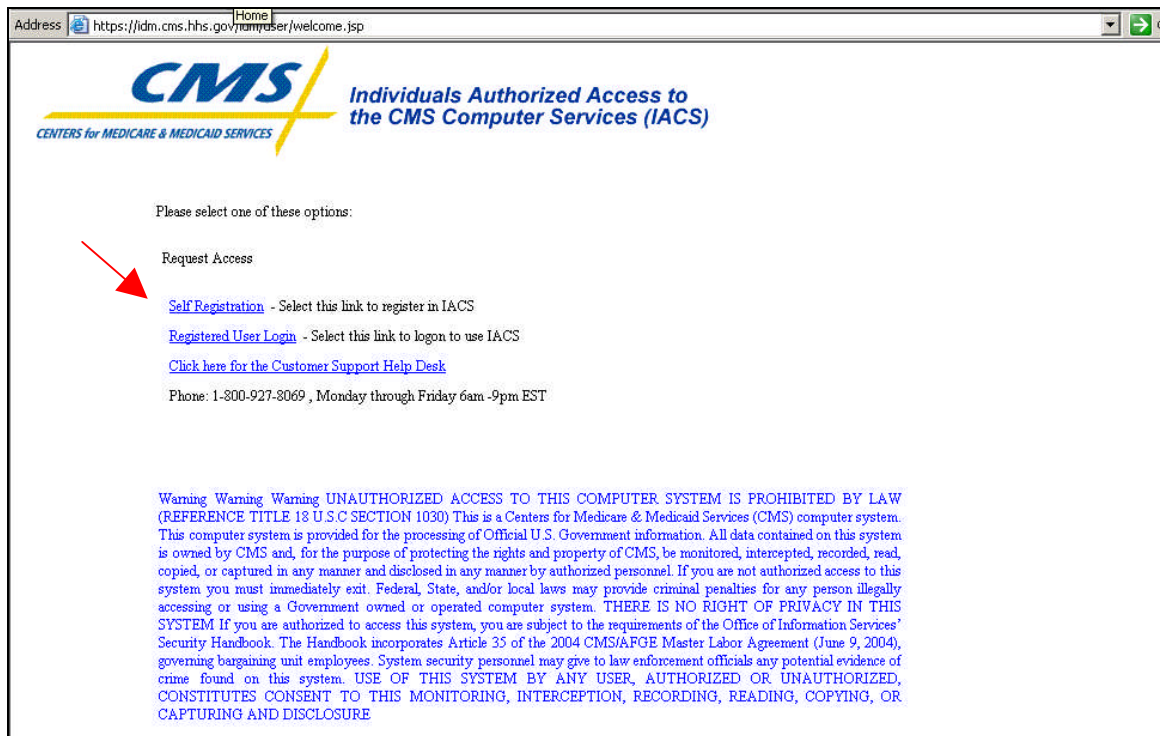


4. Click **Register to access CMS applications** in the main window



5. Click **Self Registration**

IACS User Guide



Address <https://idm.cms.hhs.gov/home/user/welcome.jsp>

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Individuals Authorized Access to the CMS Computer Services (IACS)

Please select one of these options:

[Request Access](#)

[Self Registration](#) - Select this link to register in IACS

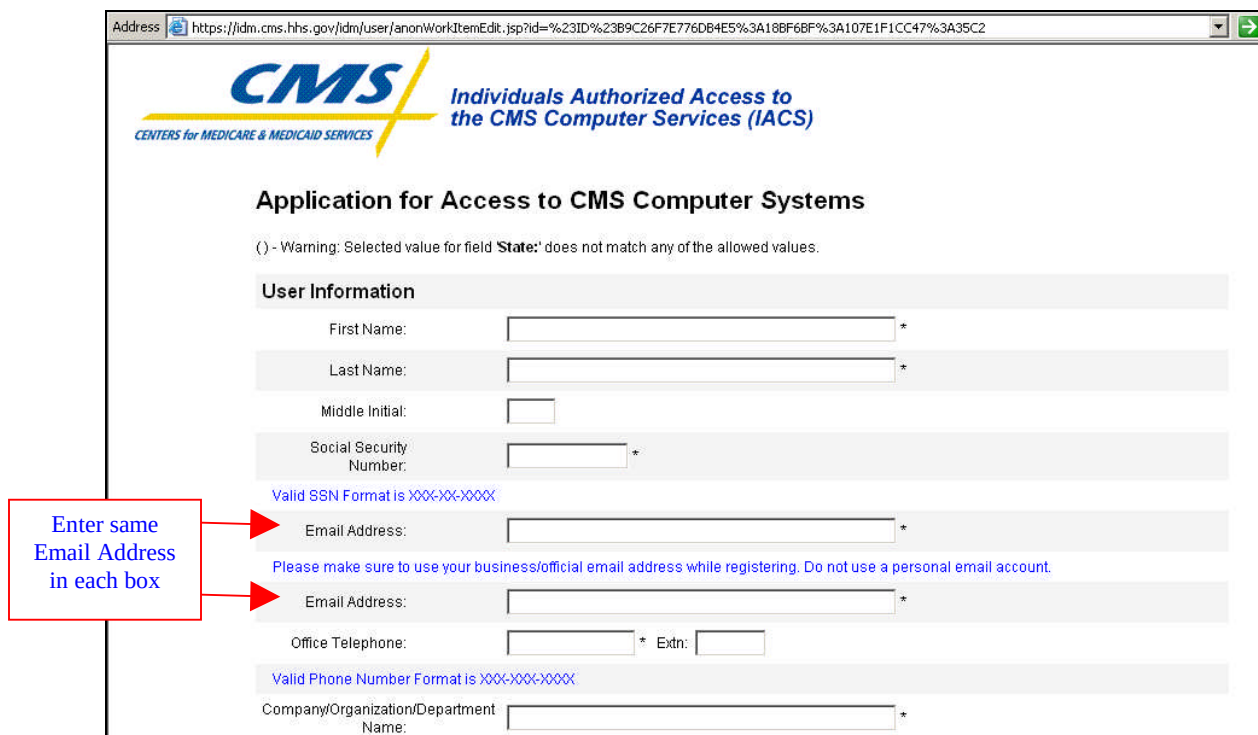
[Registered User Login](#) - Select this link to logon to use IACS

[Click here for the Customer Support Help Desk](#)

Phone: 1-800-927-8069, Monday through Friday 6am -9pm EST

Warning Warning Warning UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW (REFERENCE TITLE 18 U.S.C SECTION 1030) This is a Centers for Medicare & Medicaid Services (CMS) computer system. This computer system is provided for the processing of Official U.S. Government information. All data contained on this system is owned by CMS and, for the purpose of protecting the rights and property of CMS, be monitored, intercepted, recorded, read, copied, or captured in any manner and disclosed in any manner by authorized personnel. If you are not authorized access to this system you must immediately exit. Federal, State, and/or local laws may provide criminal penalties for any person illegally accessing or using a Government owned or operated computer system. THERE IS NO RIGHT OF PRIVACY IN THIS SYSTEM If you are authorized to access this system, you are subject to the requirements of the Office of Information Services' Security Handbook. The Handbook incorporates Article 35 of the 2004 CMS/AFGE Master Labor Agreement (June 9, 2004), governing bargaining unit employees. System security personnel may give to law enforcement officials any potential evidence of crime found on this system. USE OF THIS SYSTEM BY ANY USER, AUTHORIZED OR UNAUTHORIZED, CONSTITUTES CONSENT TO THIS MONITORING, INTERCEPTION, RECORDING, READING, COPYING, OR CAPTURING AND DISCLOSURE

6. Fill in fields in the *User Information* section



Address <https://idm.cms.hhs.gov/idm/user/anonWorkItemEdit.jsp?id=%23ID%23B9C26F7E776DB4E5%3A18BF6BF%3A107E1F1CC47%3A35C2>

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Individuals Authorized Access to the CMS Computer Services (IACS)

Application for Access to CMS Computer Systems

() - Warning: Selected value for field 'State:' does not match any of the allowed values.

User Information

First Name: *

Last Name: *

Middle Initial:

Social Security Number: *

Valid SSN Format is XXX-XX-XXXX

Email Address: *

Please make sure to use your business/official email address while registering. Do not use a personal email account.

Email Address: *

Office Telephone: * Extn:

Valid Phone Number Format is XXX-XXX-XXXX

Company/Organization/Department Name: *

Enter same Email Address in each box

Note:

- The SSN must be unique.

IACS User Guide

- Enter your email address twice for verification. Please do not cut and past from one field to the other. A unique, corporate email address is required. Non-corporate email addresses are prohibited (e.g. ssmith@yahoo.com, mjordan@hotmail.com).

7. In the **Required Access** section, choose **CSR** for **User Type**

Note: The appearance of the form will change depending on the User Type selected.

The screenshot shows the 'Required Access' form. At the top, 'User Type' has three radio buttons: 'MA/MA-PD/PDP/CC', 'CSR' (which is selected), and 'COB *'. Below this is a note: 'NOTE: MA/MA-PD/PDP/CC is Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Plan/Cost Contracts'. The 'Call Center' field contains '28th Avenue, Phoenix, AZ' and has an 'Add' button next to it. Below the 'Call Center' field is a message: 'Please enter one call center at a time and click the button: Add.' The 'Role' field is empty with a dropdown arrow and an asterisk. The 'Justification' field is a large empty text area with a vertical scrollbar and an asterisk. At the bottom left, there is a note: '* indicates a required field'. At the bottom center, there are 'Next' and 'Cancel' buttons.

8. The **Call Center** list will appear; pick your Call Center from the drop down list and click **Add**

This screenshot shows the 'Required Access' form with the 'Call Center' dropdown menu open. The dropdown list contains the following options: '28th Avenue, Phoenix, AZ' (highlighted), 'Black Canyon, Phoenix, AZ', 'Blue Cross/Blue Shield, Little Rock, AR', 'Columbia, Broad River, SC', 'Columbia, SC', 'Convergys, Tucson, AZ', 'Convergys, Denver, CO', 'Convergys, Tamarac, FL', 'Coralville, IA', 'Corbin, KY', and 'First Coast Service Option, Jacksonville, FL'. A red box on the right side of the form contains the text 'Select Call Center' and 'Then click Add', with red arrows pointing to the dropdown list and the 'Add' button respectively. The rest of the form, including the 'User Type' section, the 'Role' field, the 'Justification' field, and the 'Next'/'Cancel' buttons, is the same as in the previous screenshot.

9. Select **Approver** as your **Role**

The screenshot shows the 'Required Access' form. At the top, 'User Type' has three radio buttons: 'MAMA-PD/PDP/CC', 'CSR' (which is selected), and 'COB *'. Below this is a note: 'NOTE: MAMA-PD/PDP/CC is Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Plan/Cost Contracts'. The 'Call Center' field contains '28th Avenue, Phoenix, AZ' and has an 'Add' button. Below that is a message: 'Please enter one call center at a time and click the button: Add.' The 'Role' dropdown menu is set to 'Approver' and has an asterisk next to it. A red arrow points to this dropdown. The 'Justification' field is empty and has an asterisk next to it. At the bottom, a note says '* indicates a required field'.

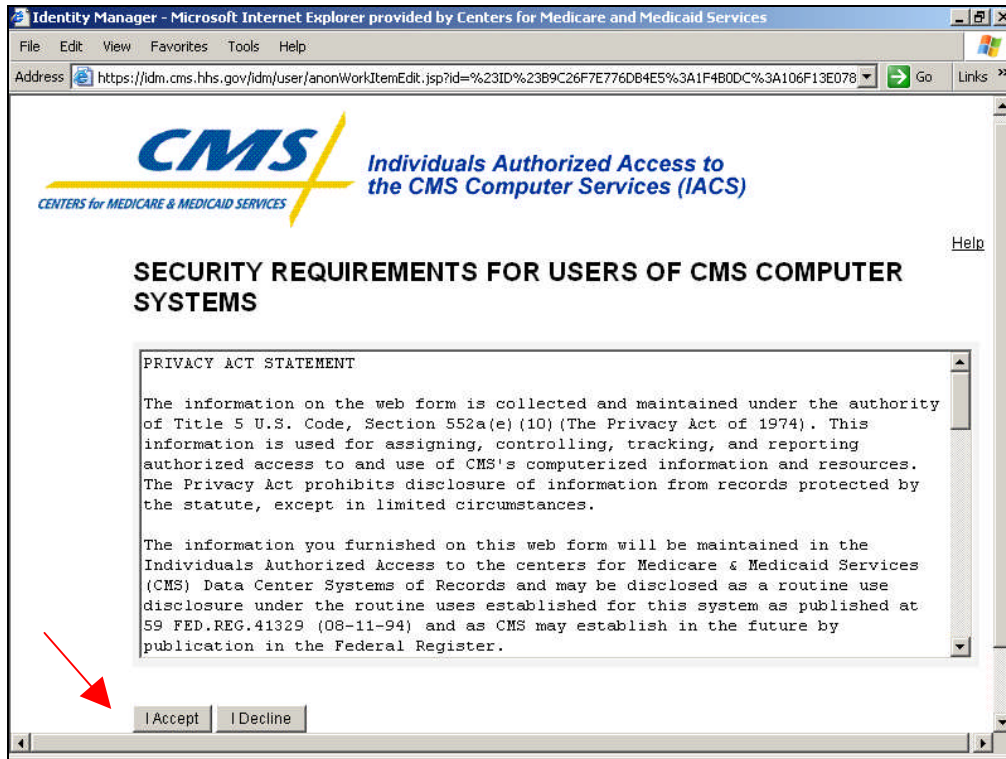
10. Enter a brief statement for the **Justification**

This screenshot is identical to the previous one, but the 'Justification' text area now contains the text 'LSA for 28th Avenue is Phoenix AZ'. A red arrow points to the bottom right corner of the text area. The asterisk next to the 'Justification' label indicates it is a required field.

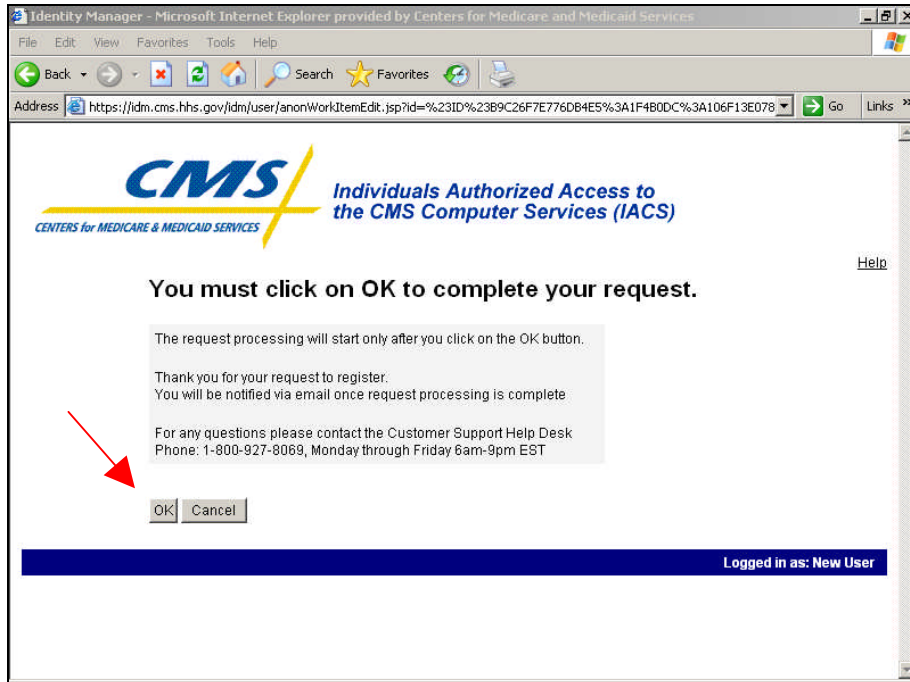
11. Click **Next**

12. Read the **Privacy Act Statement**, and agree by clicking **I Accept**

IACS User Guide



13. Click **OK**



14. Click **Logout** on the lower left of your screen



Note:

- Submission of registration form and agreement of terms will constitute an electronic signature

After Registration

Your approver will be notified of your pending request via email. Once your request has been approved and your account has been created, two separate email messages will be automatically sent to you. The first (**Subject:** FYI: User Creation Completed – Account ID Enclosed) will contain your User ID. The second (**Subject:** FYI: User Creation Completed – Password Enclosed) will contain your onetime password. You'll be required to change your onetime password the first time you login.

Note: If an email notification is not received within 24 hours after you register, please contact the Help Desk at 1-800-927-8069.

1. Using the Account ID and onetime password provided, login to the IACS system at <https://applications.cms.hhs.gov> to change your password
2. Read the government computer system WARNING, then agree by clicking **Enter**



3. Click **Registration** on the left sidebar

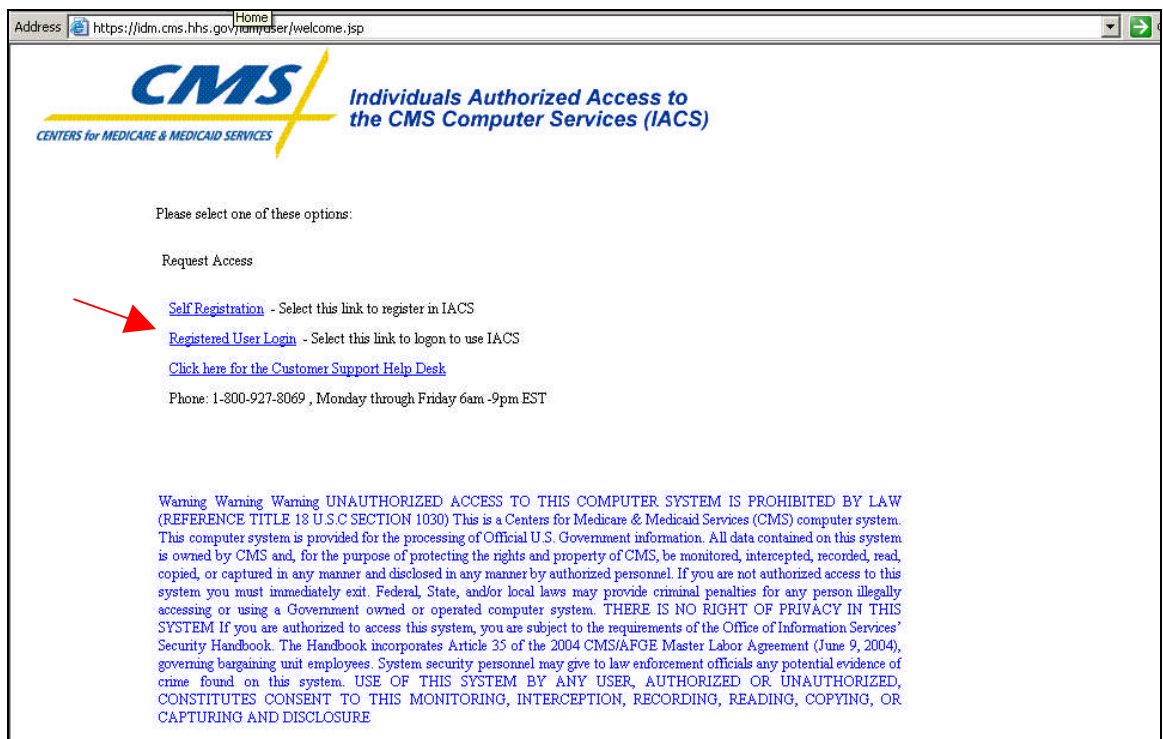


4. Click **Register to access CMS applications** in the main window

IACS User Guide



5. Click **Registered User Login**



6. Enter your **User ID** and onetime **Password** and click **Login**

IACS User Guide

The screenshot shows a Microsoft Internet Explorer window titled "Identity Manager - Microsoft Internet Explorer provided by Centers for Medicare and Medicaid". The address bar displays "http://158.73.179.72/idm/user/login.jsp?lang=en&cntry=US". The main content area features the CMS logo and the text "Individuals Authorized Access to the CMS Computer Services (IACS)". Below this is a "Log In to IACS" section with a message: "Your GUID must be used to login into IACS. (Example: ABCD123) If you have already registered and have been approved you would have been sent an email with your own personal GUID and password." There are two input fields: "User ID" and "Password". Red arrows point to both fields. Below the fields are two buttons: "Login" and "Forgot Your Password?". A red arrow points to the "Login" button. A blue horizontal bar is at the bottom of the page. The status bar at the bottom shows "Done" and "Local intranet".

7. Enter your new password in the password fields. Make sure the box next to Change Identity system user and all resource accounts is checked.

Note: This screen also appears when the Help Desk processes a user-requested password reset

IACS User Guide

Identity Manager - Microsoft Internet Explorer provided by Centers for Medicare and Medicaid

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address <http://158.73.179.72/idm/user/login.jsp?lang=en&cntry=US> Go Links >>

CMS *Individuals Authorized Access to the CMS Computer Services (IACS)*
CENTERS for MEDICARE & MEDICAID SERVICES

Change Password

Your password has expired for account NUUR357 on resource Lighthouse (Lighthouse). Please change it now.

Password

Confirm Password

☒ Change Identity system user and all resource accounts

Resource accounts whose password will be changed if selected.

Account ID	Resource Name	Resource Type	E
☒ NUUR357	Lighthouse	Lighthouse	Y

Done Local intranet

8. Scroll down and click *Change password*

Identity Manager - Microsoft Internet Explorer provided by Centers for Medicare and Medicaid

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address <http://158.73.179.72/idm/user/login.jsp?lang=en&cntry=US> Go Links >>

Password: [masked]
Confirm Password: [masked]

☒ Change Identity system user and all resource accounts

Resource accounts whose password will be changed if selected.

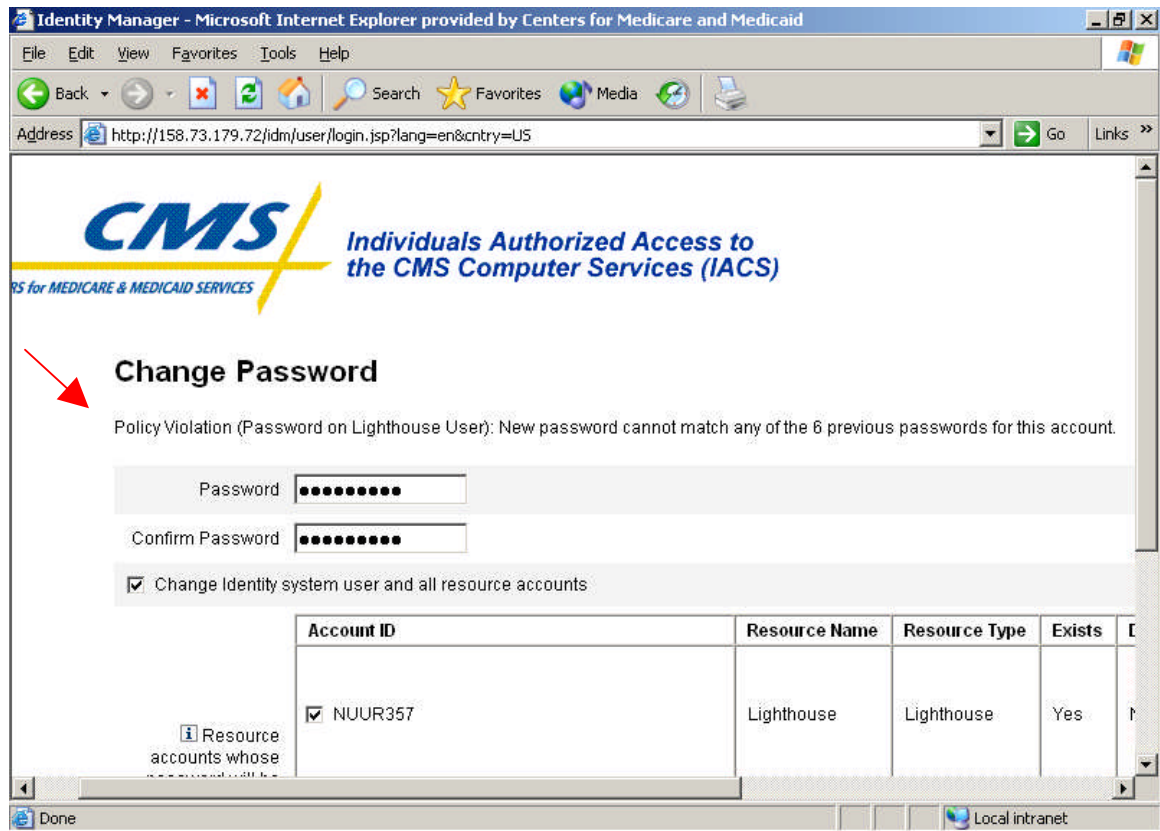
Account ID	Resource Name	Resource Type	E
☒ NUUR357	Lighthouse	Lighthouse	Y
☒ uid=NUUR357,ou=people,dc=cms,dc=hhs,dc=gov	LDAP	LDAP	Y

Done Local intranet

Note: If the *Change Password* screen reappears, a password policy violation has occurred. Check the message that appears below the *Change Password* label and process accordingly.

Possible messages:

- New password cannot match any of the 6 previous passwords for this account
- Fields **Confirm Password:** and **Password:** do not match
- Must have at least 1 alpha characters
- Must have at least 1 numeric characters
- Maximum length is 8
- Minimum length is 6

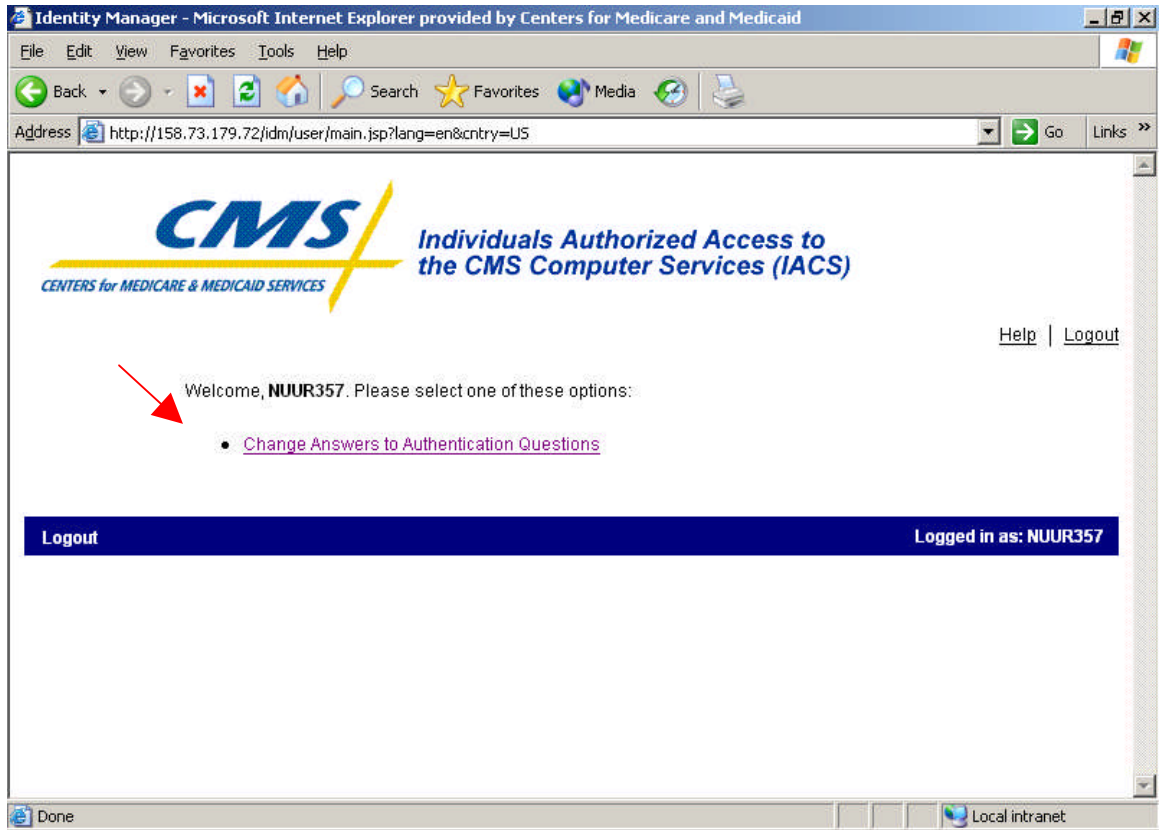


Note: IACS passwords must be changed at least every 60 days. In addition:

- The password must be from 6 to 8 characters in length
- The password must be a mixture of letters and numbers (no special characters)
- The password must be lower case letters only. Do not use mixed cased letters.
- The password must not contain a user's User ID
- The password must not begin with a number
- The password must not contain 4 consecutive characters from the previous password
- The password must be different from the previous 6 passwords
- The password must not contain a reserved word: PASSWORD, WELCOME, CMS, HCFA, SYSTEM, MEDICARE, MEDICAID, TEMP, LETMEIN, GOD, SEX, MONEY, QUEST, 1234, F20ASYA, RAVENS, REDSKIN, ORIOLES, BULLETS, CAPITOL, MARYLAND, TERPS, DOCTOR, 567890, 12345678, ROOT, BOSSMAN, JANUARY, FEBRUARY, MARCH, APRIL, MAY, JUNE, JULY, AUGUST, SEPTEMBER, OCTOBER, NOVEMBER, DECEMBER, SSA, FIREWALL, CITIC, ADMIN, UNISYS, PWD, SECURITY, 76543210, 43210, 098765, IRAQ, OIS, TMG, INTERNET, INTRANET, EXTRANET, ATT, LOCKHEED

IACS User Guide

9. Once your password has been successfully changed, you'll be asked to answer at least four (4) authentication questions. Your answers will be used in the future in the event you forget your password. Click ***Change Answers to Authentication Questions***



10. Answer at least four (4) of the ten (10) ***Authentication Questions***

IACS User Guide

Identity Manager - Microsoft Internet Explorer provided by Centers for Medicare and Medicaid

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address http://158.73.179.72/idm/user/changeAnswers.jsp Go Links >>

CMS Individuals Authorized Access to the CMS Computer Services (IACS)
CENTERS for MEDICARE & MEDICAID SERVICES

[Help](#) | [Logout](#)

Change Answers to Authentication Questions

If you forget your password, the system will prompt you for the answers to all authentication questions associated with your account.
Enter new answers to **four** or more of the following questions, and then click **Save**.

Authentication Questions

Please answer at least 4 of the following questions.

What city were you born in

What year did you graduate from high school

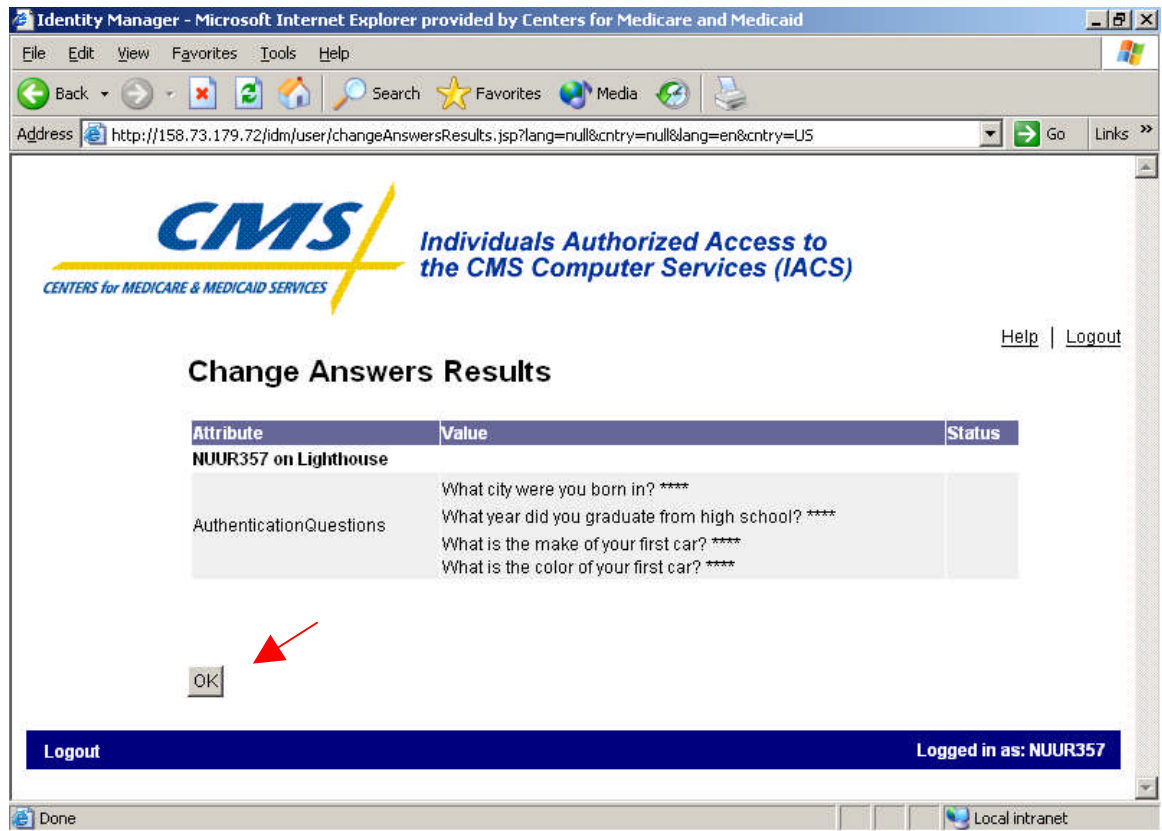
What is the make of your first car

What is the color of your first car

Done Local intranet

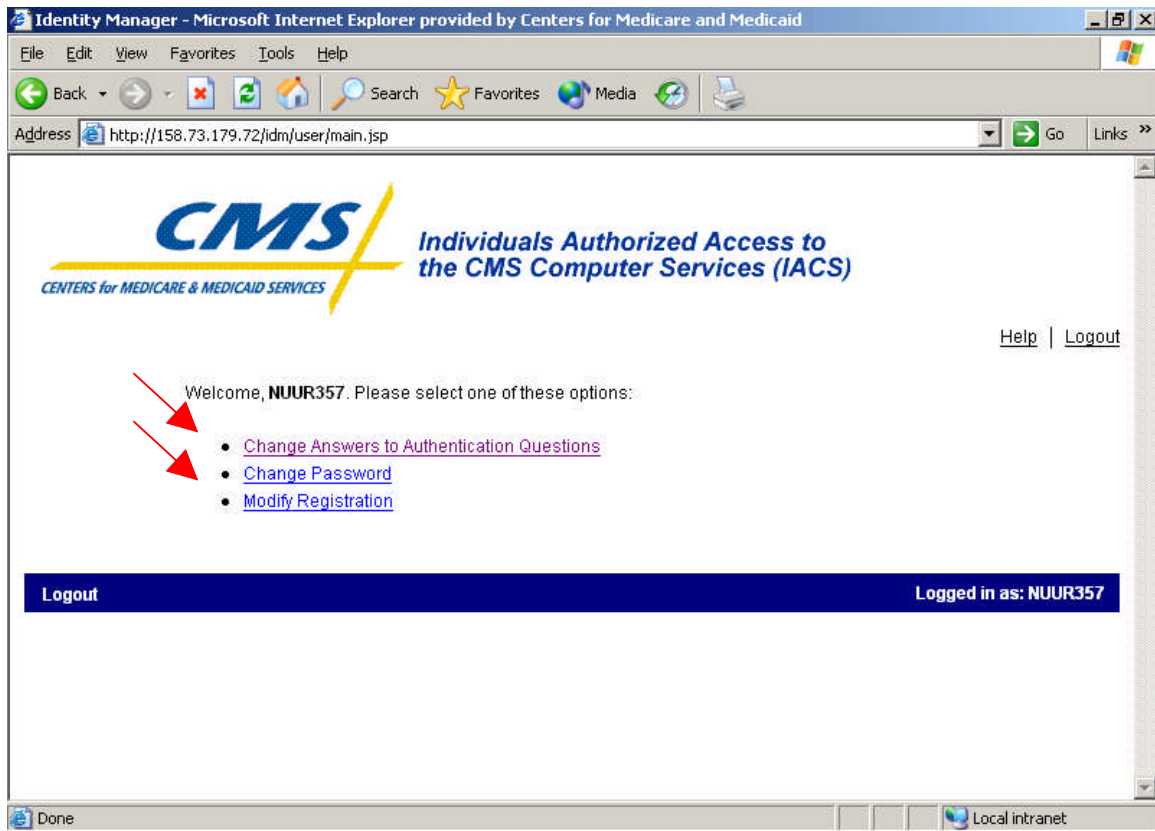
11. Click **OK**

IACS User Guide



Note: After the initial login, the *Change Password* and *Change Answers to Authentication Questions* options only need to be selected if you want to change those values

IACS User Guide



Approving CSR Users

To approve CSR users, login into the IACS system at <https://applications.cms.hhs.gov>. Choose **Pending Approvals**. You will see a list of requests to approve. Select a request, and verify the CSR's information. Take care to ensure that the correct Call Center and email address have been entered.

- If there any errors on the form, enter a **Justification** and **Reject** the request. The CSR will receive an email notification (if the email address is correct) of the rejection, and will have to re-register.
- If you need to verify information on the form at a later time, **Defer** the request; it will remain in the queue.
- Otherwise, enter a **Justification** and **Approve** the request. The CSR will receive email notification of the username and initial password; he/she must login into the IACS system to change their initial password, and answer authentication questions before accessing applications.

MA/MA-PD/PDP/CC User Registration

1. Browse to <https://applications.cms.hhs.gov>
2. Read the government computer system WARNING, then agree by clicking **Enter**



3. Click **Registration** on the left sidebar

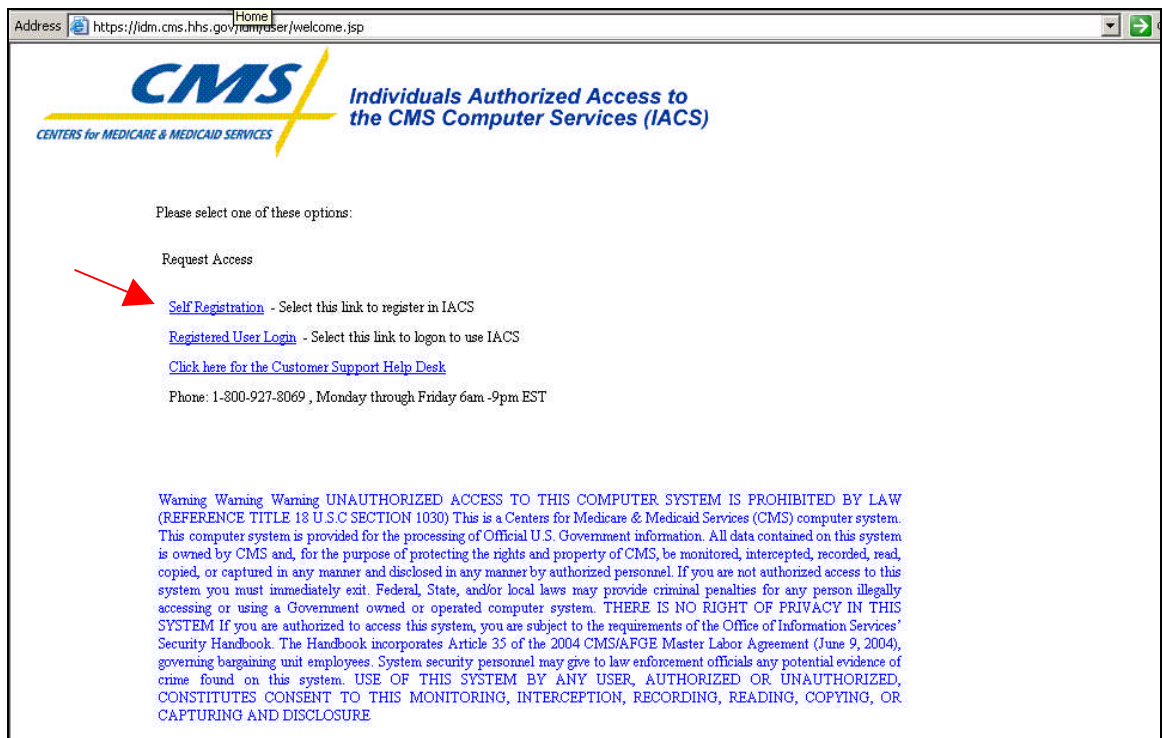


IACS User Guide

4. Click **Register to access CMS applications** in the main window



5. Click **Self Registration**



6. Fill in fields in the *User Information* section

Address <https://idm.cms.hhs.gov/idm/user/anon/WorkItemEdit.jsp?id=%23ID%23B9C26F7E776DB4E5%3A18BF6BF%3A107E1F1CC47%3A35C2>

CMS *Individuals Authorized Access to the CMS Computer Services (IACS)*
CENTERS for MEDICARE & MEDICAID SERVICES

Application for Access to CMS Computer Systems

() - Warning: Selected value for field **State:** does not match any of the allowed values.

User Information

First Name: *

Last Name: *

Middle Initial:

Social Security Number: *

Valid SSN Format is XXX-XX-XXXX

Email Address: *

Please make sure to use your business/official email address while registering. Do not use a personal email account.

Email Address: *

Office Telephone: * Extn:

Valid Phone Number Format is XXX-XXX-XXXX

Company/Organization/Department Name: *

Note:

- The SSN must be unique.
- Enter your email address twice for verification. Please do not cut and past from one field to the other. A unique, corporate email address is required. Non-corporate email addresses are prohibited (e.g. ssmith@yahoo.com, mjordan@hotmail.com).

7. In the *Required Access* section, choose **MA/MA-PD/PDP/CC** for *User Type*

Required Access

User Type: ☒ MA/MA-PD/PDP/CC ☐ CSR ☐ COB *

NOTE: MA/MA-PD/PDP/CC is Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Plan/Cost Contracts

Contract Number(s): Add

Please enter one contract at a time and click the button: Add. Ex: Hxxxx or Ex: Sxxxx

Role: *

Justification: *

* indicates a required field

8. Enter *Contract Numbers* (Hxxxx or Sxxxx) one at a time, and click **Add**

Required Access

User Type: ☒ MA/MA-PD/PDP/CC ☐ CSR ☐ COB *

NOTE: MA/MA-PD/PDP/CC is Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Plan/Cost Contracts

Contract Number(s):

Please enter one contract at a time and click the button: Add. Ex: Hxxxx or Ex:Sxxxx

Contract(s): HXXXX

Role:

Justification:

* indicates a required field

Enter Contract Number
Click Add after each number

Note:

- Contract numbers must be entered one at a time. Click **Add** after each entry.
 - Contract numbers will appear after the Contract Number(s) field. The form will reset to the top after each contract is added, so you must scroll down to the Contract Number (s) field after each entry.
9. Select **User/Submitter** (sends and receives data files) or **User/Representative** (looks up data using the MARx/MBD user interface; does not send/receive data files) as your **Role**. Approver approves **User/Submitter** and **User/Representative** access.

Required Access

User Type: ☒ MA/MA-PD/PDP/CC ☐ CSR ☐ COB *

NOTE: MA/MA-PD/PDP/CC is Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Plan/Cost Contracts

Contract Number(s):

Please enter one contract at a time and click the button: Add. Ex: Hxxxx or Ex:Sxxxx

Contract(s): HXXXX

Role:

Justification:

* indicates a required field

10. Enter a **RACF ID**, if you have one

Required Access

User Type: ☒ MA/MA-PD/PDP/CC ☐ CSR ☐ COB *

NOTE: MA/MA-PD/PDP/CC is Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Plan/Cost Contracts

Contract Number(s):

Please enter one contract at a time and click the button: Add. Ex: Hxxxx or Ex:Sxxxx

Contract(s):

Role: *

Current RACF ID:

Justification:

* indicates a required field

Note: You will only be prompted to add a RACF ID if your Role is **User/Submitter** or **User/Representative**. The RACF ID should be entered in all UPPER case. If your RACF ID is not known, STOP and call the Help Desk (1-800-927-8069) to obtain RACF ID information.

Attention Existing CMS System Users: If you have already been assigned a RACF ID to access CMS systems (e.g. HPMS), you must enter this ID when you register for IACS. The IACS system enforces this rule based on your SSN. Once you've been approved as an IACS user, your RACF and IACS passwords will automatically synchronize, as long as you use IACS for all future password changes. Changing your RACF password via EUA will NOT cause synchronization with IACS to occur.

11. Enter a brief statement for the **Justification**. This justification field must include a valid reason for access.

12. Click **Next**

IACS User Guide

Required Access

User Type: ☒ MA/MA-PD/PDP/CC ☐ CSR ☐ COB *

NOTE: MA/MA-PD/PDP/CC is Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Plan/Cost Contracts

Contract Number(s):

Please enter one contract at a time and click the button: Add. Ex: Hxxxx or Ex:Sxxxx

Contract(s):

Role: *

Current RACF ID:

Justification: *

* indicates a required field

13. Read the **Privacy Act Statement**, and agree by clicking **I Accept**

Identity Manager - Microsoft Internet Explorer provided by Centers for Medicare and Medicaid Services

File Edit View Favorites Tools Help

Address <https://idm.cms.hhs.gov/idm/user/anonWorkItemEdit.jsp?id=%23ID%23B9C26F7E776DB4E5%3A1F4B0DC%3A106F13E078> Go Links »

CMS CENTERS for MEDICARE & MEDICAID SERVICES **Individuals Authorized Access to the CMS Computer Services (IACS)**

Help

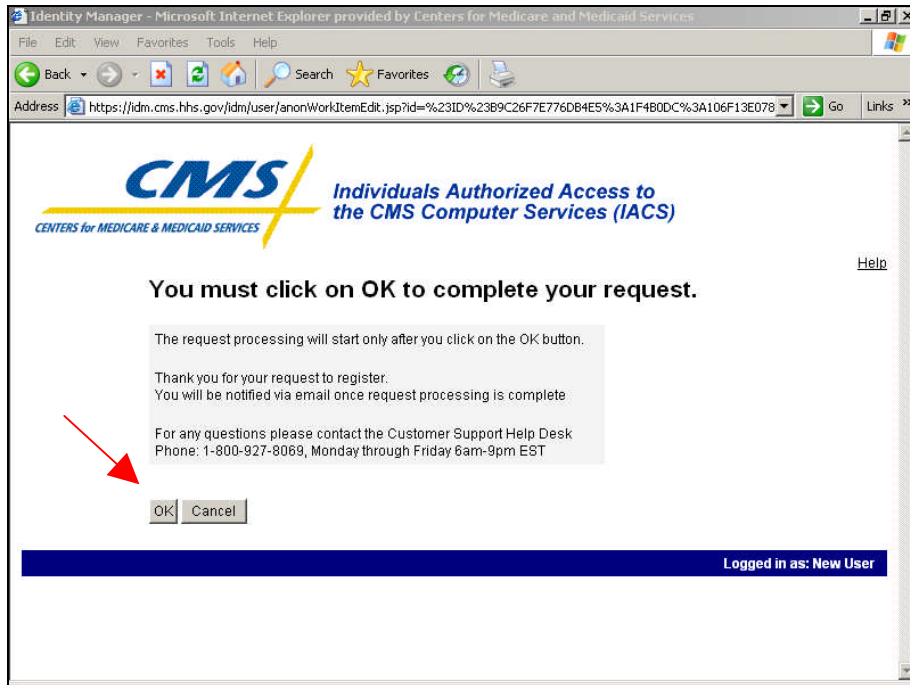
SECURITY REQUIREMENTS FOR USERS OF CMS COMPUTER SYSTEMS

PRIVACY ACT STATEMENT

The information on the web form is collected and maintained under the authority of Title 5 U.S. Code, Section 552a(e) (10) (The Privacy Act of 1974). This information is used for assigning, controlling, tracking, and reporting authorized access to and use of CMS's computerized information and resources. The Privacy Act prohibits disclosure of information from records protected by the statute, except in limited circumstances.

The information you furnished on this web form will be maintained in the Individuals Authorized Access to the centers for Medicare & Medicaid Services (CMS) Data Center Systems of Records and may be disclosed as a routine use disclosure under the routine uses established for this system as published at 59 FED.REG.41329 (08-11-94) and as CMS may establish in the future by publication in the Federal Register.

14. Click **OK**



15. Click **Logout** on the lower left of your screen



Note:

- Submission of registration form and agreement of terms will constitute an electronic signature

After Registration

Your approver will be notified of your pending request via email. Once your request has been approved and your account has been created, two separate email messages will be automatically sent to you. The first (**Subject:** FYI: User Creation Completed – Account ID Enclosed) will contain your User ID. The second (**Subject:** FYI: User Creation Completed – Password Enclosed) will contain your onetime password. You'll be required to change your onetime password the first time you login.

Note: If an email notification is not received within 24 hours after you register, please contact the Help Desk at 1-800-927-8069.

IACS User Guide

1. Using the Account ID and onetime password provided, login to the IACS system at <https://applications.cms.hhs.gov> to change your password
2. Read the government computer system WARNING, then agree by clicking **Enter**



3. Click **Registration** on the left sidebar

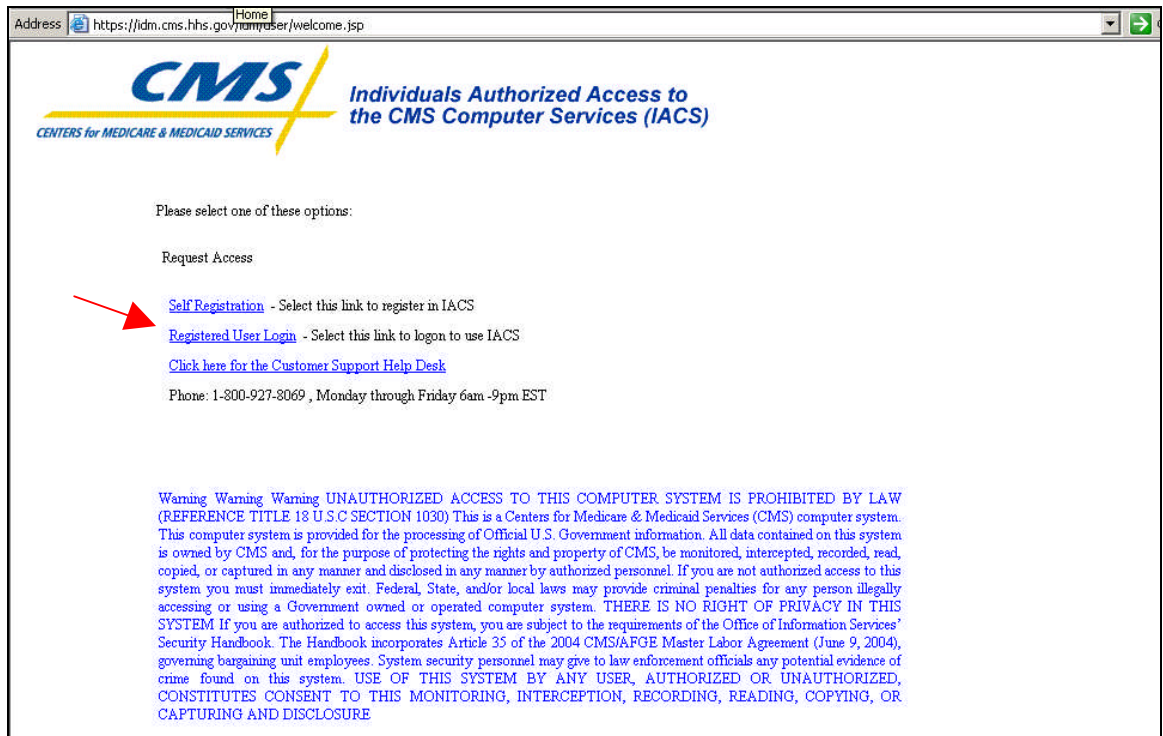


4. Click **Register to access CMS applications** in the main window

IACS User Guide

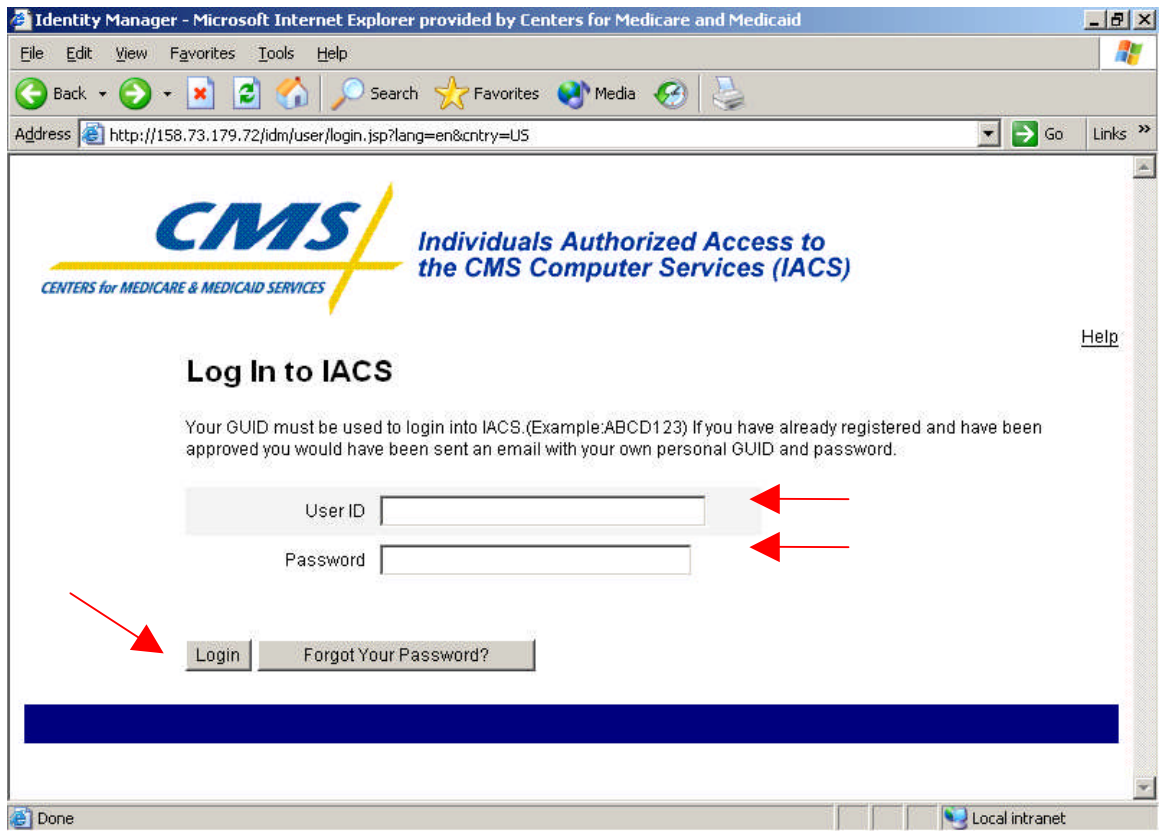


5. Click **Registered User Login**



6. Enter your **User ID** and onetime **Password** and click **Login**

IACS User Guide



7. Enter your new password in the password fields. Make sure the box next to ***Change Identity system user and all resource accounts*** is checked.

Note: This screen also appears when the Help Desk processes a user-requested password reset

IACS User Guide

Change Password

Your password has expired for account NUUR357 on resource Lighthouse (Lighthouse). Please change it now.

Password

Confirm Password

☒ Change Identity system user and all resource accounts

Account ID	Resource Name	Resource Type	E
☒ NUUR357	Lighthouse	Lighthouse	Y

Resource accounts whose password will be changed if selected.

8. Scroll down and click ***Change password***

Identity Manager - Microsoft Internet Explorer provided by Centers for Medicare and Medicaid

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address <http://158.73.179.72/idm/user/login.jsp?lang=en&cntry=US> Go Links >>

Password: [masked]
Confirm Password: [masked]

☒ Change Identity system user and all resource accounts

Resource accounts whose password will be changed if selected.

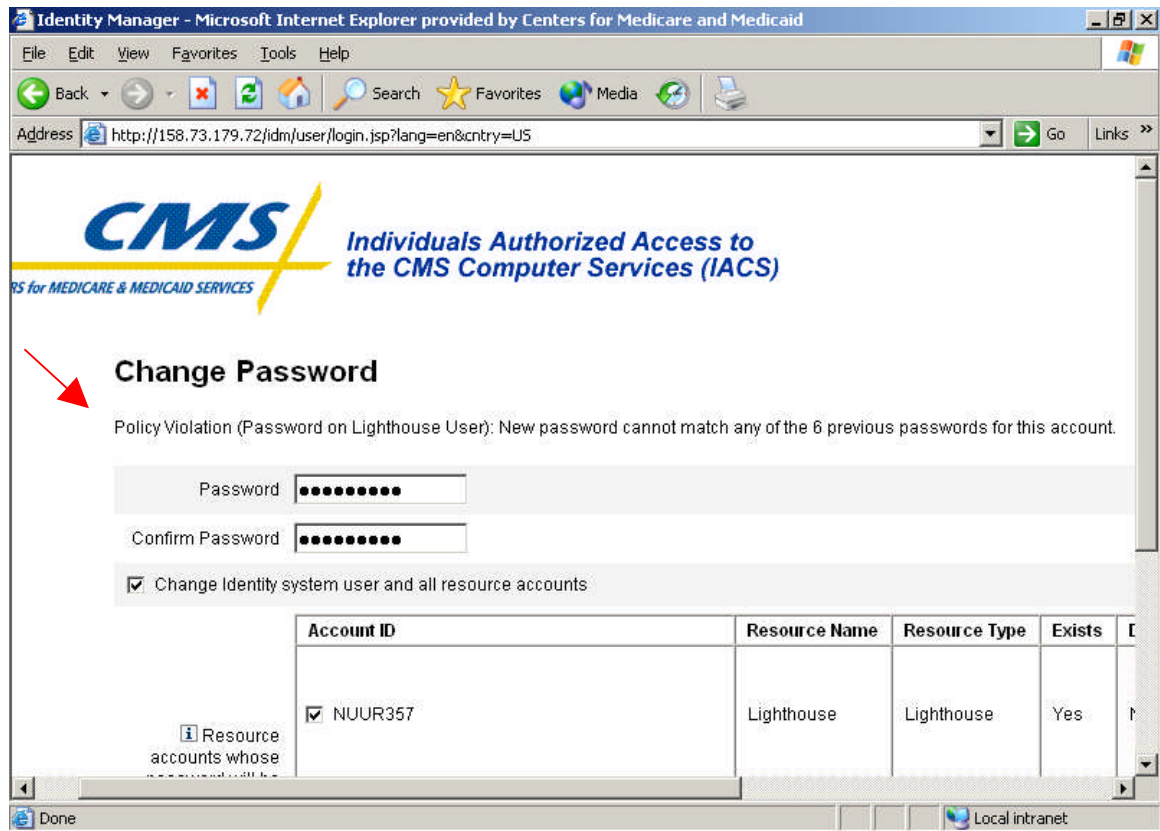
Account ID	Resource Name	Resource Type	E
☒ NUUR357	Lighthouse	Lighthouse	Y
☒ uid=NUUR357,ou=people,dc=cms,dc=hhs,dc=gov	LDAP	LDAP	Y

Done Local intranet

Note: If the *Change Password* screen reappears, a password policy violation has occurred. Check the message that appears below the *Change Password* label and process accordingly.

Possible messages:

- New password cannot match any of the 6 previous passwords for this account
- Fields **Confirm Password:** and **Password:** do not match
- Must have at least 1 alpha characters
- Must have at least 1 numeric characters
- Maximum length is 8
- Minimum length is 6

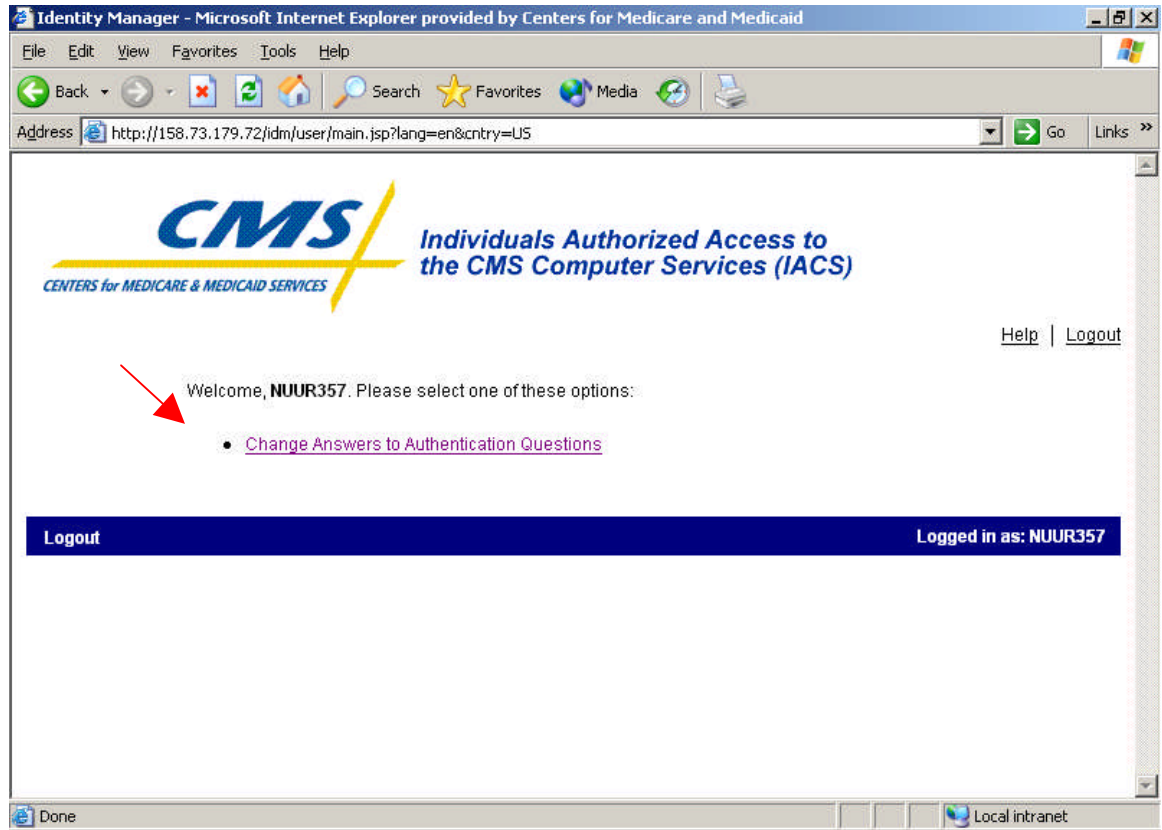


Note: IACS passwords must be changed at least every 60 days. In addition:

- The password must be from 6 to 8 characters in length
- The password must be a mixture of letters and numbers (no special characters)
- The password must be lower case letters only. Do not use mixed cased letters.
- The password must not contain a user's User ID
- The password must not begin with a number
- The password must not contain 4 consecutive characters from the previous password
- The password must be different from the previous 6 passwords
- The password must not contain a reserved word: PASSWORD, WELCOME, CMS, HCFA, SYSTEM, MEDICARE, MEDICAID, TEMP, LETMEIN, GOD, SEX, MONEY, QUEST, 1234, F20ASYA, RAVENS, REDSKIN, ORIOLES, BULLETS, CAPITOL, MARYLAND, TERPS, DOCTOR, 567890, 12345678, ROOT, BOSSMAN, JANUARY, FEBRUARY, MARCH, APRIL, MAY, JUNE, JULY, AUGUST, SEPTEMBER, OCTOBER, NOVEMBER, DECEMBER, SSA, FIREWALL, CITIC, ADMIN, UNISYS, PWD, SECURITY, 76543210, 43210, 098765, IRAQ, OIS, TMG, INTERNET, INTRANET, EXTRANET, ATT, LOCKHEED

IACS User Guide

9. Once your password has been successfully changed, you'll be asked to answer at least four (4) authentication questions. Your answers will be used in the future in the event you forget your password. Click ***Change Answers to Authentication Questions***



10. Answer at least four (4) of the ten (10) ***Authentication Questions***

IACS User Guide

Identity Manager - Microsoft Internet Explorer provided by Centers for Medicare and Medicaid

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address <http://158.73.179.72/idm/user/changeAnswers.jsp> Go Links >>

CMS *Individuals Authorized Access to the CMS Computer Services (IACS)*
CENTERS for MEDICARE & MEDICAID SERVICES

[Help](#) | [Logout](#)

Change Answers to Authentication Questions

If you forget your password, the system will prompt you for the answers to all authentication questions associated with your account.
Enter new answers to **four** or more of the following questions, and then click **Save**.

Authentication Questions

Please answer at least 4 of the following questions.

What city were you born in

What year did you graduate from high school

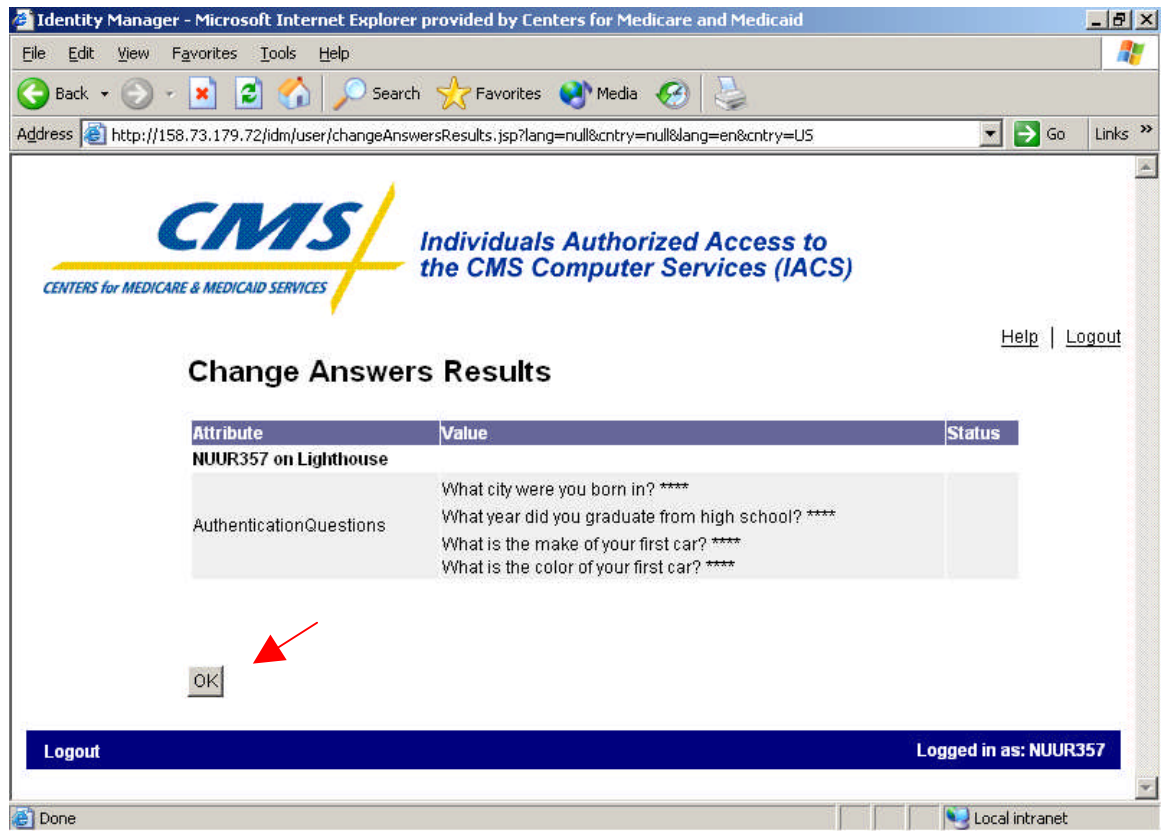
What is the make of your first car

What is the color of your first car

Done Local intranet

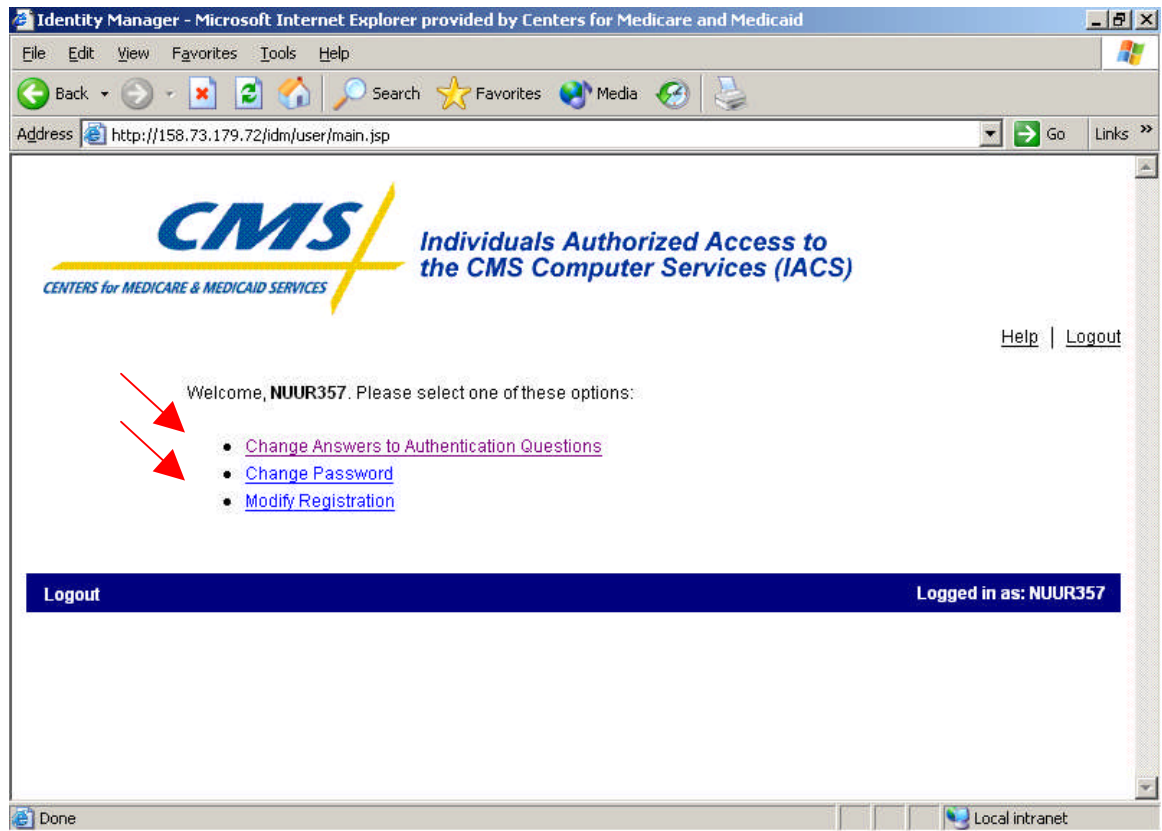
11. Click **OK**

IACS User Guide



Note: After the initial login, the *Change Password* and *Change Answers to Authentication Questions* options only need to be selected if you want to change those values

IACS User Guide



MA/MA-PD/PDP/CC Approver Registration

1. Browse to <https://applications.cms.hhs.gov>
2. Read the government computer system WARNING, then agree by clicking **Enter**



3. Click **Registration** on the left sidebar

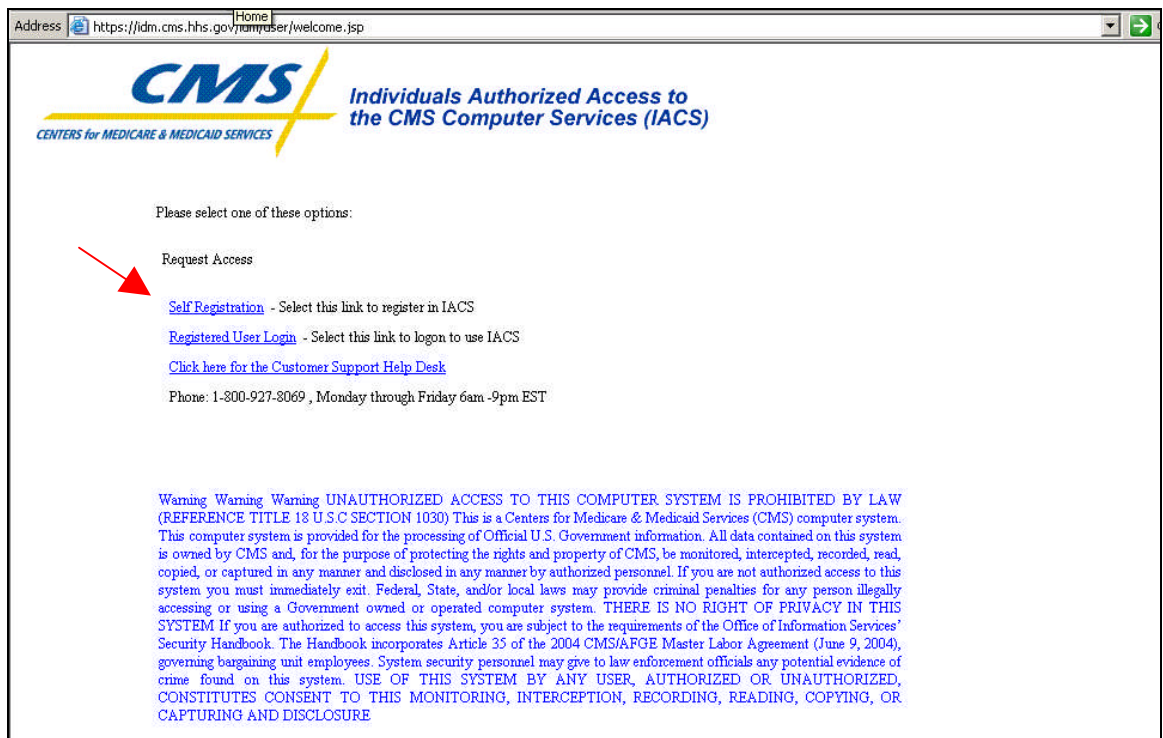


IACS User Guide

4. Click **Register to access CMS applications** in the main window



5. Click **Self Registration**



6. Fill in fields in the *User Information* section

Address <https://idm.cms.hhs.gov/idm/user/anon/WorkItemEdit.jsp?id=%23ID%23B9C26F7E776DB4E5%3A18BF6BF%3A107E1F1CC47%3A35C2>

CMS *Individuals Authorized Access to the CMS Computer Services (IACS)*
CENTERS for MEDICARE & MEDICAID SERVICES

Application for Access to CMS Computer Systems

() - Warning: Selected value for field 'State:' does not match any of the allowed values.

User Information

First Name: *

Last Name: *

Middle Initial:

Social Security Number: *

Valid SSN Format is XXX-XX-XXXX

Email Address: *

Please make sure to use your business/official email address while registering. Do not use a personal email account.

Email Address: *

Office Telephone: * Extn:

Valid Phone Number Format is XXX-XXX-XXXX

Company/Organization/Department Name: *

Note:

- The SSN must be unique.
- Enter your email address twice for verification. Please do not cut and past from one field to the other. A unique, corporate email address is required. Non-corporate email addresses are prohibited (e.g. ssmith@yahoo.com, mjordan@hotmail.com).

7. Choose *MA/MA-PD/PDP/CC* for *User Type*

Required Access

User Type: ☒ MA/MA-PD/PDP/CC ☐ CSR ☐ COB *

NOTE: MA/MA-PD/PDP/CC is Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Plan/Cost Contracts

Contract Number(s): Add

Please enter one contract at a time and click the button: Add. Ex: Hxxxx or ExSxxxx

Role: *

Justification: *

* indicates a required field

8. Enter **Contract Numbers** (Hxxxx or Sxxxx) one at a time, and click **Add**

Required Access

User Type: ☒ MA/MA-PD/PDP/CC ☐ CSR ☐ COB *

NOTE: MA/MA-PD/PDP/CC is Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Plan/Cost Contracts

Contract Number(s):

Please enter one contract at a time and click the button: Add. Ex: Hxxxx or Ex:Sxxxx

Contract(s):

Role:

Justification:

* indicates a required field

Note:

- Contract numbers must be entered one at a time. Click **Add** after each entry.
- Contract numbers will appear after the Contract Number(s) field. The form will reset to the top after each contract is added, so you must scroll down to the Contract Number (s) field after each entry.

9. Select **Approver** as your **Role**

Required Access

User Type: ☒ MA/MA-PD/PDP/CC ☐ CSR ☐ COB *

NOTE: MA/MA-PD/PDP/CC is Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Plan/Cost Contracts

Contract Number(s):

Please enter one contract at a time and click the button: Add. Ex: Hxxxx or Ex:Sxxxx

Role:

Justification:

* indicates a required field

10. Enter a brief statement for the **Justification**

IACS User Guide

Required Access

User Type: ☒ MA/MA-PD/PDP/CC ☐ CSR ☐ COB *

NOTE: MA/MA-PD/PDP/CC is Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Plan/Cost Contracts

Contract Number(s):

Please enter one contract at a time and click the button: Add. Ex: Hxxxx or Ex:Sxxxx

Contract(s):

Role: *

Justification: *

* Indicates a required field

11. Click *Next*

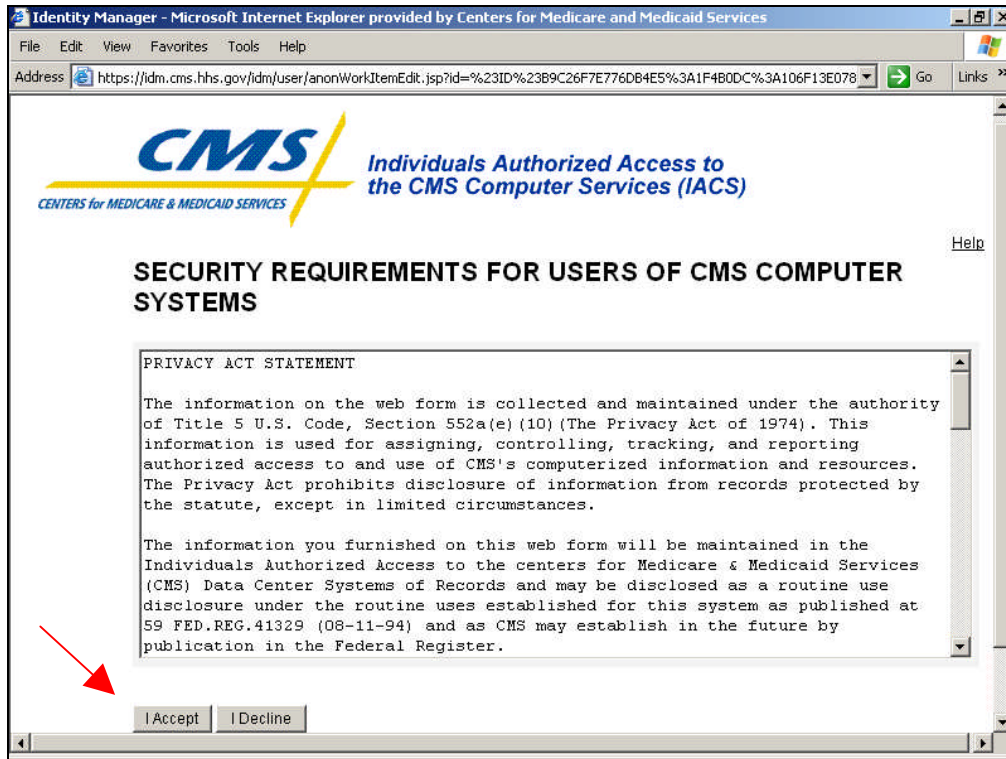
Role: *

Justification: *

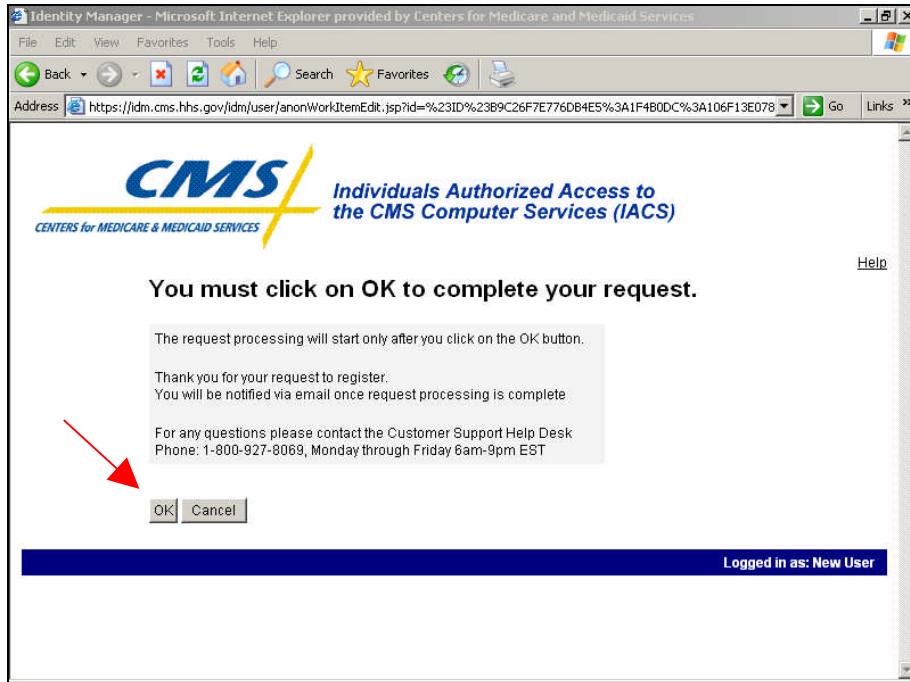
* Indicates a required field

12. Read the **Privacy Act Statement**, and agree by clicking *I Accept*

IACS User Guide



13. Click **OK**



14. Click **Logout** on the lower left of your screen



NOTE:

- Submission of registration form and agreement of terms will constitute an electronic signature

After Registration

Your approver will be notified of your pending request via email. Once your request has been approved and your account has been created, two separate email messages will be automatically sent to you. The first (**Subject:** FYI: User Creation Completed – Account ID Enclosed) will contain your User ID. The second (**Subject:** FYI: User Creation Completed – Password Enclosed) will contain your onetime password. You'll be required to change your onetime password the first time you login.

Note: If an email notification is not received within 24 hours after you register, please contact the Help Desk at 1-800-927-8069.

1. Using the Account ID and onetime password provided, login to the IACS system at <https://applications.cms.hhs.gov> to change your password
2. Read the government computer system WARNING, then agree by clicking ***Enter***



3. Click **Registration** on the left sidebar

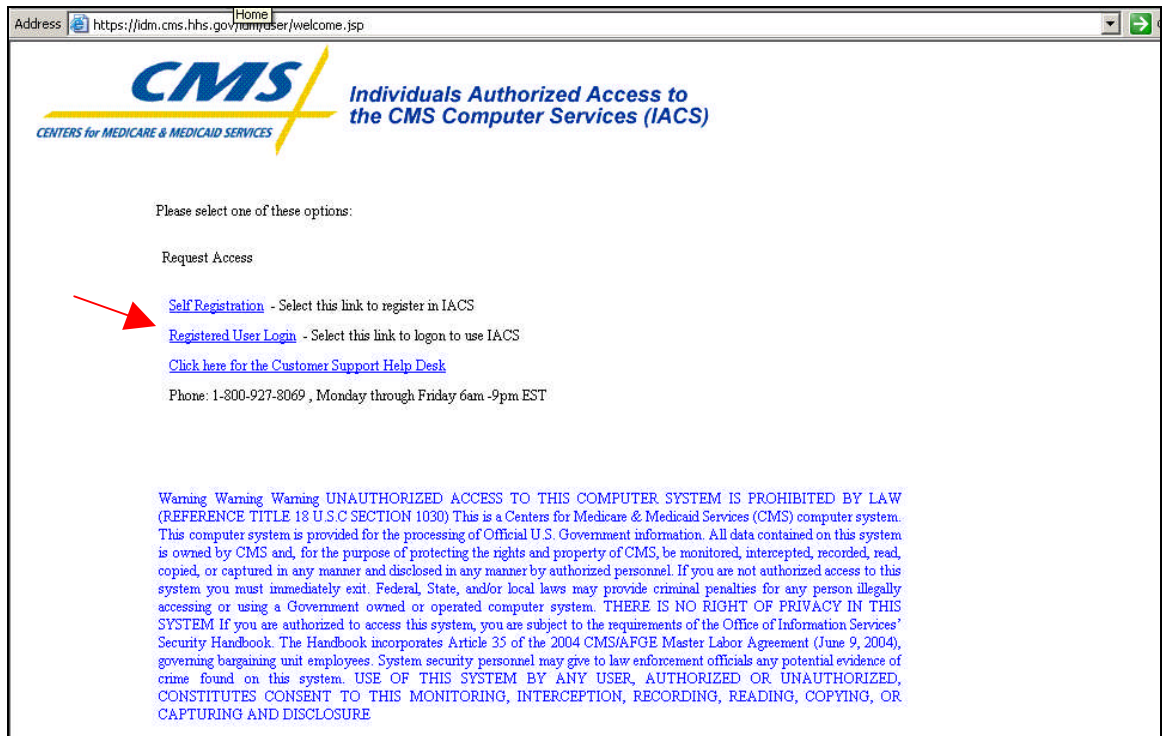


4. Click **Register to access CMS applications** in the main window

IACS User Guide

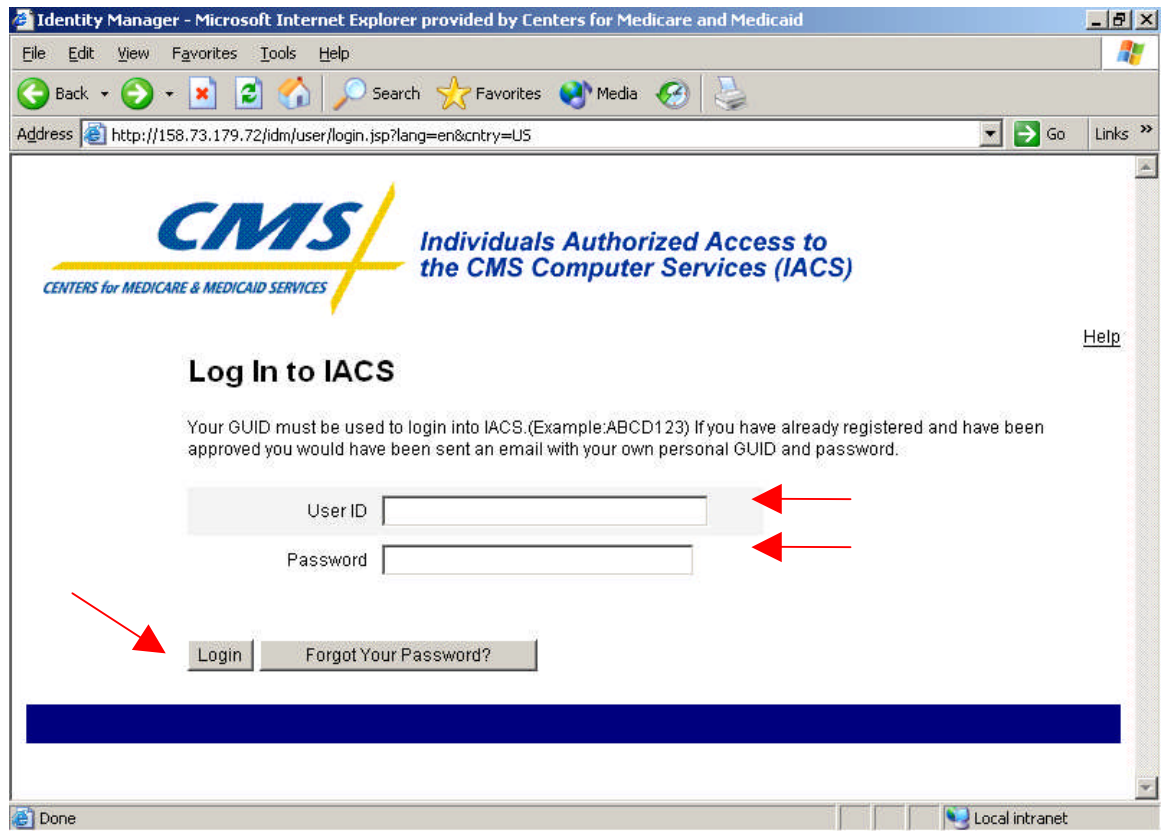


5. Click **Registered User Login**



6. Enter your **User ID** and onetime **Password** and click **Login**

IACS User Guide



7. Enter your new password in the password fields. Make sure the box next to Change Identity system user and all resource accounts is checked.

Note: This screen also appears when the Help Desk processes a user-requested password reset

IACS User Guide

Identity Manager - Microsoft Internet Explorer provided by Centers for Medicare and Medicaid

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address <http://158.73.179.72/idm/user/login.jsp?lang=en&cntry=US> Go Links >>

CMS Individuals Authorized Access to the CMS Computer Services (IACS)
CENTERS for MEDICARE & MEDICAID SERVICES

Change Password

Your password has expired for account NUUR357 on resource Lighthouse (Lighthouse). Please change it now.

Password

Confirm Password

☒ Change Identity system user and all resource accounts

Resource accounts whose password will be changed if selected.

Account ID	Resource Name	Resource Type	E
☒ NUUR357	Lighthouse	Lighthouse	Y

Done Local intranet

8. Scroll down and click *Change password*

Identity Manager - Microsoft Internet Explorer provided by Centers for Medicare and Medicaid

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address <http://158.73.179.72/idm/user/login.jsp?lang=en&cntry=US> Go Links >>

Password: [masked]
Confirm Password: [masked]

☒ Change Identity system user and all resource accounts

Resource accounts whose password will be changed if selected.

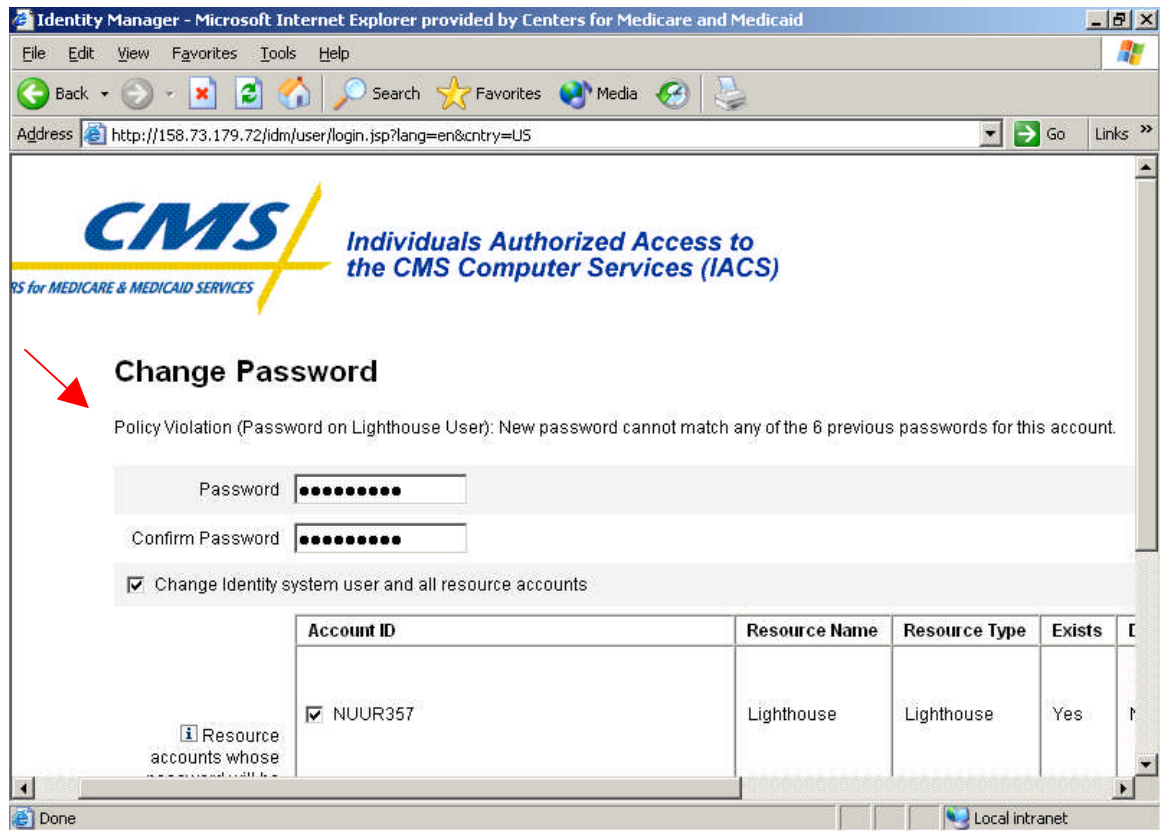
Account ID	Resource Name	Resource Type	E
☒ NUUR357	Lighthouse	Lighthouse	Y
☒ uid=NUUR357,ou=people,dc=cms,dc=hhs,dc=gov	LDAP	LDAP	Y

Done Local intranet

Note: If the *Change Password* screen reappears, a password policy violation has occurred. Check the message that appears below the *Change Password* label and process accordingly.

Possible messages:

- New password cannot match any of the 6 previous passwords for this account
- Fields **Confirm Password:** and **Password:** do not match
- Must have at least 1 alpha characters
- Must have at least 1 numeric characters
- Maximum length is 8
- Minimum length is 6

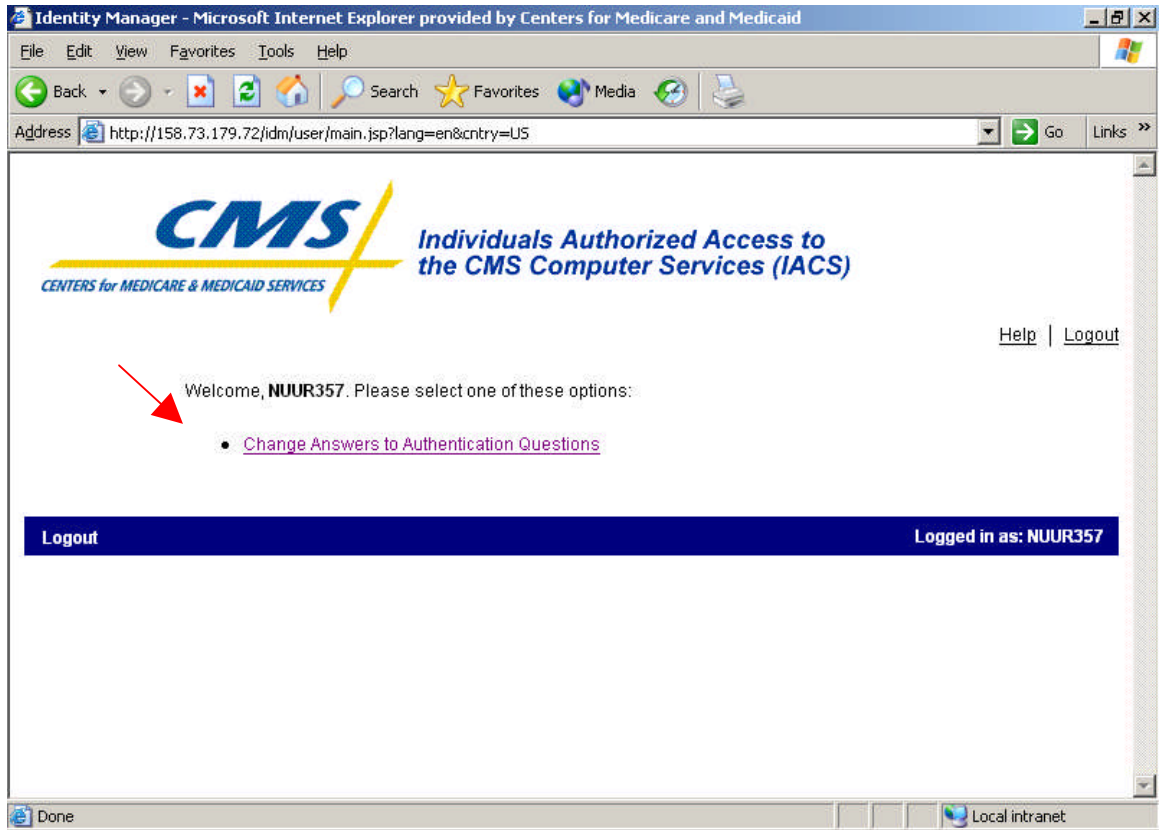


Note: IACS passwords must be changed at least every 60 days. In addition:

- The password must be from 6 to 8 characters in length
- The password must be a mixture of letters and numbers (no special characters)
- The password must be lower case letters only. Do not use mixed cased letters.
- The password must not contain a user's User ID
- The password must not begin with a number
- The password must not contain 4 consecutive characters from the previous password
- The password must be different from the previous 6 passwords
- The password must not contain a reserved word: PASSWORD, WELCOME, CMS, HCFA, SYSTEM, MEDICARE, MEDICAID, TEMP, LETMEIN, GOD, SEX, MONEY, QUEST, 1234, F20ASYA, RAVENS, REDSKIN, ORIOLES, BULLETS, CAPITOL, MARYLAND, TERPS, DOCTOR, 567890, 12345678, ROOT, BOSSMAN, JANUARY, FEBRUARY, MARCH, APRIL, MAY, JUNE, JULY, AUGUST, SEPTEMBER, OCTOBER, NOVEMBER, DECEMBER, SSA, FIREWALL, CITIC, ADMIN, UNISYS, PWD, SECURITY, 76543210, 43210, 098765, IRAQ, OIS, TMG, INTERNET, INTRANET, EXTRANET, ATT, LOCKHEED

IACS User Guide

9. Once your password has been successfully changed, you'll be asked to answer at least four (4) authentication questions. Your answers will be used in the future in the event you forget your password. Click ***Change Answers to Authentication Questions***



10. Answer at least four (4) of the ten (10) ***Authentication Questions***

IACS User Guide

Identity Manager - Microsoft Internet Explorer provided by Centers for Medicare and Medicaid

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address <http://158.73.179.72/idm/user/changeAnswers.jsp> Go Links >>

CMS *Individuals Authorized Access to the CMS Computer Services (IACS)*
CENTERS for MEDICARE & MEDICAID SERVICES

[Help](#) | [Logout](#)

Change Answers to Authentication Questions

If you forget your password, the system will prompt you for the answers to all authentication questions associated with your account.
Enter new answers to **four** or more of the following questions, and then click **Save**.

Authentication Questions

Please answer at least 4 of the following questions.

What city were you born in

What year did you graduate from high school

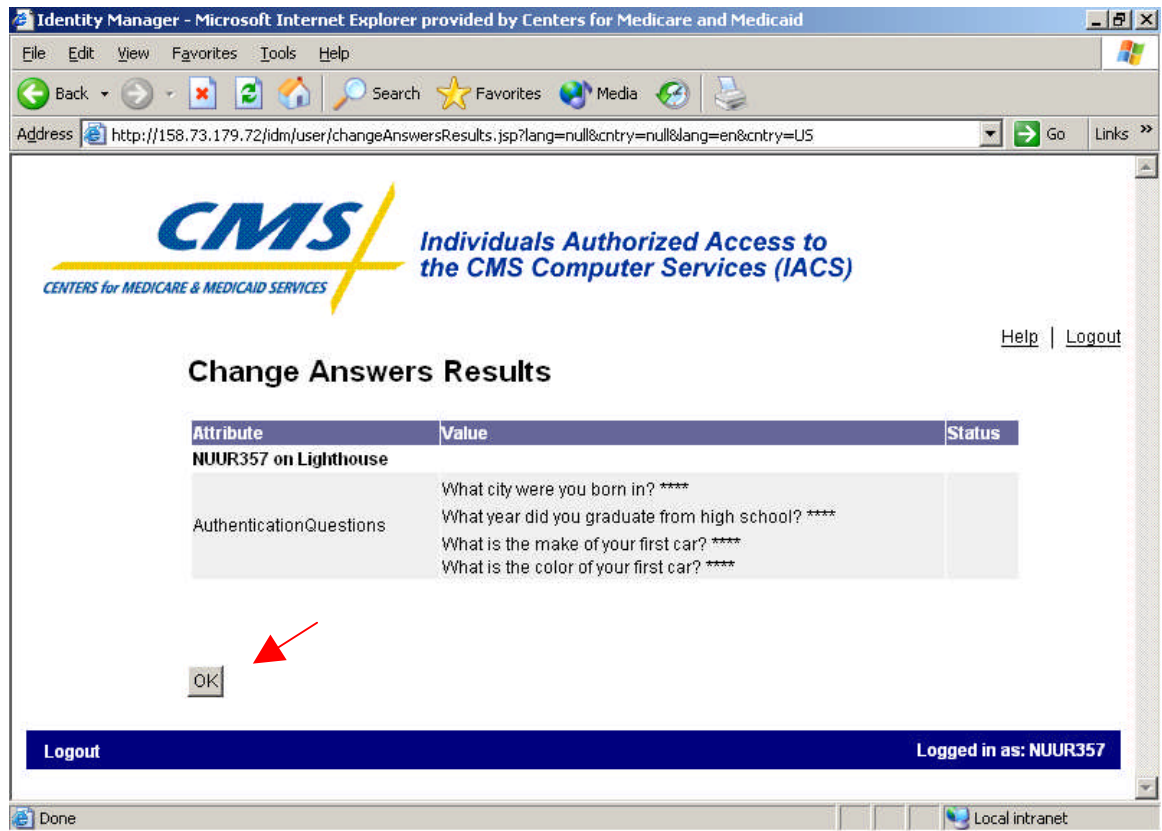
What is the make of your first car

What is the color of your first car

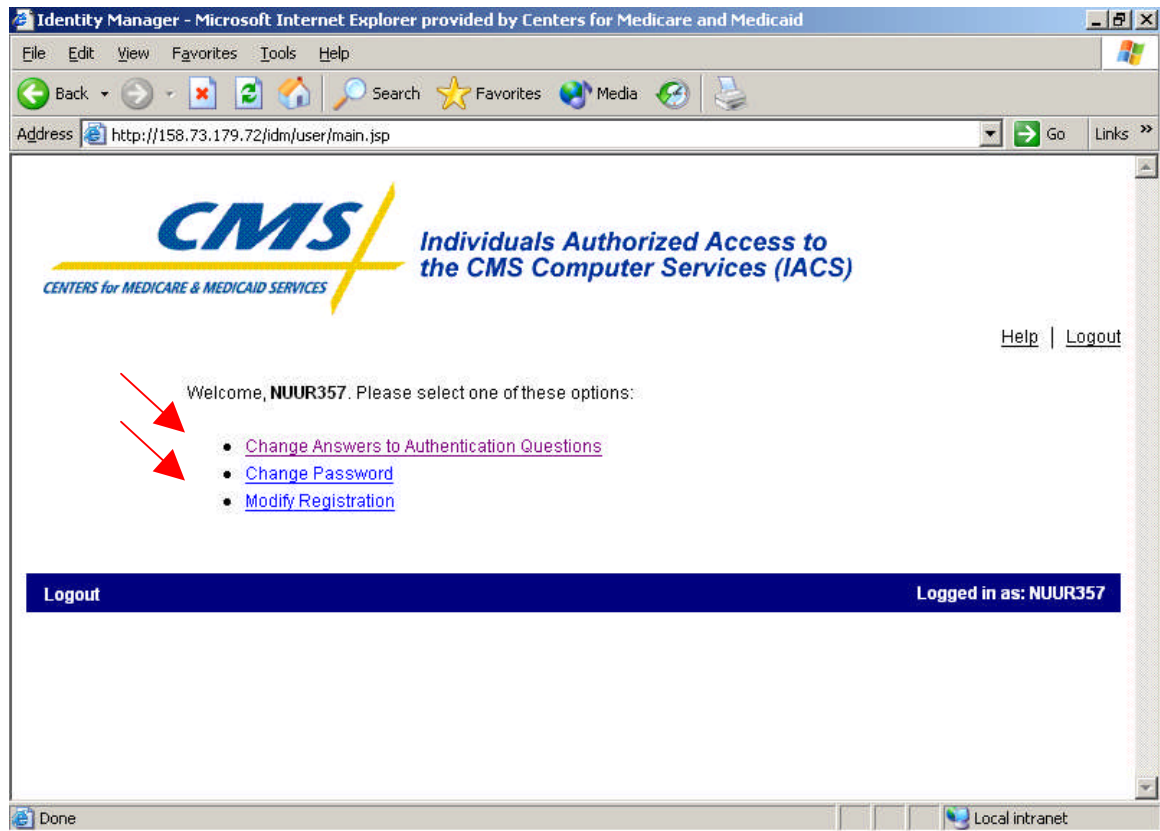
Done Local intranet

11. Click **OK**

IACS User Guide



Note: After the initial login, the *Change Password* and *Change Answers to Authentication Questions* options only need to be selected if you want to change those values



Approving MA/MA-PD/PDP/CC Users

To approve submitters/representatives, login into the IACS system at <https://applications.cms.hhs.gov>. Choose **Pending Approvals**. You will see a list of requests to approve. Select a request, and verify the submitter's/representative's information. Take care to ensure that the correct contract numbers and email address have been entered.

- If there any errors on the form, enter a **Justification** and **Reject** the request. The submitter/representative will receive an email notification (if the email address is correct) of the rejection, and will have to re-register.
- If you need to verify information on the form at a later time, **Defer** the request; it will remain in the queue.
- Otherwise, enter a **Justification** and **Approve** the request. The submitter/representative will receive email notification of the username and initial password; he/she must login into the IACS system to change their initial password, and answer authentication questions before accessing applications.

Questions and Troubleshooting

Help

For questions regarding the IACS system, please read the FAQ page at:

http://mmahelp.cms.hhs.gov/identity/iacs_uguide.htm

Answers to many commonly asked questions can be found on this web site. If you have further questions, please call the CSMM Technical Support Help Desk at 1-800-927-8069, M-F 6 a.m. - 9 p.m. EST.

Being Proactive

A large majority of the problems users of the IACS system face occur due to human error. Most of these can be avoided if greater care is exercised during the registration and approval process. Please double-check information on the registration form prior to submission. If you are an approver, double-check the information that your users have entered, before approving or rejecting the request. These two quick and simple steps will help get users into the IACS system as quickly as possible.

Helpful Hints

Helpful hints for successfully registering in IACS

1. When entering your email address, please be very careful to type the correct email address. If your email address is entered incorrectly, you will not receive your new User ID and Password. This email address should be a corporate email address. Do not use publicly available email services such as yahoo or hotmail.
2. When entering contract numbers, you need to hit the **add** button after each and every contract number is entered. Do not enter all contracts on one line.
3. When entering contract numbers include the initial character (i.e. S/H/R/9); contract numbers should be 5 characters.
4. If you have a RACF-ID already assigned (this is the same as your HPMS User ID, if you have one), you need to enter that into your registration when prompted. This User ID must be entered in all UPPERCASE letters.
5. Once a user completes their registration in IACS, the EPOC will receive an email prompting them to approve the user. Follow up with your plan's EPOC(s) to ensure this step is completed.
6. User IDs will not be issued until approvals/rejections are completed for all contracts entered – and there may be separate approvers for different contract numbers.
7. Only one set of *additional* contract numbers can be pending at one time; that is, if you register, then go back into the system and enter additional contract numbers, wait until all of the approvals/rejections are processed for the original set and the additional contracts before adding more contract numbers.
8. If you have not received an email with your GUID and password within 24 hours of registration and you are sure that your EPOC(s) has completed the approval process, please call the MMA Help Desk for assistance: 1-800-927-8069.
9. Do not respond to the email for any notifications you receive regarding IACS. Call the Help Desk. Responding to the email will delay any required assistance.

After registration is complete and the user logs in for the first time

- The user must change his/her password
- The user must answer at least four (4) of the authentication questions (until that is done, s/he will not see any additional links - such as waiting approvals)
- The *change password* and *change authentication* links that appear after the first login and authentication question setup provide the user with the option of changing those values – they are not mandatory

For all calls to the MMA Help Desk, please provide the following information to expedite handling of the call:

- Your name
- Your email address
- Your phone number
- Your company name including the name of the servicing company if you are a subcontractor.
- Your contract numbers

Legal

Privacy Act Statement

The information on the web form is collected and maintained under the authority of Title 5 U.S.C., §552(e)(10). This information is used for assigning, controlling, tracking, and reporting authorized access to and use of CMS's computerized information and resources. The Privacy Act prohibits disclosure of information from records protected by the statute, except in limited circumstances.

The information you furnished on this web form will be maintained in the Individuals Authorized Access to the Centers for Medicare & Medicaid Services Computer Services (IACS) Systems of Records and may be disclosed as a routine use disclosure under the routine uses established for this system as published at 09-70-0064 (08-11-94) and as CMS may establish in the future by publication in the Federal Register.

The Social Security Number (SSN) is used as an identifier in the Federal Service because of the large number of present and former Federal employees and applicants whose identity can only be distinguished by use of the SSN is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary. However, if you do not provide this information, you will not be granted access to CMS computer systems.

Rules of Behavior

CMS computer systems that you are requesting to use contain sensitive information. Sensitive information is any information which the loss, misuse, unauthorized access to, or modification of could adversely affect the national interest, or the conduct of Federal programs, or the privacy to which individuals are entitled under the Privacy Act. To ensure the security and privacy of sensitive information in Federal computer systems, the Computer Security Act of 1987 requires agencies to identify sensitive computer systems, conduct computer security training, and develop computer security plans. CMS maintains a system of records for use in assigning, controlling, tracking, and reporting authorized access to and use of CMS's computerized information and resources. CMS records all access to its computer systems and conducts routine review for unauthorized access to and/or illegal activity.

Anyone with access to CMS Computer Systems containing sensitive information must abide by the following:

- Do not disclose or lend your IDENTIFICATION NUMBER AND/OR PASSWORD to someone else. They are for your use only and serve as your electronic signature. This means that you may be held responsible for the consequences of authorized or illegal transactions.
- Do not browse or use CMS data files for unauthorized or illegal purposes.

- Do not use CMS data files for private gain or to misrepresent yourself or CMS.
- Do not make any disclosure of CMS data that is not specifically authorized.
- Do not duplicate CMS data files, create sub-files of such records, remove or transmit data unless you have been specifically authorized to do so.
- Do not change, delete, or otherwise alter CMS data files unless you have been specifically authorized to do so.
- Do not make copies of data files, with identifiable data, or data that would allow individual identities to be deduced unless you have been specifically authorized to do so.
- Do not intentionally cause corruption or disruption of CMS data files.

A violation of these security requirements could result in termination of systems access privileges and/or disciplinary/adverse action up to and including legal prosecution. Federal, State, and/or local laws may provide criminal penalties for any person illegally accessing or using a Government-owned or operated computer system. If you become aware of any violation of these security requirements or suspect that your identification number or password may have been used by someone else, immediately report that information to your component's Information Systems Security Officer or your organization approving official for CMS access.