

# **Individuals Authorized Access to CMS Computer Services (IACS)**

## **User Guide**

**FINAL**

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## 1.0 Introduction

### 1.1 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).

### 1.2 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.

### 1.3 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, a Customer Service Representative (CSR), or a Coordination of Benefits (COB) Transmitter. 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.

#### ***1.4 How to Use this document***

When an action is required on the part of the reader, it is indicated by a line beginning with the word "Action:" For example:

**Action:** Click on ***OK***.

The field or button to be acted upon is indicated in ***bold italics*** in the **Action** statement.

#### ***1.5 Version Release Notes***

This version of the IACS Users Guide incorporates updates resulting from the implementation of the Prescription Drug Event (PDE)/Risk Adjustment Process System (RAPS) application. As a result of this implementation, there are changes to the fields that need to be completed in an Application Request for MA/MA\_PD/PDP/CC User Types and Roles. The procedures for requesting access for CSR and COB are not affected by this implementation.

## 2.0 Registration for CMS Application Access

The following sub-sections provide step-by-step instructions on how to apply for access to CMS applications using the IACS Self Registration procedures.

### 2.1 Accessing IACS for Self-Registration

The following steps and screens show you how to access the web link that allows you to self register in IACS.

**Action:** Browse to <https://applications.cms.hhs.gov> (See Figure 1).

**Action:** Read the government computer system WARNING, and then agree by clicking **Enter**.

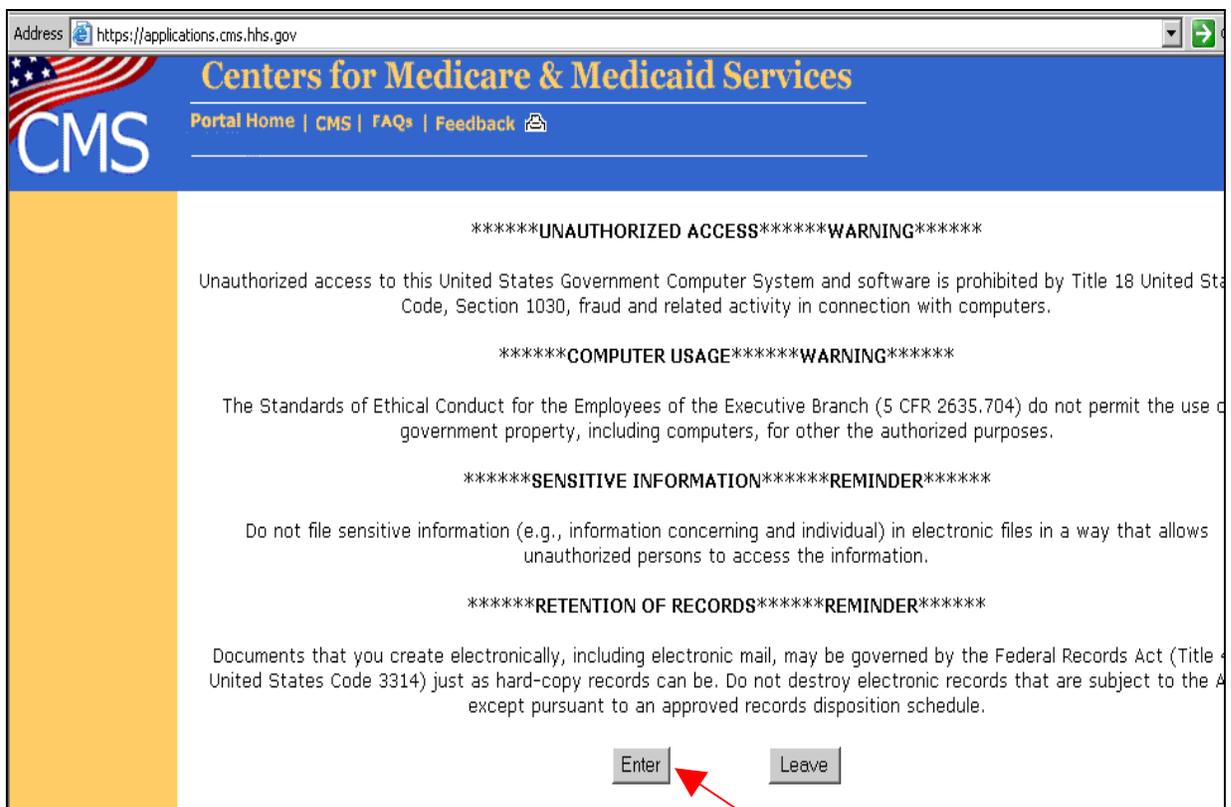


Figure 1: Government Computer System Warning Screen

The CMS Application Portal screen will open as shown in Figure 2.

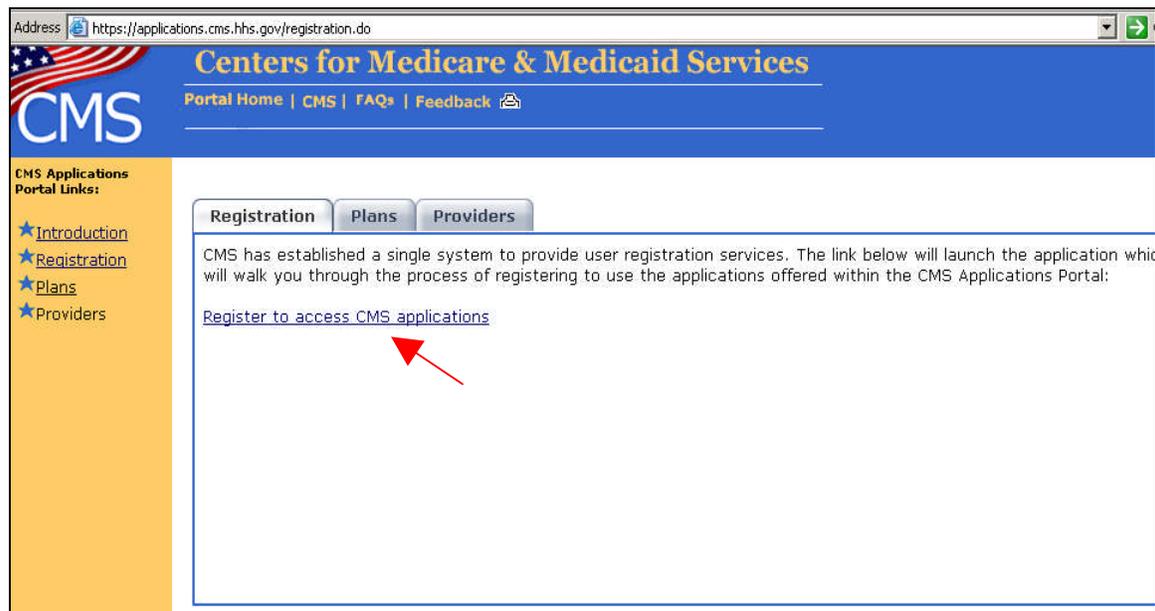
**Action:** Click on **Registration** on the left sidebar.



**Figure 2: CMS Application Portal Screen**

The screen will update to screen shown in Figure 3.

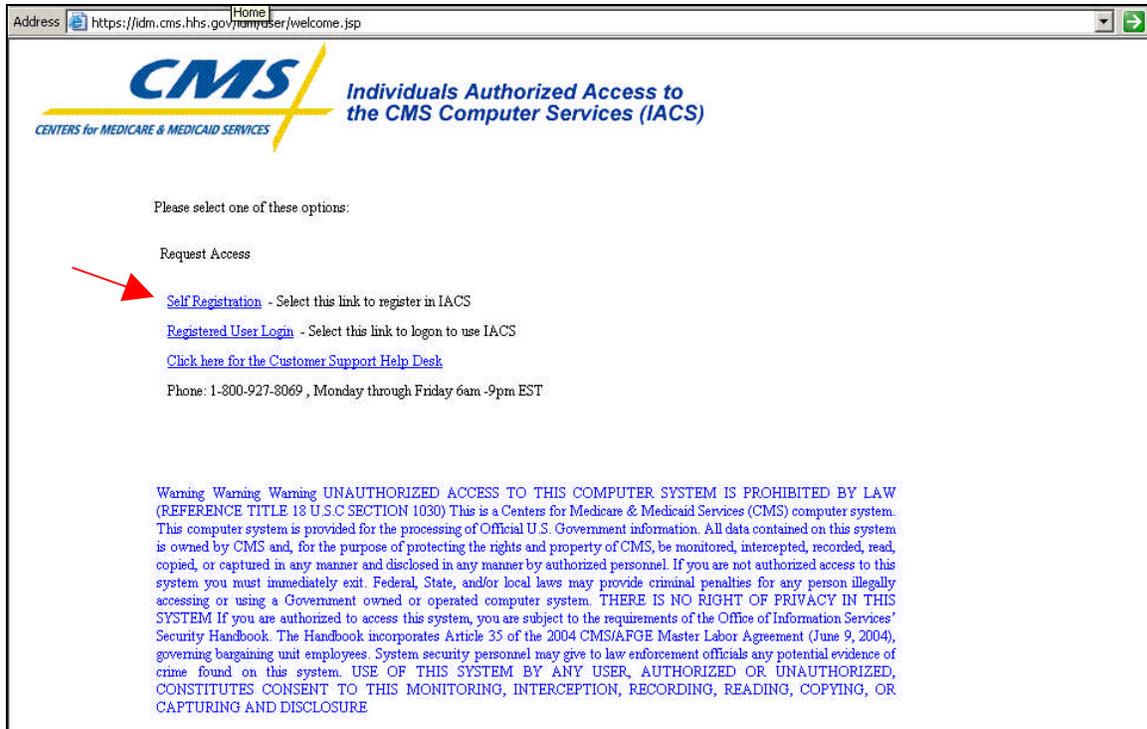
**Action:** Click on *Register to access CMS applications* in the main screen.



**Figure 3: Registration Access Selection Screen**

The IACS Request Access screen will be displayed as shown in Figure 4.

**Action:** *Click Self Registration*



**Figure 4: Self Registration Screen**

The User Information screen will open as shown in Figure 5.

## 2.2 User Information

The top part of the Application for Access to CMS Computer Systems screen is labeled **User Information**. In this portion of the screen, you will enter information needed by the system to identify you and to allow the system to communicate with you through email. This portion of the application screen contains common fields that must be filled in by all requesters regardless of the type of access you are requesting.

Fields that are mandatory are designated by an asterisk (\*) to the right of the field. Also note that you may have to scroll down the screen to see, and fill in, the fields from **Mail Stop** down through **Zip Code**.

**Action:** Fill in fields in the **User Information** section.

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

**Application for Access to CMS Computer Systems**

**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.

Confirm Email Address:  \*

Office Telephone:  \* Extn:

Valid Phone Number Format is XXX-XXX-XXXX

Company/Organization/Department Name:  \*

Company Telephone Number (if different):  Extn:

Valid Phone Number Format is XXX-XXX-XXXX

Mail Stop:

Address 1:  \*

Address 2:

City:  \*

State:  \*

Zip Code:  -

Enter same Email Address in each box

Figure 5: User Information Portion of Application Screen

**Notes:**

- The Social Security Number (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](mailto:ssmith@yahoo.com), [mjordan@hotmail.com](mailto:mjordan@hotmail.com))

**Action:** Continue on to the **Required Access** portion of the Application for Access screen.

**2.3 Required Access Information for Users**

In the **Required Access** section, you may select one of three User Types as shown in Figure 6:

- MA/MA-PD/PDP/CC – Medicare Advantage/Medicare Advantage-Prescription Drug/Prescription Drug Plan/Cost Contracts
- CSR – Customer Service Representative
- COB – Coordination of Benefits

The fields in this portion of the form will vary depending on the User Type selected. The screens showing the fields for those of you requesting a Role other than Approver for each User Type are displayed and described in the following sections:

- Section 2.3.1 MA/MA-PD/PDP/CC
- Section 2.3.2 CSR
- Section 2.3.3 COB

You may go directly to the section of interest to you for instructions on filling out the Required Access information.

**2.3.1 MA/MA-PD/PDP/CC**

**Action:** In the *Required Access* section, choose *MA/MA-PD/PDP/CC* for *User Type*. (See Figure 6)

**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

Justification:  \*

\* indicates a required field

Next Cancel

**Figure 6: Required Access Portion of Application Screen**

The screen will refresh and display MA/MA-PD/PDP/CC related fields as shown in Figure 7.

**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

Role:  \*

Contract Number (s)

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

Justification:  \*

\* indicates a required field

Next Cancel

**Figure 7: MA/MA-PD/PDP/CC Related Fields**

**Action:** In the **Role** field, you may 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 user role. The Role selection options are in a drop down list and appear as shown in Figure 8.

The screenshot shows a web form titled "Required Access". At the top, there are radio buttons for "User Type": MA/MA-PD/PDP/CC (selected), CSR, 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 "Role:" field is a dropdown menu with an asterisk indicating it is required. A red box labeled "Select Role" points to the dropdown arrow. The dropdown menu is open, showing three options: "User/Submitter", "User/Representative", and "Approver". Below the Role field is a "Contract Number" field with a placeholder "Hxxxx or Ex:Sxxxx" and a note "Please enter one contract at a time". Below that is a "Justification:" text area. At the bottom left, there are "Next" and "Cancel" buttons. A legend at the bottom left states "\* indicates a required field".

Figure 8: MA/MA-PD/PDP/CC Role Field

### 2.3.1.1 MA/MA-PD/PDP/CC – User/Submitter Role

When you select the user role of User/Submitter, the screen will refresh and Contract Number fields will be displayed as shown in Figure 9. You may enter a Contract Number as a User/Submitter, a Prescription Drug Event (PDE) submitter, or a Risk Adjustment Processing System (RAPS) submitter. You can enter Contract Numbers in any, or all, of the Contract Number fields as they apply to your work.

**Action:** Enter **Contract Numbers** (Hxxxx or Sxxxx) one at a time, and click **Add Contract Number** (See Figure 10).

### 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

Role:  \*

For the User/Submitter Role atleast one Contract Number must be entered in atleast one of the following three fields \*

Justification:

\* indicates a required field

Enter Contract Number

Click Add Contract Number after each number

**Figure 9: MA/MA-PD/PDP/CC Contract Number Fields – User/Submitter**

- Contract numbers must be entered one at a time. Click **Add Contract Number** after each entry.
- If you enter an invalid contract number, the screen will refresh and an error message will appear above the Contract Number field informing you of this and requesting that you enter a valid contract number.

After the Contract Number/s is entered, the screen will refresh and display the entered Contract Numbers in separate, labeled fields as shown in Figure 10. Below the entered Contract Number fields is a field for you to enter your RACF ID.

**Action:** 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

Role:             \*

For the User/Submitter Role atleast one Contract Number must be \* entered in atleast one of the following three fields

Contract(s):            H1010

PDE Contract(s):        H0151

RAPS Contract(s):        H0150

\*

Justification:             \*

\* indicates a required field

**Figure 10: MA/MA-PD/PDP/CC RACF ID Field**

**Note:** 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 your 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.

**Action:** Enter a brief statement for the **Justification**. This justification field must include a valid reason for access. (See Figure 11)

**Action:** Click on **Next** when you are done filling in all the required fields on the Application for Access screen.

### 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

Role:  \*

For the User/Submitter Role atleast one Contract Number must be \* entered in atleast one of the following three fields

Contract number for plan mailbox:

Contract number for PDE mailbox:

Contract number for RAPS mailbox:

Contract(s): H1010

PDE Contract(s): H0151

RAPS Contract(s): H0150

Current RACF ID:

Justification:  \*

\* indicates a required field

**Figure 11: MA/MA-PD/PDP/CC Justification Field**

When you click on **Next**, the system will validate the data you have entered in each of the fields on the Application for Access screen. If there is any invalid data or any mandatory fields not filled in, the system will redisplay the Application for Access screen. The top part of the screen will be shown with error messages informing you of data that needs to be corrected or mandatory fields that still need to be filled in.

When the data in all fields are valid and all mandatory fields have been completed, the system will display the Privacy Act Statement for you to read. Go to **Section 2.5—Completion of Registration Process** for the Privacy Act Statement acceptance procedure and the final registration screen.

### 2.3.1.2 MA/MA-PD/PDP/CC – User/Representative Role

When you select the user role of **User/Representative**, the screen will refresh and a Contract Number field will be displayed as shown in Figure 12.

**Action:** Enter **Contract Numbers** (Hxxxx or Sxxxx) one at a time, and click **Add Contract Number** (See Figure 12).

**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

Role:  \*

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

Justification:  \*

\* indicates a required field

**Figure 12: MA/MA-PD/PDP/CC Contract Number Fields – User/Representative**

- Contract numbers must be entered one at a time. Click **Add Contract Number** after each entry.
- If you enter an invalid contract number, the screen will refresh and an error message will appear above the Contract Number field informing you of this and requesting that you enter a valid contract number.

After the Contract Number/s is entered, the screen will refresh and display the entered Contract Number/s. Below the entered Contract Number field is a field for you to enter your RACF ID. (See Figure 13)

**Action:** 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

Role:  \*

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

Contract(s):

←

Justification:  \*

\* indicates a required field

**Figure 13: MA/MA-PD/PDP/CC RACF ID Field**

**Note:** 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.

**Action:** Enter a brief statement for the **Justification**. This justification field must include a valid reason for access. (See Figure 14)

**Action:** Click on **Next** when you are done filling in all the required fields on the Application for Access screen.

**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

Role:  \*

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

Contract(s):

Justification:  \*

\* indicates a required field

**Figure 14: MA/MA-PD/PDP/CC Justification Field**

When you click on **Next**, the system will validate the data you have entered in each of the fields on the Application for Access screen. If there is any invalid data or any mandatory fields not filled in, the system will redisplay the Application for Access screen. The top part of the screen will be shown with error messages informing you of data that needs to be corrected or mandatory fields that still need to be filled in.

When the data in all fields are valid and all mandatory fields have been completed, the system will display the Privacy Act Statement for you to read. Go to **Section 2.5—Completion of Registration Process** for the Privacy Act Statement acceptance procedure and the final registration screen.

### 2.3.2 CSR

**Action:** In the **Required Access** section, choose **CSR** for **User Type**. (See Figure 15)

**Required Access**

User Type:  MAMA-PD/PDP/CC  CSR  COB \*

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

Justification:

\* indicates a required field

Next Cancel

**Figure 15: Required Access Portion of Application Screen**

The screen will refresh and display CSR related fields as shown in Figure 16.

**Required Access**

User Type:  MAMA-PD/PDP/CC  CSR  COB \*

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

Call Center:  Add

Please enter one call center at a time and click the button: Add.

Role:  \*

Justification:

\* indicates a required field

Next Cancel

**Figure 16: CSR Related Fields Screen**

**Action:** The **Call Center** list will appear; choose your Call Center from the drop down list, then click **Add**. (See Figure 17)

**Required Access**

User Type:  MAMA-PD/PDP/CC  CSR  COB \*

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

Call Center: 28th Avenue, Phoenix, AZ Add

Please enter one call center at a time

Role:

Justification:

\* indicates a required field

Next Cancel

**Figure 17: CSR Call Center Drop Down List**

**Action:** From the drop down list select **User** as your **Role**. (See Figure 18)

**Required Access**

User Type:  MAMA-PD/PDP/CC  CSR  COB \*

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

Call Center: 28th Avenue, Phoenix, AZ Add

Please enter one call center at a time and click the button: Add.

Role: User

Justification:

\* indicates a required field

Next Cancel

**Figure 18: CSR Role Drop Down List**

**Action:** Enter a brief statement for the **Justification**. This justification field must include a valid reason for access. (See Figure 19)

**Action:** Click on **Next** when you are done filling in all the required fields on the Application for Access screen.

**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

Call Center: 28th Avenue, Phoenix, AZ

Please enter one call center at a time and click the button: Add.

Role: User \*

Justification: CSR for 28th Avenue is Phoenix AZ \*

\* indicates a required field

**Figure 19: CSR Justification Field**

When you click on **Next**, the system will validate the data you have entered in each of the fields on the Application for Access screen. If there is any invalid data or any mandatory fields not completed, the system will redisplay the Application for Access screen. The top part of the screen will be shown with error messages informing you of data that needs to be corrected or mandatory fields that still need to be filled in.

When the data in all fields are valid and all mandatory fields have been completed, the system will display the Privacy Act Statement for you to read. Go to **Section 2.5—Completion of Registration Process** for the Privacy Act Statement acceptance procedure and the final registration screen.

### 2.3.3 COB

**Action:** In the **Required Access** section, choose **COB** for **User Type**. (See Figure 20)

**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

Justification:

\* indicates a required field

**Figure 20: Required Access Portion of Application Screen**

The screen will refresh and display COB related fields as shown in Figure 21.

The screenshot shows a form titled "Required Access". At the top, there are radio buttons for "User Type": MAMA-PD/PDP/CC, CSR, and COB \*. The "COB \*" option is selected. Below this is a "Role:" dropdown menu with a red arrow pointing to it. To the right of the dropdown is an asterisk (\*). Below the dropdown is a large text area labeled "Justification:" with an asterisk (\*) on its right side. At the bottom left, there is a note: "\* indicates a required field". At the bottom of the form are two buttons: "Next" and "Cancel".

Figure 21: COB Related Field

**Action:** From the drop down list select *User/Transmitter* as your *Role*. (See Figure 22)

This screenshot shows the same "Required Access" form as Figure 21, but with the "Role:" dropdown menu open. The dropdown list contains two options: "User/Transmitter" and "Approver". A red box labeled "Select Role" has a red arrow pointing to the "User/Transmitter" option. The "Justification:" text area and other form elements remain the same as in Figure 21.

Figure 22: COB Role Drop Down List

After the user role is selected, the screen will refresh and additional COB related fields will be displayed as shown in Figure 23.

**Action:** From the **Organization Identifier** drop down list, select either **Coordination of Benefits Agreement (COBA)** or **Voluntary Data Sharing Agreement (VDSA)**. (See Figure 23)

**Required Access**

User Type:  MAMA-PD/PDP/ICC  CSR  COB \*

Role:  \*

Organization Identifier:  \*

Organization Number:   \*

Please enter one Organization Number at a time and click the Add button.

Current RACF ID:

Justification:  \*

\* indicates a required field

**Figure 23: COB Organization Identifier Drop Down List**

**Action:** Enter **Organization Numbers** one at a time, and click **Add** (See Figure 24)

**Required Access**

User Type:  MAMA-PD/PDP/ICC  CSR  COB \*

Role:  \*

Organization Identifier:  \*

Organization Number:   \*

Please enter one Organization Number at a time and click the Add button.

OrganizationNumber/s: 1234

Current RACF ID:

Justification:  \*

\* indicates a required field

**Figure 24: COB Organization Number Fields**

**Action:** Enter a **RACF ID**, if you have one. (See Figure 25)

The screenshot shows a web form titled "Required Access". At the top, there are radio buttons for "User Type": MAMA-PD/PDP/CC, CSR, and COB \*. The "COB \*" option is selected. Below this is a "Role:" dropdown menu set to "User/Transmitter \*". The "Organization Identifier:" is a dropdown menu set to "Coordination of Benefits Agreement (COBA) \*". The "Organization Number:" is a text input field containing "5678" with an "Add" button to its right. Below this is a blue instruction: "Please enter one Organization Number at a time and click the Add button." The "OrganizationNumber/s:" is a text input field containing "1234". The "Current RACF ID:" is a text input field that is empty and has a red arrow pointing to it from the right. Below this is a "Justification:" text area with a "\*" symbol to its right. At the bottom left, there is a note: "\* indicates a required field". At the bottom of the form are "Next" and "Cancel" buttons.

**Figure 25: COB RACF ID Field**

**Note:** 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.

**Action:** Enter a brief statement for the **Justification**. This justification field must include a valid reason for access. (See Figure 26)

**Action:** Click on **Next** when you are done filling in all the required fields on the Application for Access screen.

The screenshot shows a web form titled "Required Access". At the top, there are radio buttons for "User Type": MAMA-PD/PDP/CC, CSR, and COB (which is selected and has an asterisk). Below this is a "Role" dropdown menu set to "User/Transmitter" with an asterisk. The "Organization Identifier" is a dropdown menu set to "Coordination of Benefits Agreement (COBA)" with an asterisk. The "Organization Number" is a text input field containing "5678" and an "Add" button. A blue instruction reads: "Please enter one Organization Number at a time and click the Add button." Below that, "OrganizationNumber/s:" is a text input field containing "1234". The "Current RACF ID:" is an empty text input field. The "Justification:" is a large text area with a vertical scrollbar and an asterisk on the right side. A red arrow points from the right edge of the justification field to the asterisk. At the bottom left, a red arrow points to the "Next" button. A legend below the form states: "\* indicates a required field". At the bottom are "Next" and "Cancel" buttons.

**Figure 26: COB Justification Field**

When you click on **Next**, the system will validate the data you have entered in each of the fields on the Application for Access screen. If there is any invalid data or any mandatory fields not filled in, the system will redisplay the Application for Access screen. The top part of the screen will be shown with error messages informing you of data that needs to be corrected or mandatory fields that still need to be filled in.

When the data in all fields are valid and all mandatory fields have been completed, the system will display the Privacy Act Statement for you to read. Go to **Section 2.5– Completion of Registration Process** for the Privacy Act Statement acceptance procedure and the final registration screen.

## 2.4 Required Access Information for Approvers

In the **Required Access** section, you may select one of three User Types as shown in Figure 6:

- MA/MA-PD/PDP/CC – Medicare Advantage/Medicare Advantage-Prescription Drug/Prescription Drug Plan/Cost Contracts
- CSR – Customer Service Representative
- COB – Coordination of Benefits

The screens showing the fields for those of you requesting an Approver role for each User Type are displayed and described in the following sections:

- Section 2.3.1 MA/MA-PD/PDP/CC Approver
- Section 2.3.2 CSR Approver
- Section 2.3.3 COB Approver

You may go directly to the section of interest to you for instructions on filling out the Required Access information.

### 2.4.1 MA/MA-PD/PDP/CC Approver

**Action:** In the *Required Access* section, choose *MA/MA-PD/PDP/CC* for *User Type*. (See Figure 27)

**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

Justification:

\* indicates a required field

Next Cancel

**Figure 27: Required Access Portion of Application Screen**

The screen will refresh and display MA/MA-PD/PDP/CC related fields as shown in Figure 28.

**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

Role:  \*

Contract Number (s):

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

Justification:  \*

\* indicates a required field

Figure 28: MA/MA-PD/PDP/CC Related Fields

**Action:** In the Role field, select Approver. The Role selection options are in a drop down list and appear as shown in Figure 29.

The screenshot shows a web form titled "Required Access". At the top, there is a "User Type:" section with three radio buttons: "MA/MA-PD/PDP/CC" (selected), "CSR", and "COB \*". Below this is a blue note: "NOTE: MA/MA-PD/PDP/CC is Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Plan/Cost Contracts". The "Role:" field is a dropdown menu with a red box labeled "Select Role" pointing to the arrow. The dropdown menu is open, showing three options: "User/Submitter", "User/Representative", and "Approver". To the right of the dropdown is a "Contract Number" field with a placeholder "Hxxxx or Ex:Sxxxx". Below the "Contract Number" field is a "Justification:" text area. At the bottom left, there are "Next" and "Cancel" buttons. A legend at the bottom left states "\* indicates a required field".

Figure 29: MA/MA-PD/PDP/CC Role Field

**Action:** Enter **Contract Numbers** (Hxxxx or Sxxxx) one at a time, and click **Add Contract Number** (See Figure 30)

The screenshot shows a web form titled "Required Access". At the top, there is a "User Type:" section with radio buttons for "MA/MA-PD/PDP/CC" (selected), "CSR", and "COB \*". Below this is a blue note: "NOTE: MA/MA-PD/PDP/CC is Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Plan/Cost Contracts". The "Role:" field is a dropdown menu set to "Approver" with an asterisk. The "Contract Number (s):" field is empty, with an "Add Contract Number" button to its right. A red box highlights the "Add Contract Number" button and the "Contract Number (s):" field, with arrows pointing to them. A red box also contains the text: "Enter Contract Number" and "Click Add Contract Number after each number". Below the "Contract Number (s):" field is a blue instruction: "Please enter one contract at a time and click the button: Add. Ex: Hxxxx or Ex:Sxxxx". The "Justification:" field is a large text area with an asterisk. At the bottom left, there is a note: "\* indicates a required field". At the bottom, there are "Next" and "Cancel" buttons.

**Figure 30: MA/MA-PD/PDP/CC Contract Number Fields**

- Contract numbers must be entered one at a time. Click **Add Contract Number** after each entry.
- Contract numbers will appear after the Contract Number(s) field.
- If you enter an invalid contract number, the screen will refresh and an error message will appear above the Contract Number field informing you of this and requesting that you enter a valid contract number.

After the Contract Number/s is entered, the screen will refresh as shown in Figure 31.

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

**Action:** Click on **Next** when you are done filling in all the required fields on the Application for Access screen.

**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

Role: Approver \*

*i* Contract Number (s):  Add Contract Number

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

Contract(s): H1010

Justification:  \*

\* indicates a required field

Next Cancel

**Figure 31: MA/MA-PD/PDP/CC Justification Field for Approver**

When you click on **Next**, the system will validate the data you have entered in each of the fields on the Application for Access screen. If there is any invalid data or any mandatory fields not filled in, the system will redisplay the Application for Access screen. The top part of the screen will be shown with error messages informing you of data that needs to be corrected or mandatory fields that still need to be filled in.

When the data in all fields are valid and all mandatory fields have been completed, the system will display the Privacy Act Statement for you to read. Go to **Section 2.5– Completion of Registration Process** for the Privacy Act Statement acceptance procedure and the final registration screen.

## 2.4.2 CSR Approver

**Action:** In the **Required Access** section, choose **CSR** for **User Type**. (See Figure 32)

**Required Access**

User Type:  MAMA-PD/PDP/CC  CSR  COB \*

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

Justification:

\* indicates a required field

Next Cancel

**Figure 32: Required Access Portion of Application Screen**

The screen will refresh and display CSR related fields as shown in Figure 33.

**Required Access**

User Type:  MAMA-PD/PDP/CC  CSR  COB \*

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

Call Center: 28th Avenue, Phoenix, AZ Add

Please enter one call center at a time and click the button: Add.

Role: \*

Justification:

\* indicates a required field

Next Cancel

**Figure 33: CSR Related Fields Screen**

**Action:** The **Call Center** list will appear; pick your Call Center from the drop down list, then click **Add**. (See Figure 34).

**Required Access**

User Type:  MAMA-PD/PDP/CC  CSR  COB \*

NOTE: MAMA-PD/PDP/CC is Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Plan/Cost Co

Call Center:  Add

Please enter one call center at a time

Role:

Justification:

\* indicates a required field

Next Cancel

**Figure 34: CSR Call Center Drop Down List**

**Action:** From the drop down list select **Approver** as your **Role**. (See Figure 35)

**Required Access**

User Type:  MAMA-PD/PDP/CC  CSR  COB \*

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

Call Center:  Add

Please enter one call center at a time and click the button: Add.

Role:  \*

Justification:

\* indicates a required field

Next Cancel

**Figure 35: CSR Role Drop Down List for Approver**

**Action:** Enter a brief statement for the **Justification**. This justification field must include a valid reason for access. (See Figure 36)

**Action:** Click on **Next** when you are done filling in all the required fields on the Application for Access screen.

**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

Call Center:

Please enter one call center at a time and click the button: Add.

Role:  \*

Justification:

\* indicates a required field

**Figure 36: CSR Justification Field for Approver**

When you click on **Next**, the system will validate the data you have entered in each of the fields on the Application for Access screen. If there is any invalid data or any mandatory fields not filled in, the system will redisplay the Application for Access screen. The top part of the screen will be shown with error messages informing you of data that needs to be corrected or mandatory fields that still need to be filled in.

When the data in all fields are valid and all mandatory fields have been completed, the system will display the Privacy Act Statement for you to read. Go to **Section 2.5—Completion of Registration Process** for the Privacy Act Statement acceptance procedure and the final registration screen.

### 2.4.3 COB Approver

**Action:** In the *Required Access* section, choose **COB** for *User Type*. (See Figure 37)

**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

Justification:

\* indicates a required field

Next Cancel

**Figure 37: Required Access Portion of Application Screen**

The screen will refresh and display COB related fields as shown in Figure 38.

**Required Access**

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

Role: [ ] \*

Justification:

\* indicates a required field

Next Cancel

**Figure 38: COB Related Field**

**Action:** From the drop down list select **Approver** as your **Role**. (See Figure 39)

**Required Access**

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

Role: Approver \*

Justification:  \*

\* indicates a required field

**Figure 39: COB Role for Approver**

After the Approver role is selected, the screen will refresh and will be displayed as shown in Figure 40.

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

**Action:** Click on **Next** when you are done filling in all the required fields on the Application for Access screen.

**Required Access**

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

Role: Approver \*

Justification:  \*

\* indicates a required field

**Figure 40: COB Justification Field for Approver**

When you click on **Next**, the system will validate the data you have entered in each of the fields on the Application for Access screen. If there is any invalid data or any mandatory fields not filled in, the system will redisplay the Application for Access screen. The top part of the screen will be shown with error messages informing you of data that needs to be corrected or mandatory fields that still need to be filled in.

When the data in all fields are valid and all mandatory fields have been completed, the system will display the Privacy Act Statement for you to read. Go to **Section 2.5– Completion of Registration Process** for the Privacy Act Statement acceptance procedure and the final registration screen.

## 2.5 Completion of Registration Process

When the data in all the “User Information” and “Required Access” fields are valid and all mandatory fields have been completed, the system will display the Privacy Act Statement screen as shown in Figure 41.

**Action:** Read all of the **Privacy Act Statement** by scrolling down as needed through all of the screens and agree by clicking **I Accept**.

**Note:** If you select “I Decline” instead of “I Accept”, the application request is cancelled and a screen indicating this will be displayed. You must click **OK** to exit that screen.

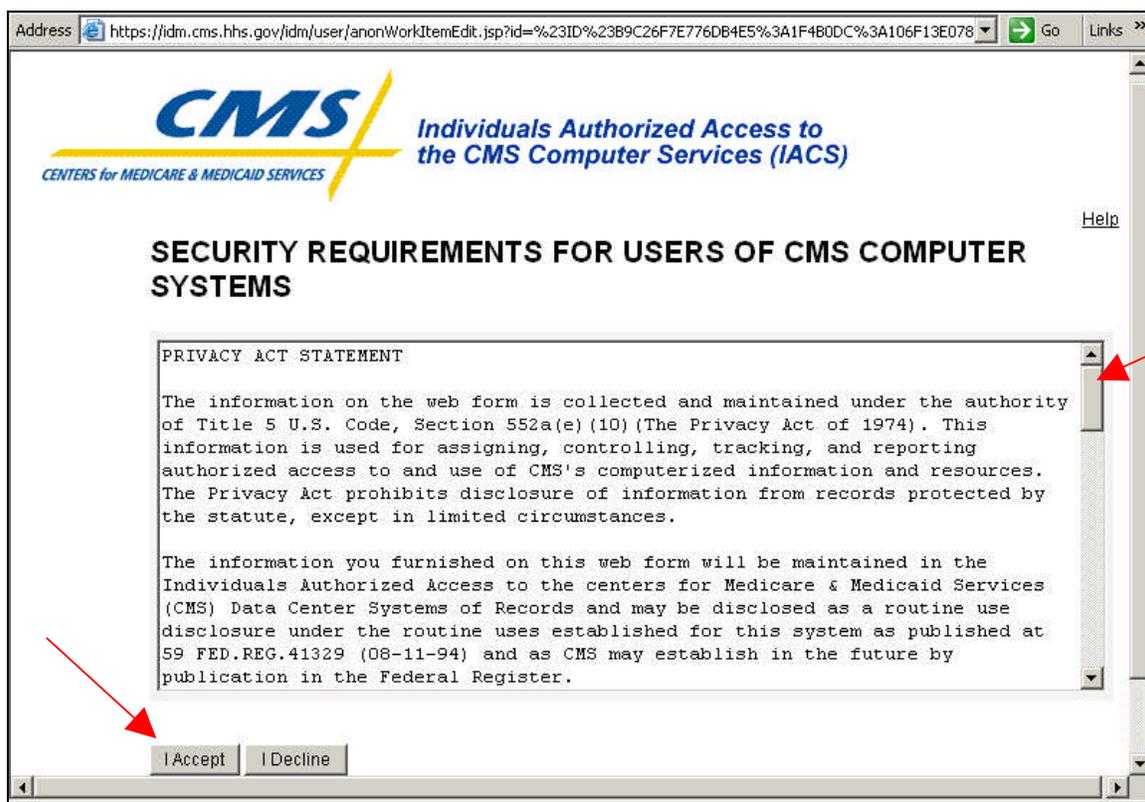


Figure 41: Privacy Act Statement Screen

When you accept the Privacy Act Statement, the system will display the final registration screen as shown in Figure 42.

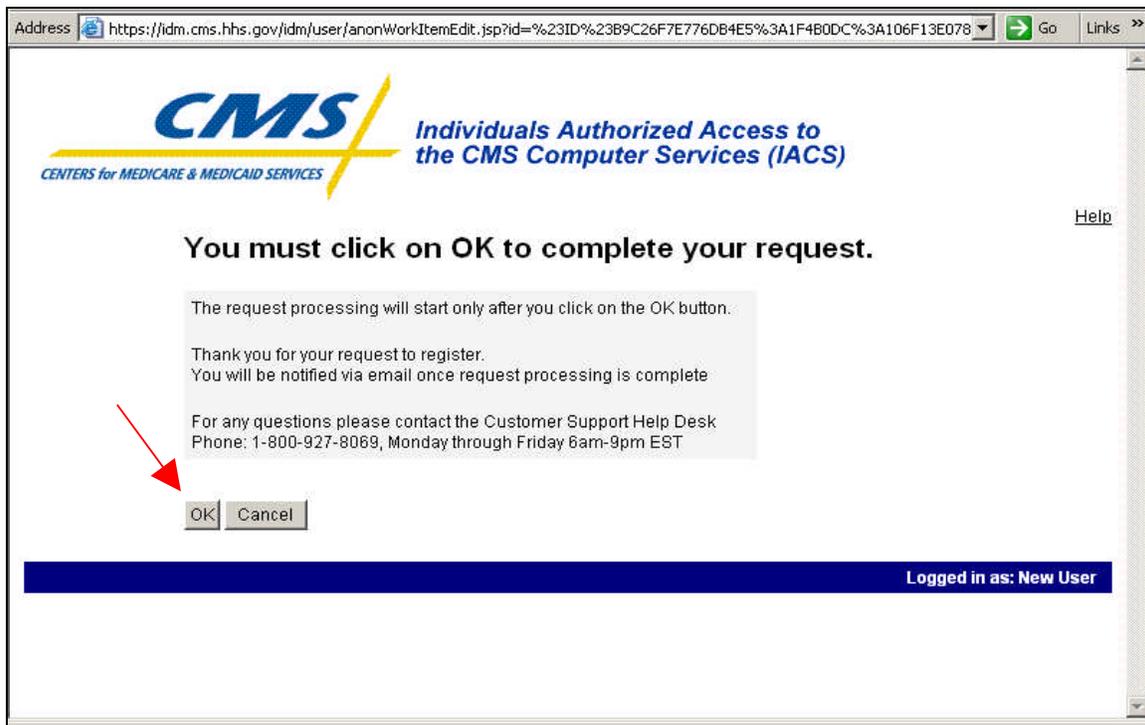


Figure 42: Final Registration Screen

**Action** Click **OK**

**Action** 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**

You will be sent an email indicating that IACS has received your request and giving you a Request Number. You should use that request number if you contact CMS regarding your request. If an email notification is not received within 24 hours after you register, please contact the Help Desk at 1-800-927-8069.

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 Global User ID. The second (**Subject:** FYI: User Creation Completed – Password Enclosed) will contain the format of your onetime password. You will be required to change your onetime password the first time you login.

The procedure for “Logging in for the First Time” is presented in Section **2.6 - Logging in for the First Time**.

## 2.6 Logging in for the First Time

**Action** Using the Account ID and onetime password provided, login to the IACS system at <https://applications.cms.hhs.gov> to change your password.

**Action:** Read the government computer system WARNING, and then agree by clicking **Enter**. (See Figure 43)



**Figure 43: Government Computer System Warning Screen**

The CMS Application Portal screen will open as shown in Figure 44.

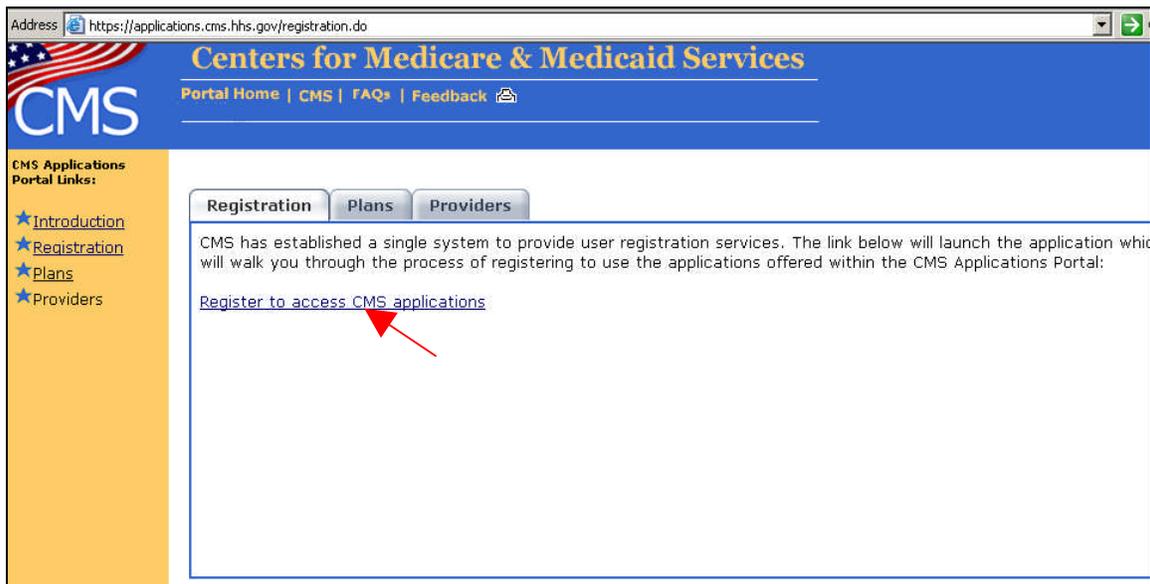
**Action:** Click on *Registration* on the left sidebar.



**Figure 44: CMS Application Portal Screen**

The screen will update to screen shown in Figure 45.

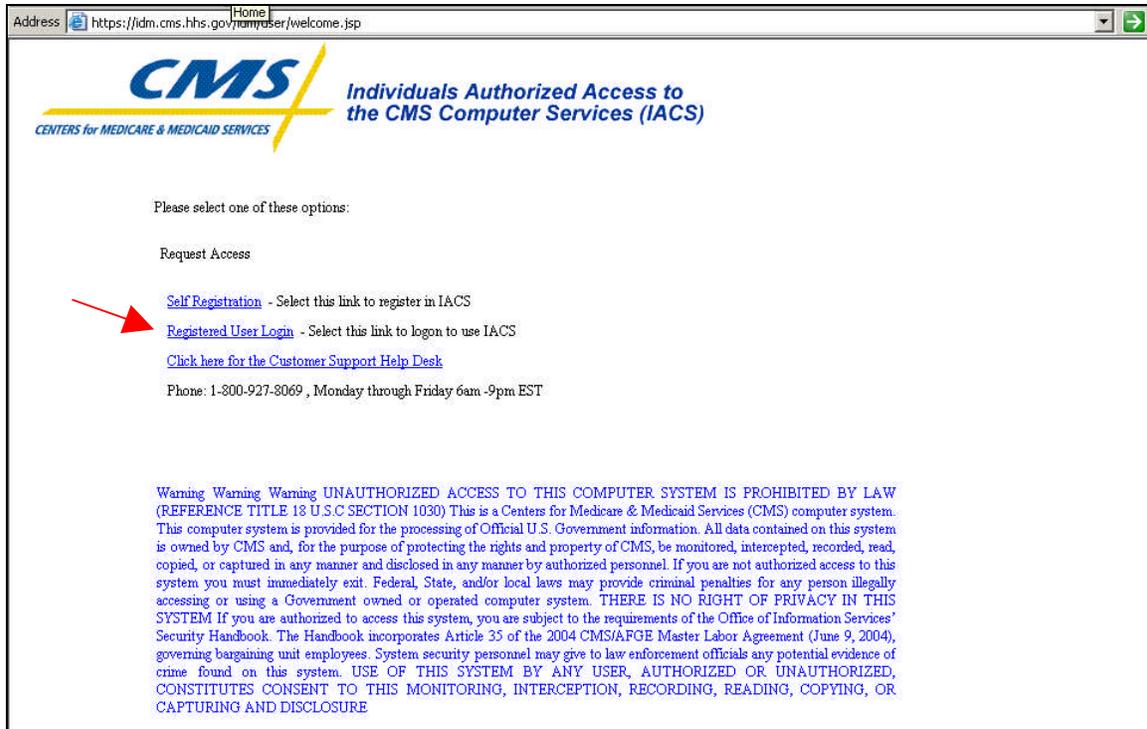
**Action:** Click *Register to access CMS applications* in the main screen.



**Figure 45: Registration Access Selection Screen**

The IACS Request Access screen will be displayed as shown in Figure 46.

**Action:** Click on Registered User Login.



**Figure 46: Registered User Login Screen**

The “Log in to IAC” screen will open as shown in Figure 47.

**Action:** Enter your *User ID*

**Action:** Enter your onetime *Password* and click *Login*.

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

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### Log In to IACS

Enter your user ID and password, and then click **Login**. If you can't remember your password, click **Forgot Your Password?**

User ID

Password

**Figure 47: Log In to IACS Screen**

**Action:** Make sure the box next to ***Change Identity system user and all resource accounts*** is checked. (See Figure 48).

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

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

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### 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
<input checked="" type="checkbox"/> NUUR357	Lighthouse	Lighthouse	Y

[i](#) Resource accounts whose password will be changed if selected.

**Figure 48: Change Password Field Entry Screen**

**Action:** Scroll down to the bottom of the screen and click **Change password**. (See Figure 49)

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

Confirm Password

Change Identity system user and all resource accounts

Resource accounts whose password will be changed if selected.

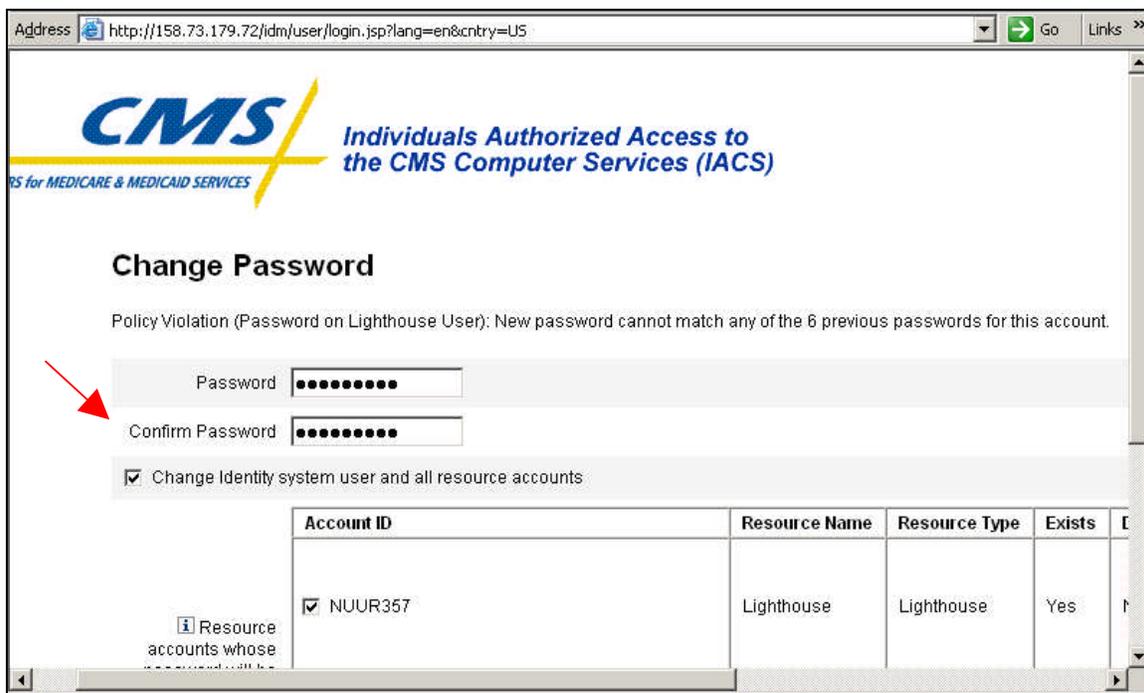
Account ID	Resource Name	Resource Type	E
<input checked="" type="checkbox"/> NUUR357	Lighthouse	Lighthouse	Y
<input checked="" type="checkbox"/> uid=NUUR357,ou=people,dc=cms,dc=hhs,dc=gov	LDAP	LDAP	Y

**Figure 49: Change Password Selection Screen**

**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. (See Figure 50)

Possible password policy violation 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



The screenshot shows a web browser window with the address bar containing the URL: `http://158.73.179.72/idm/user/login.jsp?lang=en&cntry=US`. The page header features the CMS logo and the text: "Individuals Authorized Access to the CMS Computer Services (IACS)". Below the header, the main heading is "Change Password". A message states: "Policy Violation (Password on Lighthouse User): New password cannot match any of the 6 previous passwords for this account." There are two password input fields, "Password" and "Confirm Password", both containing masked characters. A red arrow points to the "Password" field. Below the fields is a checkbox labeled "Change Identity system user and all resource accounts" which is checked. A table with the following columns is visible: "Account ID", "Resource Name", "Resource Type", "Exists", and "I". The table contains one row with a checked checkbox in the "Account ID" column, the value "NUUR357", "Lighthouse" in the "Resource Name" column, "Lighthouse" in the "Resource Type" column, and "Yes" in the "Exists" column. A small tooltip is visible near the bottom left of the table.

Account ID	Resource Name	Resource Type	Exists	I
<input checked="" type="checkbox"/> NUUR357	Lighthouse	Lighthouse	Yes	

**Figure 50: Change Password Policy Violation Message Screen**

**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

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. (See Figure 51)

**Action:** Click on *Change Answers to Authentication Questions*.

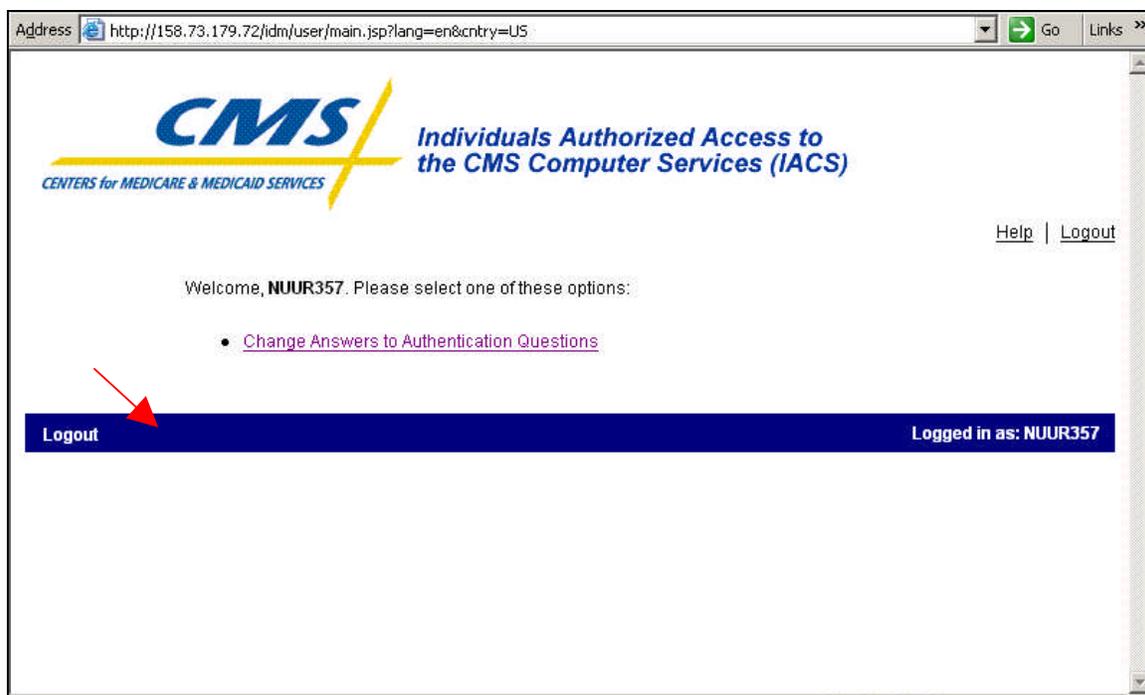


Figure 51: Change Answers to Authentication Questions Screen

**Action:** Answer at least four (4) of the ten (10) **Authentication Questions**. (See Figure 52)

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

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[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

**Figure 52: Change Answers to Authentication Questions Screen**

**Action:** Click **OK** when you have finished answering the questions you want to answer. (See Figure 53)

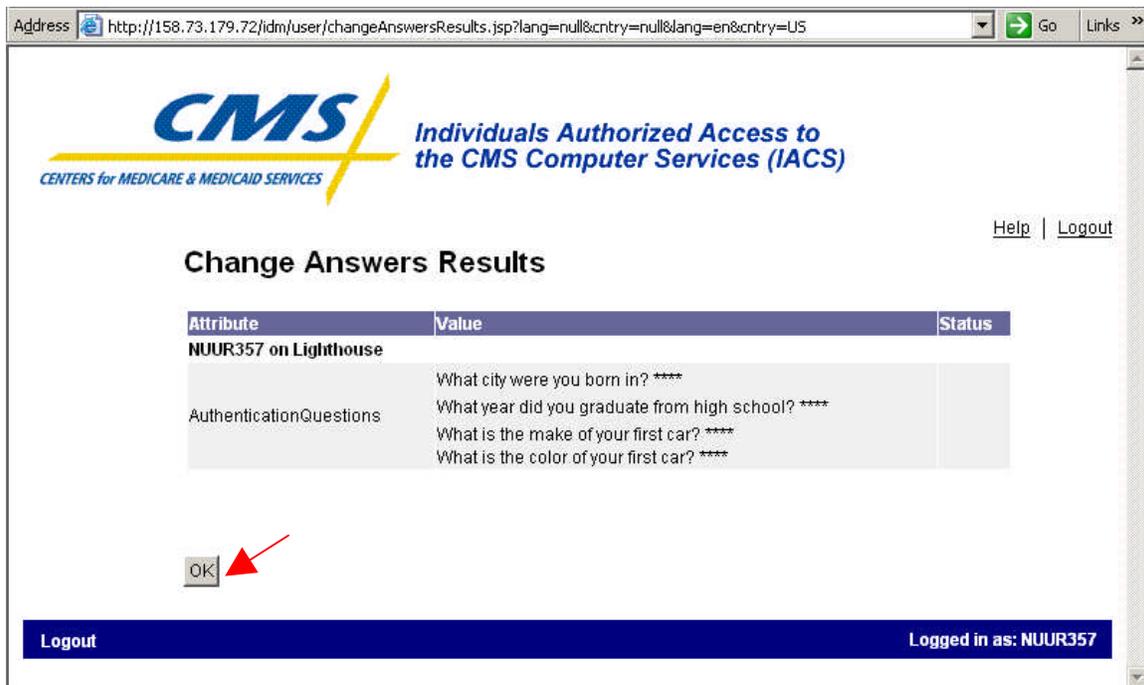


Figure 53: Change Answers to Authentication Questions Completion Screen

**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. (See Figure 54)

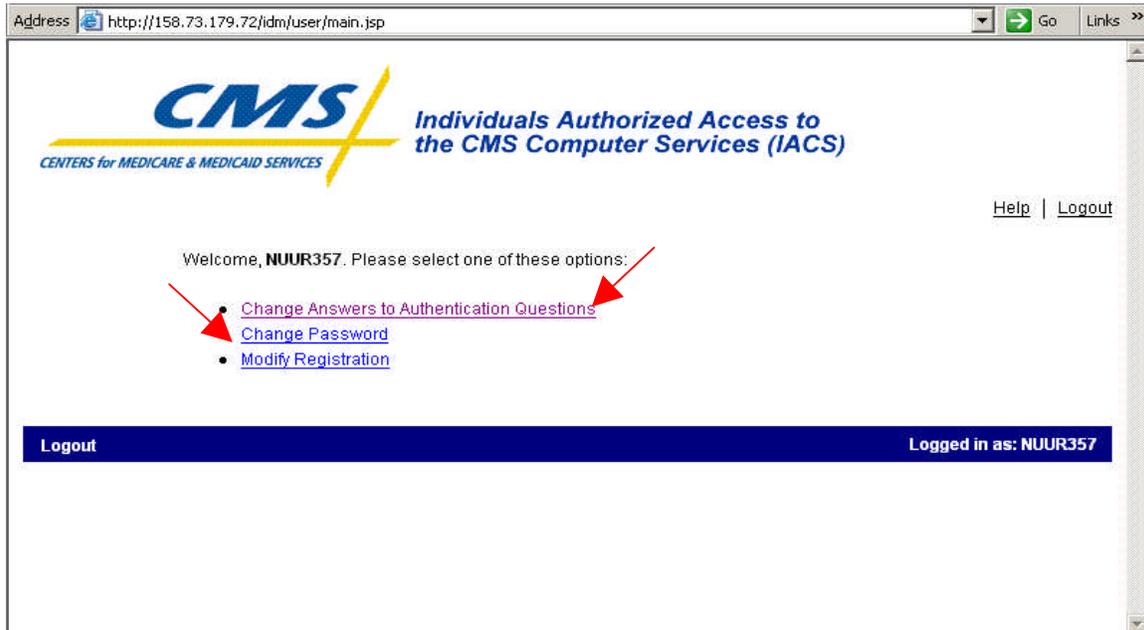


Figure 54: Change Answers to Authentication Questions/Change Password Screen

## 3.0 Additional IACS Procedures

### 3.1 Password Reset

When you want to log in to IACS, you are required to enter your User ID and Password in a screen such as that shown in Figure 55.

If you have forgotten your Password, click on **Forgot Password**.



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

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**Log In to IACS**

Enter your user ID and password, and then click **Login**. If you can't remember your password, click **Forgot Your Password?**

User ID

Password

Login

Figure 55: Log In to IACS Screen

An **Identity User** screen will be displayed, similar to the example shown in Figure 56. Fields for the questions you answered during your initial login will be displayed.

**Action:** Answer each question with exact answer previously provided.

**Action:** Click on **Login**.

Address http://localhost:9081/idm/user/questionLogin.jsp?accountId=491Y5RM&lang=en&cntry=US

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### Identify User

Please answer the following questions. Answers will be automatically converted to upper-case.

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

**Figure 56: Password Identify User Screen**

The Log In to IACS screen will reappear with a new message above the User ID field as illustrated in Figure 57.



The screenshot shows a web browser window with the address bar containing `https://idm.cms.hhs.gov/idm/user/login.jsp`. The page features the CMS logo (Centers for Medicare & Medicaid Services) and the text "Individuals Authorized Access to the CMS Computer Services (IACS)". Below this is the heading "Log In to IACS". A message states "Email notification has been sent to you." with a red arrow pointing to the text. There are two input fields: "User ID" and "Password". At the bottom, there are two buttons: "Login" and "Forgot Your Password?".

**Figure 57: Password Email Notification Screen**

**Action:** Go to your email and get your new password. This is a one-time password and you must change your password when you log in.

**Action:** Go to Section 2.6 Logging in for the First Time, and follow the steps for logging in and changing your password. You do not have to answer the questions again unless you want to change your answers.

### 3.2 Modify Registration

Occasionally you may want to modify your existing CMS access registration profile. This can involve adding contract numbers, organization numbers, or call centers to the list of those to which you already have access. Conversely, you may also delete items from your access listing if you no longer need such access.

You begin the registration modification process on by first logging in to IACS. (See Figure 58)

**Action:** Enter your **User ID**

**Action:** Enter your **Password** and click **Login**.

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

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

**Log In to IACS**

Enter your user ID and password, and then click **Login**. If you can't remember your password, click **Forgot Your Password?**

User ID

Password

**Figure 58: Log In to IACS Screen**

An **IACS Welcome** screen will be displayed as shown in Figure 59.

**Action:** Select *Modify Registration*.



**Figure 59: IACS Welcome Screen – Modify Registration Option**

The IACS **Application for Access to CMS Computer Systems** screen will open however the **User Information** fields will be filled in with the information you previously provided during the registration process. In the **Required Access** portion of the registration screen, information specific to your User Type and Role will be displayed.

The screens for each User Type/Role that allow you to change registration information are displayed and described in the following sections:

- Section 2.3.1 MA/MA-PD/PDP/CC
- Section 2.3.2 CSR
- Section 2.3.3 COB

You may go directly to the section of interest to you for instructions on modifying the Required Access information.

### 3.2.1 MA/MA-PD/PDP/CC

If you are a User Type of **MA/MA-PD/PDP/CC** and your Role is that of **User/Submitter**, the Required Access portion of the Registration Modification screen will appear as shown in the example in Figure 60. The screens for the **User/Representative** role and the **Approver** role will be similar to the one shown in Figure 60 except the value for the Role field will reflect the different roles.

**Required Access**

User Type: MA/MA-PD/PDP/CC

Modify User/Submitter Contracts

Existing Contracts and Selected Contracts

H1010

Contracts to Remove

Modify PDE Contracts

Existing Contracts and Selected Contracts

H0150

Contracts to Remove

Modify RAPS Contracts

Existing Contracts and Selected Contracts

H0151

Contracts to Remove

Role: User/Submitter

Justification:  \*

\* indicates a required field

Figure 60: IACS Modify Registration Screen - MA/MA-PD/PDP/CC

If you want to add a new Contract Number to your current list of Contract Numbers, do the following:

**Action:** Enter the **Contract Number** and click on **Add Contract Number**.

If you want to add another Contract Number, repeat the Action stated above.

If you want to remove one or more Contract Numbers, do the following:

**Action:** In the **Modify Contracts** field area, within the “Existing Contracts and Selected Contracts” area select the **Contract Number** to be removed

**Action:** Click on the box with the arrow facing to the right (>)

The system will move the selected Contract Number to the “Contracts to Remove” area on the right. If you change your mind, you can move the Contract Number in the “Contracts to Remove” area back to the “Existing Contracts and Selected Contracts” area by clicking on the box with the arrow facing to the left (<).

If you want to move all Contract Numbers in the “Existing Contracts and Selected Contracts” area to the “Contracts to Remove” area, click on the box with the double arrow facing to the right (>>). If you change your mind, you can move all the Contract Numbers in the “Contracts to Remove” area back to the “Existing Contracts and Selected Contracts” area by clicking on the box with the double arrow facing to the left (<).

Once you have finished making your modifications, perform the following:

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

**Action:** Click on **Next** when you are done modifying your registration profile.

The system will display the Final Registration Screen as shown in Figure 61.

**Action** Click **OK**

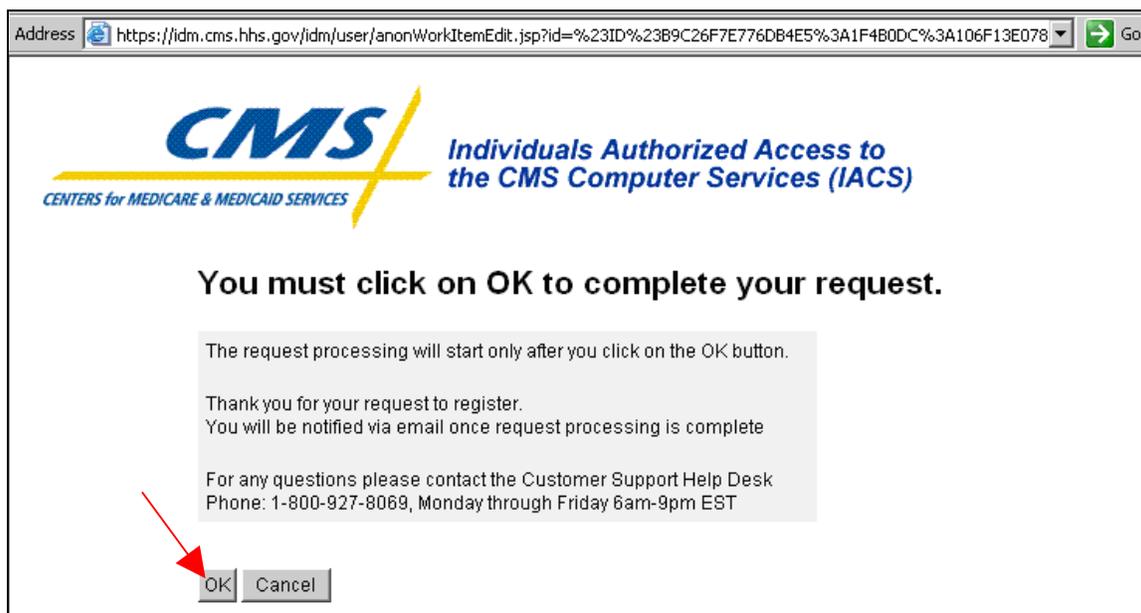


Figure 61: Final Registration Screen

### After Registration Modification

You will be sent an email indicating that IACS has received your request and giving you a Request Number. You should use that request number if you contact CMS regarding your request. If an email notification is not received within 24 hours after you register, please contact the Help Desk at 1-800-927-8069.

Your approver will be notified of your pending request via email. You will be notified via email of the approval or denial of your requested modification.

### 3.2.2 CSR

If you are a User Type of **CSR** and your Role is that of **User** the Required Access portion of the Registration Modification screen will appear as shown in the example in Figure 62. The screen for the Approver role will be similar to the one shown in Figure 62 except the value for the Role field will reflect the different role.

**Required Access**

User Type: CSR

Call Center:  Add

Please enter one Call Center at a time and click the Add button.

Modify Call Center

Existing Call Center

28th Avenue, Phoenix AZ  
Black Canyon, Phoenix AZ

Call Center to Remove

Role: User

Justification: \*

\* Indicates a required field

Next Cancel

**Figure 62: IACS Modify Registration Screen - CSR**

If you want to add a new Call Center to your current list of Call Centers, do the following:

**Action:** Select the **Call Center** and click on **Add**.

If you want to add another Call Center, repeat the Action stated above.

If you want to remove one or more Call Centers, do the following:

**Action:** In the **Modify Call Center** field area, within the “Existing Call Center” area select the **Call Center** to be removed.

**Action:** Click on the box with the arrow facing to the right (>)

The system will move the selected Call Center to the “Call Center to Remove” area on the right. If you change your mind, you can move the Call Center in the “Call Center to Remove” area back to the “Existing Call Center” area by clicking on the box with the arrow facing to the left (<).

If you want to move all Call Centers in the “Existing Call Center” area to the “Call Center to Remove” area, click on the box with the double arrow facing to the right (>>). If you change your mind, you can move all the Call Centers in the “Call Center to Remove” area back to the “Existing Call Center” area by clicking on the box with the double arrow facing to the left (<).

Once you have finished making your modifications, perform the following:

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

**Action:** Click on **Next** when you are done modifying your registration profile.

The system will display the Final Registration Screen as shown in Figure 63.

**Action** Click **OK**

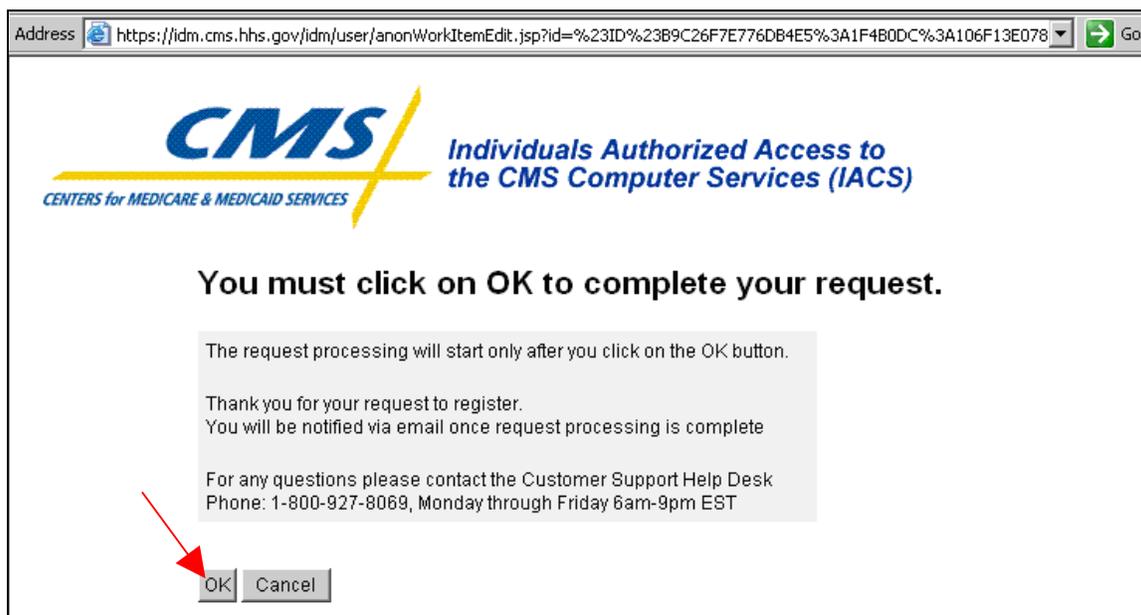


Figure 63: Final Registration Screen

### After Registration Modification

You will be sent an email indicating that IACS has received your request and giving you a Request Number. You should use that request number if you contact CMS regarding your request. If an email notification is not received within 24 hours after you register, please contact the Help Desk at 1-800-927-8069.

Your approver will be notified of your pending request via email. You will be notified via email of the approval or denial of your requested modification.

### 3.2.3 COB

If you are a User Type of **COB** and your Role is that of **User/Transmitter** the Required Access portion of the Registration Modification screen will appear as shown in the example in Figure 60. The screen for the Approver role will be similar to the one shown in Figure 64 except the value for the Role field will reflect the different role.

**Figure 64: IACS Modify Registration Screen - COB**

If you want to add a new Organization Number to your current list of Organization Numbers, do the following:

**Action:** Enter the **Organization Number** and click on **Add**.

If you want to add another Organization Number, repeat the Action stated above.

If you want to remove one or more Organization Numbers, do the following:

**Action:** In the **Modify Organization Numbers** field area, within the “Existing Organization Numbers” area select the **Organization Number** to be removed.

**Action:** Click on the box with the arrow facing to the right (>)

The system will move the selected Organization Number to the “Organization Numbers to Remove” area on the right. If you change your mind, you can move the Organization Number in the “Organization Numbers to Remove” area back to the “Existing Organization Numbers” area by clicking on the box with the arrow facing to the left (<).

If you want to move all Organization Numbers in the “Existing Organization Numbers” area to the “Organization Numbers to Remove” area, click on the box with the double arrow facing to the right (>>). If you change your mind, you can move all the Organization Numbers in the “Organization Numbers to Remove” area back to the “Existing Organization Numbers” area by clicking on the box with the double arrow facing to the left (<).

Once you have finished making your modifications, perform the following:

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

**Action:** Click on **Next** when you are done modifying your registration profile.

The system will display the Final Registration Screen as shown in Figure 65.

**Action** Click **OK**

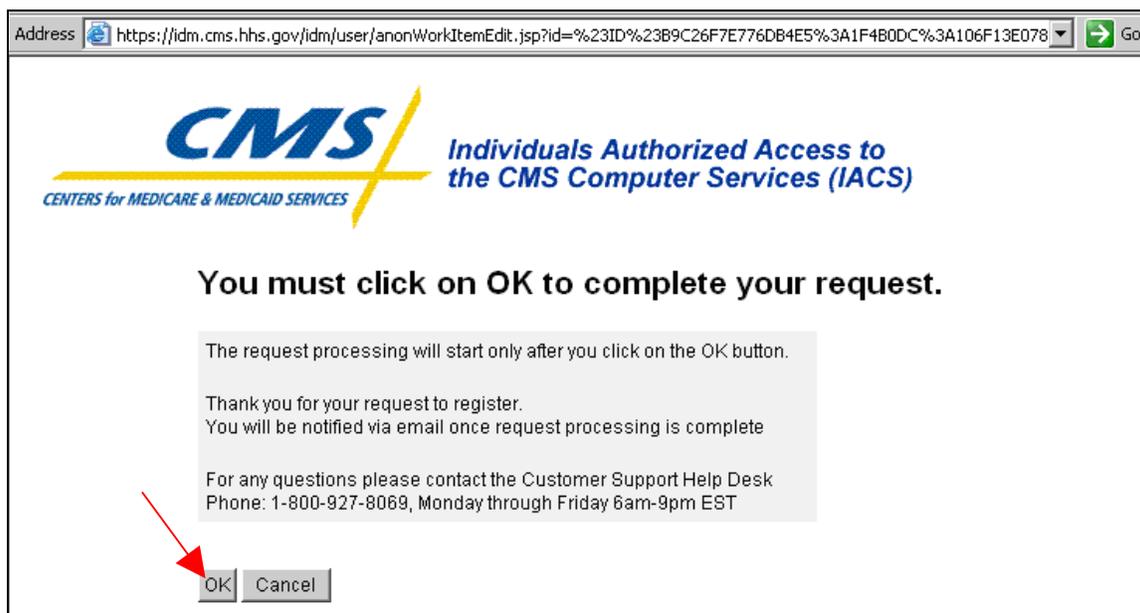


Figure 65: Final Registration Screen

### After Registration Modification

You will be sent an email indicating that IACS has received your request and giving you a Request Number. You should use that request number if you contact CMS regarding your request. If an email notification is not received within 24 hours after you register, please contact the Help Desk at 1-800-927-8069.

Your approver will be notified of your pending request via email. You will be notified via email of the approval or denial of your requested modification.

## 4.0 Questions and Troubleshooting

### 4.1 Help

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

<http://www.cms.hhs.gov/MMAHelp/downloads/IACSFaqs.pdf>

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.

### 4.2 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.

## 5.0 Helpful Hints

### 5.1 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.

## **5.2 Logging in for the First Time**

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

## **5.3 Calls to MMA Help Desk**

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 Number/s (if MA/MA-PD/PDP/CC)
- Your COBA/VDSA number/s (if COB)
- Your call center location (if CSR)

## 6.0 Legal

### 6.1 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.

### 6.2 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.

## 7.0 Acronyms

This section defines acronyms used in this document.

Acronym	Definition
CC	Cost Contract
CMS	the Centers for Medicare & Medicaid Services
COB	Coordination of Benefits
COBA	Coordination of Benefits Agreement
CSMM	Customer Service for Medicare Modernization
CSR	Customer Service Representative
EPOC	External Point of Contact
EUA	End User Administration
FAQ	Frequently Asked Questions
GUID	Global User Identifier
HPMS	Health Plan Management System
IACS	Individuals Authorized Access to CMS Computer Systems
ID	Identification
MA	Medicare Advantage
MA-PD	Medicare Advantage – Prescription Drug
MARx	Medicare Advantage Prescription Drug
MBD	Medicare Beneficiary Database
MMA	Medicare Modernization Act
PDE	Prescription Drug Event
PDP	Prescription Drug Plan
RACF	Resource Access Control Facility
RAPS	Risk Adjustment Processing System
SSN	Social Security Number
VDSA	Voluntary Data Sharing Agreement