

Guide for Obtaining a New EIDM Account with a ‘Physician Quality and Value Programs’ Role

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I. Introduction

This guide is for users who do not have an Enterprise Identity Data Management (EIDM) account. This guide provides step-by-step instructions on how users can sign up for an EIDM account for the first time and how to request a role to access the ‘Physician Quality and Value Programs’ application using the EIDM in the CMS Enterprise Portal.

Note: If you already have an EIDM account, but not a role to access the ‘Physician Quality and Value Programs’ application, then please use the guide titled “Existing EIDM User: Guide for Obtaining a Role in EIDM” located at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html>.

- A. Before requesting a ‘Physician Quality and Value Programs’ role for your EIDM account, you will first need to determine which **one** of the following four user roles you want to request:
- **Security Official role:** The Security Official role allows the user to perform the following tasks within the PV-PQRS application on behalf of a group practice:
 - View the group practice’s Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO) registration status from prior years;
 - Obtain the group practice’s Annual Quality and Resource User Report (QRUR) and PQRS Feedback Report;
 - Obtain the group practice’s Mid-Year QRUR, Annual QRUR, PQRS Feedback Report, and Supplemental QRUR from prior years;
 - Submit a Value Modifier Informal Review Request on behalf of the group practice; and
 - Approve requests for the ‘Group Representative’ role in the EIDM.
 - **Group Representative role:** The Group Representative role allows the user to perform the following tasks within the PV-PQRS application on behalf of a group practice:
 - View the group practice’s PQRS GPRO registration status from prior years;
 - Obtain the group practice’s Annual QRUR and PQRS Feedback Report;
 - Obtain the group practice’s Mid-Year QRUR, Annual QRUR, PQRS Feedback Report, and Supplemental QRUR from prior years; and
 - Submit a Value Modifier Informal Review Request on behalf of the group practice.

Note: Group practices are identified in the EIDM by their Medicare billing Taxpayer Identification Number (TIN). A group practice consists of **two or more eligible professionals** (as identified by their National Provider Identifier [NPI]) that bill under the TIN. To find out if a group practice is already registered in the EIDM and who is the group practice’s Security Official, please contact the QualityNet Help Desk and provide the group practice’s TIN and the name of the group practice.
 - **Individual Practitioner role:** The Individual Practitioner role allows the user to perform the following tasks within the PV-PQRS application on behalf of a solo practitioner:
 - Obtain the solo practitioner’s Annual QRUR and PQRS Feedback Report;
 - Obtain the solo practitioner’s Mid-Year QRUR, Annual QRUR, PQRS Feedback Report, and Supplemental QRUR from prior years;
 - Submit a Value Modifier Informal Review Request on behalf of a solo practitioner; and
 - Approve requests for the ‘Individual Practitioner Representative’ role in the EIDM.
 - **Individual Practitioner Representative role:** The Individual Representative role allows the user to perform the following task within the PV-PQRS application on behalf of the solo practitioner:
 - Obtain the solo practitioner’s Annual QRUR and PQRS Feedback Report;

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- Obtain the solo practitioner's Mid-Year QRUR, Annual QRUR, PQRS Feedback Report, and Supplemental QRUR from prior years; and
- Submit a Value Modifier Informal Review Request on behalf of a solo practitioner.

Note: Solo Practitioners are identified in the EIDM by their Medicare billing TIN and rendering NPI. A solo practitioner consists of **only one eligible professional** (as identified by the NPI) that bills under the TIN. To find out if a solo practitioner is already registered in the EIDM and who is the solo practitioner's Individual Practitioner, please contact the QualityNet Help Desk and provide the solo practitioner's TIN and the name of the solo practitioner.

Information about obtaining QRURs and PQRS Feedback Reports is available at <https://www.cms.gov/PhysicianFeedbackProgram>.

- B. Please gather the following information before you begin the process for signing up for an EIDM account for the following user role:

- **Security Official:**

- **Your Information:** First Name, Last Name, E-mail Address, Social Security Number, Date of Birth, Home Address, City, State, Zip Code, and Primary Phone Number.
- **Business Contact Information:** Company Name, Address, City, State, Zip Code, Company Phone Number, and Office Phone Number.
- **Organization Information:** Group practice's Medicare billing TIN, Legal Business Name, Rendering NPIs for **two different** eligible professionals who bill under the TIN and their corresponding individual Provider Transaction Access Numbers (PTANs) (*do not use the GROUP NPI or GROUP PTAN*), Address, City, State, Zip Code, and Phone Number.

- **Group Representative:**

- **Your Information:** First Name, Last Name, E-mail Address, Social Security Number, Date of Birth, Home Address, City, State, Zip Code, and Primary Phone Number.
- **Business Contact Information:** Company Name, Address, City, State, Zip Code, Company Phone Number, and Office Phone Number.
- **Organization Information:** Group practice's Medicare billing TIN; or the Legal Business Name and the State; or the Legal Business Name and the Street Address.

- **Individual Practitioner:**

- **Your Information:** First Name, Last Name, E-mail Address, Social Security Number, Date of Birth, Home Address, City, State, Zip Code, and Primary Phone Number.
- **Business Contact Information:** Company Name, Address, City, State, Zip Code, Company Phone Number, and Office Phone Number.
- **Professional Information:** Solo practitioner's First Name, Solo practitioner's Last Name, Legal Business Name, Solo practitioner's Medicare billing TIN, Solo practitioner's rendering NPI and the corresponding individual PTAN (*do not use the GROUP NPI or GROUP PTAN*), Address, City, State, Zip Code and Phone Number.

- **Individual Practitioner Representative:**

- **Your Information:** First Name, Last Name, E-mail Address, Social Security Number, Date of Birth, Home Address, City, State, Zip Code, and Primary Phone Number.
- **Business Contact Information:** Company Name, Address, City, State, Zip Code, Company Phone Number, and Office Phone Number.
- **Professional Information:** Solo practitioner's Medicare billing TIN; or the Legal Business Name and the State; or the Legal Business Name and the Street Address.

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- C. **Step-by-Step Instructions:** You have **twenty-five (25) minutes** to complete each screen (unless a different time is noted on the screen). Otherwise, you will lose all of the information you entered and will need to start the process again.

II. **Questions**

For questions about setting up an EIDM account, please contact the QualityNet Help Desk at:

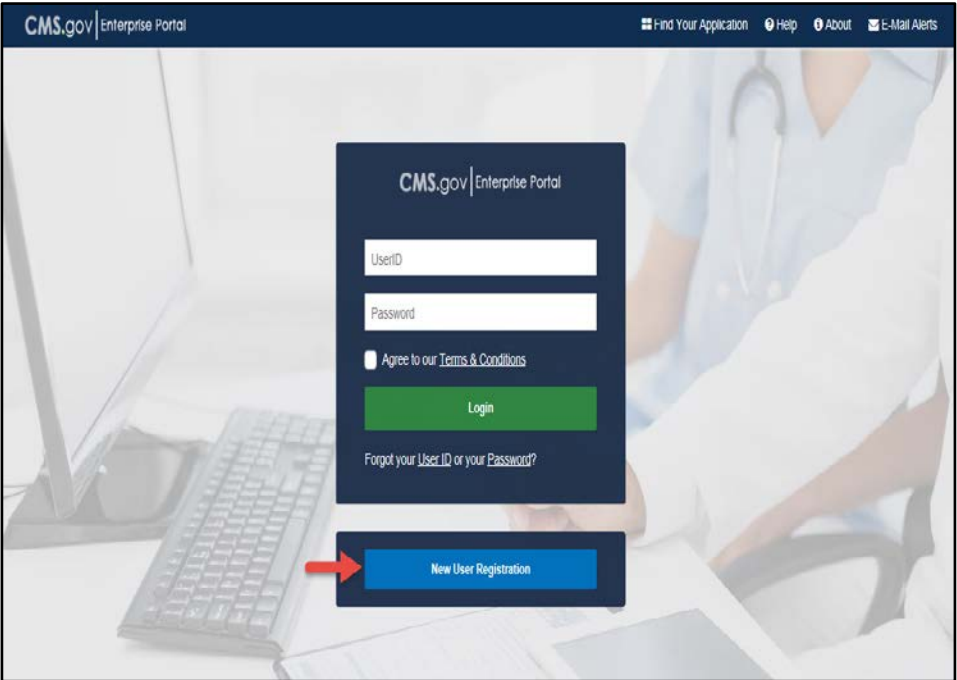
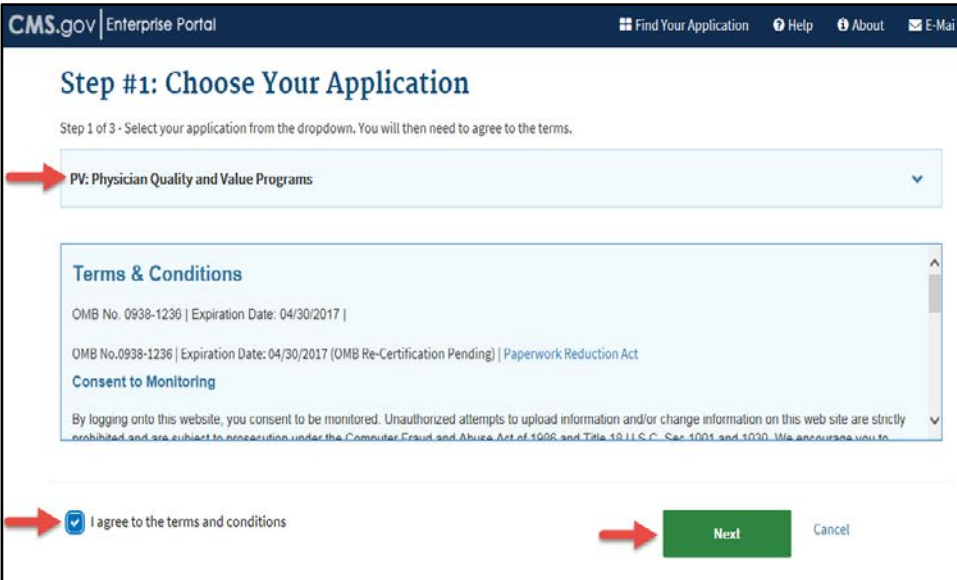
- Monday – Friday: 8:00 am – 8:00 pm Eastern Time Zone
- Phone: (866) 288-8912 (TTY 1-877-715-6222)
- Email: gnetsupport@hcqis.org

For additional information on how to sign up for a new EIDM account and how to request a role to access the 'Physician Quality and Value Programs' application using the EIDM, please visit <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html>.

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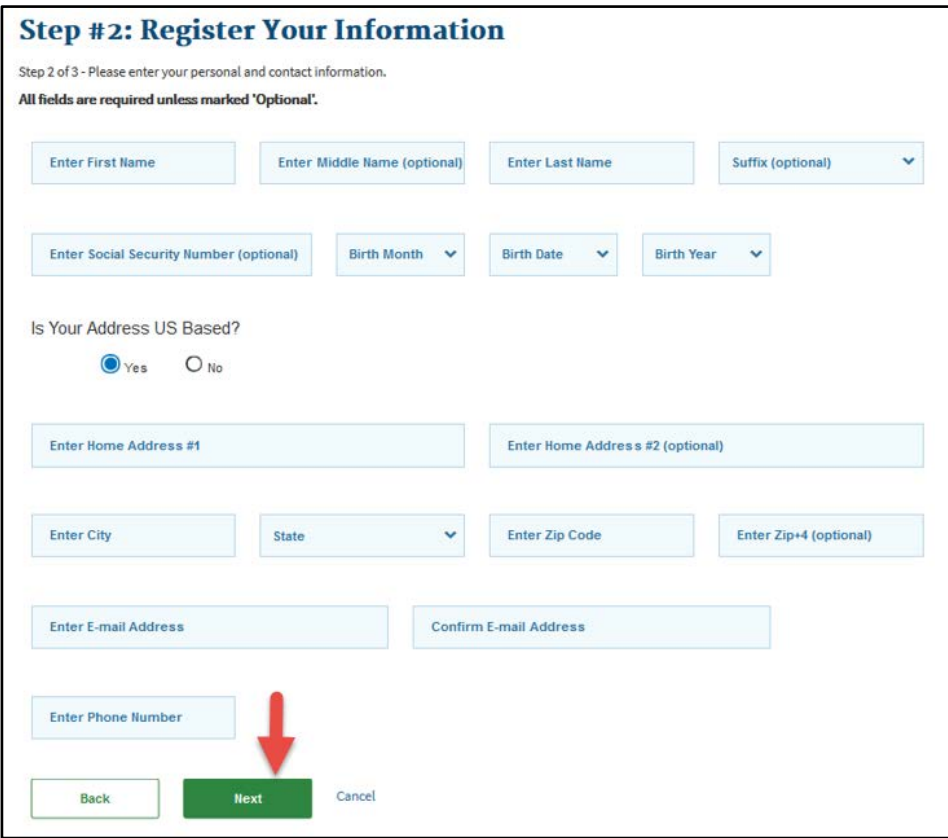
III. New User Registration for an EIDM Account

Please follow each step listed below unless otherwise noted.

Steps	Screenshots
<p>1. Go to https://portal.cms.gov/ and select New User Registration.</p> <p>Note: The CMS Enterprise Portal supports the following internet browsers:</p> <ul style="list-style-type: none"> Internet Explorer 11 (without compatibility mode) Firefox Chrome Safari <p>Enable JavaScript and adjust any zoom features to ensure you are not seeing the screen in too wide of a view.</p>	
<p>2. Select PV: Physician Quality and Value Programs application from Choose Your Application drop-down menu. Select I agree to the terms and conditions checkbox and then select Next.</p>	

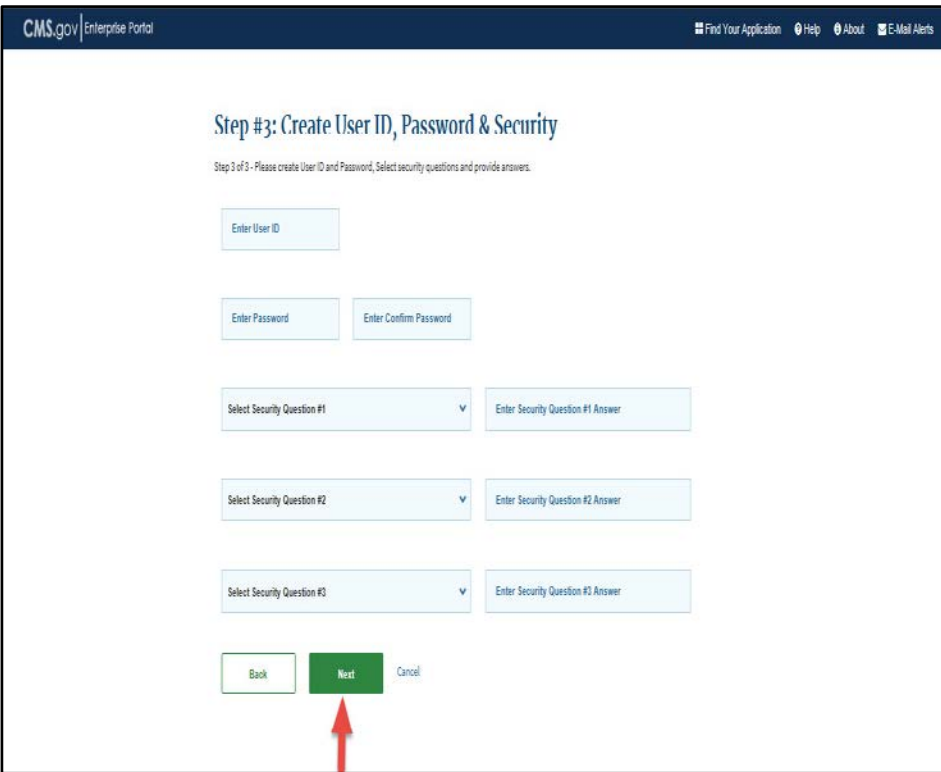
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Steps	Screenshots
<p>3. Enter the following required information under Register Your Information section and select Next.</p> <ul style="list-style-type: none"> • First Name • Last Name • Social Security Number • Birth Month • Birth Date • Birth Year • Home Address #1 • City • State • Zip Code • E-mail Address • Confirm E-mail Address • Phone Number 	 <p>Step #2: Register Your Information</p> <p>Step 2 of 3 - Please enter your personal and contact information. All fields are required unless marked 'Optional'.</p> <p>Enter First Name Enter Middle Name (optional) Enter Last Name Suffix (optional) ▼</p> <p>Enter Social Security Number (optional) Birth Month ▼ Birth Date ▼ Birth Year ▼</p> <p>Is Your Address US Based? <input checked="" type="radio"/> Yes <input type="radio"/> No </p> <p>Enter Home Address #1 Enter Home Address #2 (optional)</p> <p>Enter City State ▼ Enter Zip Code Enter Zip+4 (optional)</p> <p>Enter E-mail Address Confirm E-mail Address</p> <p>Enter Phone Number</p> <p>Back Next Cancel</p>

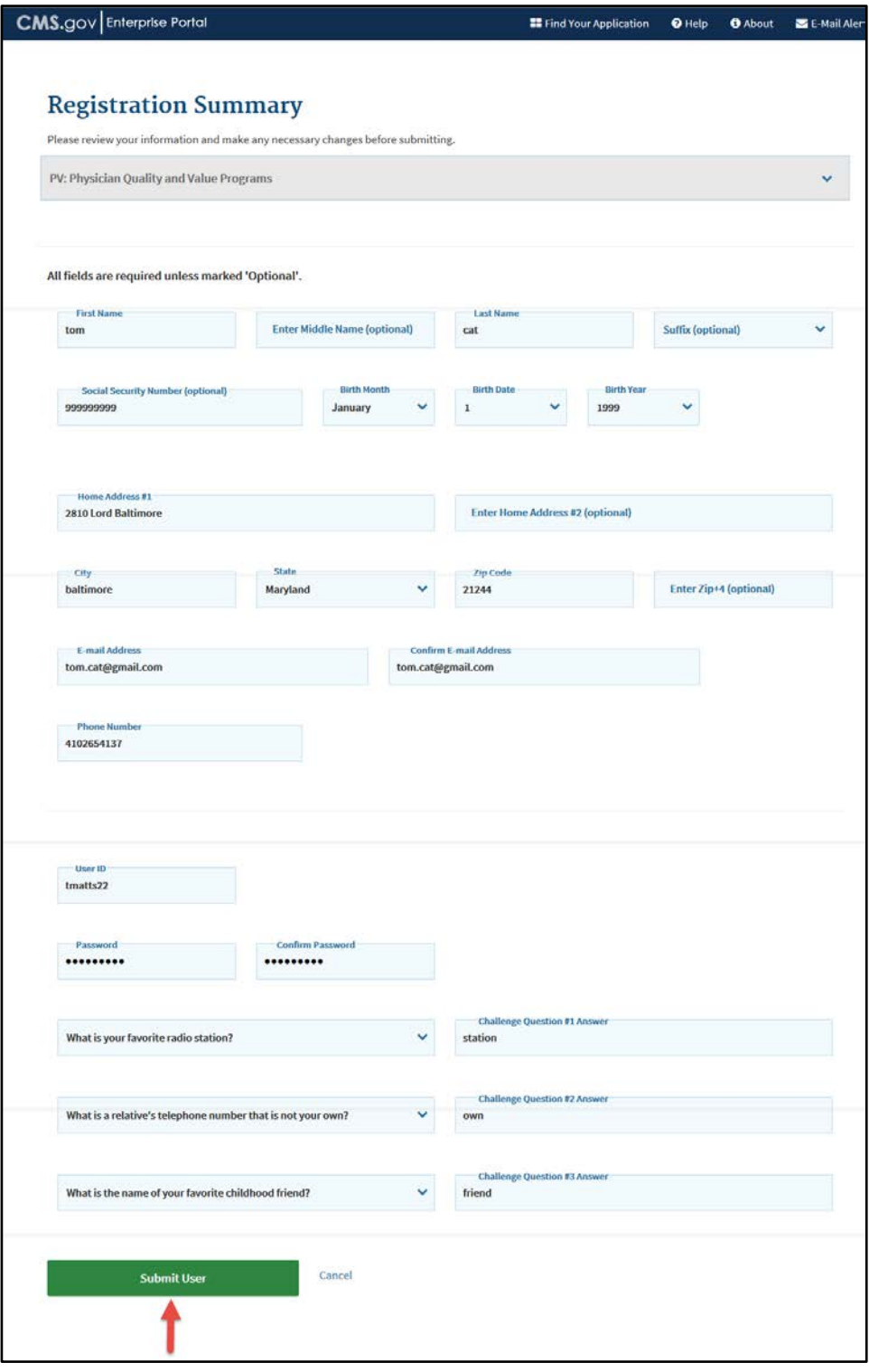
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Steps	Screenshots
<p>4. (a) Create your EIDM User ID and EIDM Password.</p> <p>Note: Your EIDM User ID must be a minimum of six (6) and a maximum of seventy four (74) alphanumeric characters. It must contain at least 1 letter and cannot contain your Social Security Number or any 9 consecutive numbers. Allowed special characters are dashes (-), underscores (_), apostrophes ('), @ and periods (.) followed by alphanumeric characters.</p> <p>Note: Your EIDM Password must be a minimum of eight (8) and a maximum of twenty (20) characters in length. It must contain at least one (1) letter, one (1) number, one (1) uppercase letter, and one (1) lowercase letter. It cannot contain your User ID and the following special characters may not be used: ?, <, >, (), ', ", /, , and &. Your password must be changed at least every 60 days and can only be changed once a day.</p> <p>(b) Select three (3) security questions from the Security Question drop-down menu and provide the answer to each security questions.</p> <p>(c) Select Next.</p>	 <p>The screenshot displays the 'Step #3: Create User ID, Password & Security' page on the CMS.gov Enterprise Portal. The page includes a header with 'CMS.gov Enterprise Portal' and navigation links for 'Find Your Application', 'Help', 'About', and 'E-Mail Alerts'. The main content area contains the following fields and buttons:</p> <ul style="list-style-type: none"> Enter User ID: A text input field. Enter Password: A text input field. Enter Confirm Password: A text input field. Select Security Question #1: A dropdown menu. Enter Security Question #1 Answer: A text input field. Select Security Question #2: A dropdown menu. Enter Security Question #2 Answer: A text input field. Select Security Question #3: A dropdown menu. Enter Security Question #3 Answer: A text input field. Navigation Buttons: 'Back' (light blue), 'Next' (green), and 'Cancel' (light blue). <p>A red arrow points to the 'Next' button.</p>

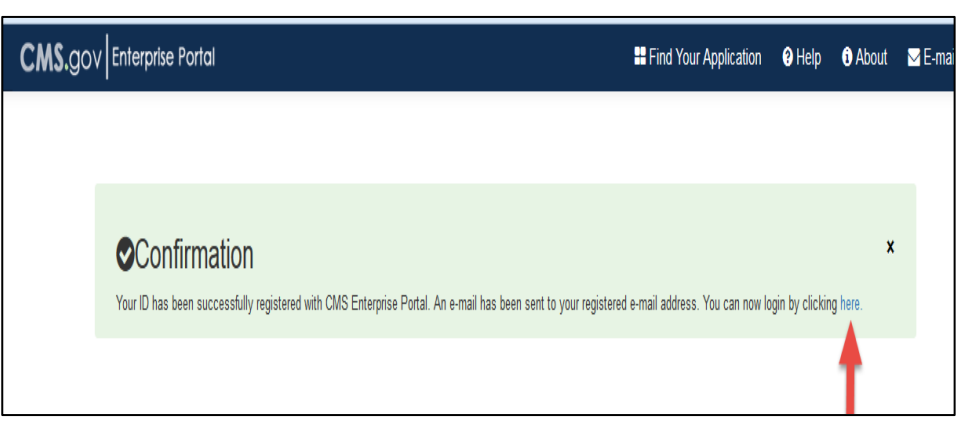
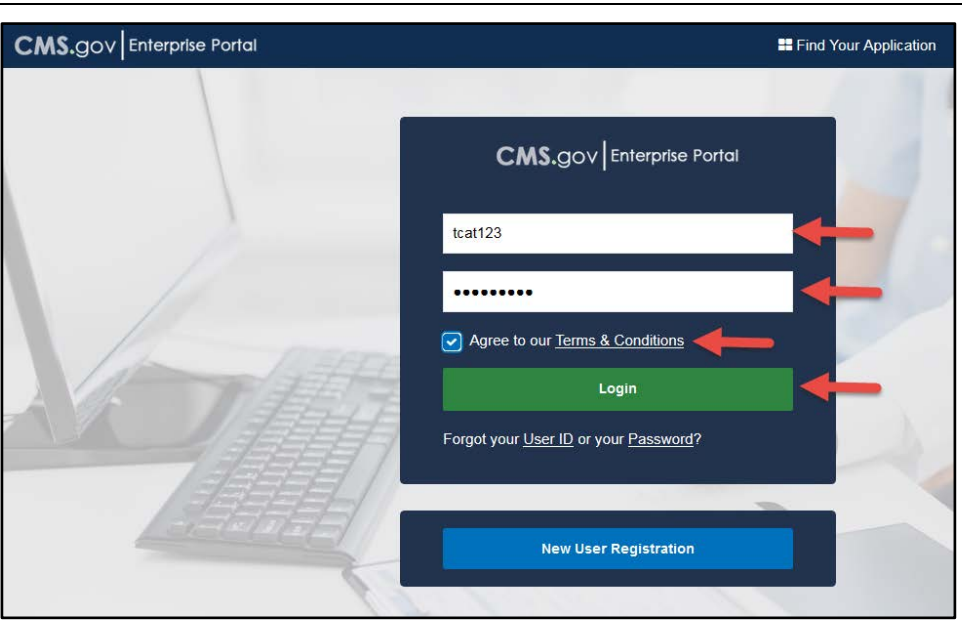
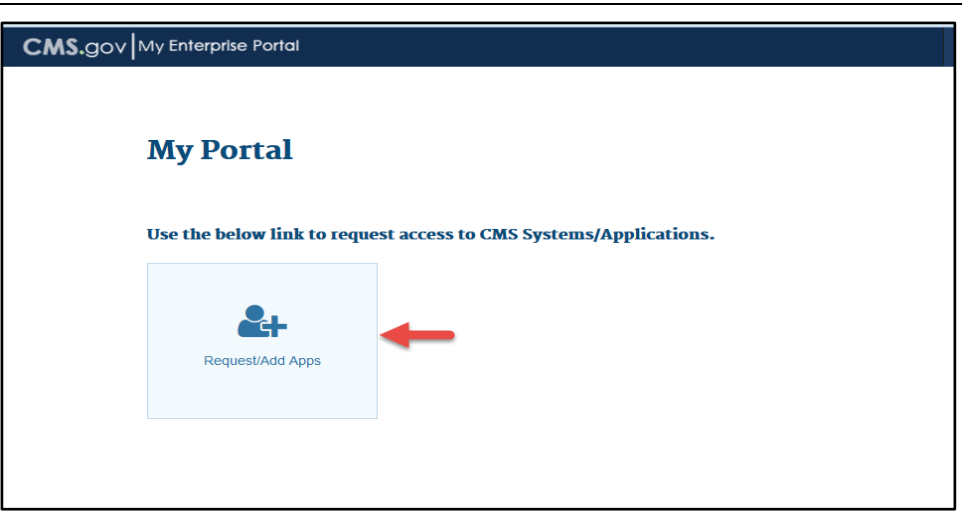
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Steps	Screenshots
5. Review the Registration Summary screen and select Submit User to continue with the new registration process.	 <p>The screenshot displays the 'Registration Summary' page on the CMS.gov Enterprise Portal. The page title is 'Registration Summary' with a subtitle 'Please review your information and make any necessary changes before submitting.' Below this, a dropdown menu shows 'PV: Physician Quality and Value Programs'. A note states 'All fields are required unless marked 'Optional''. The form contains the following fields:</p> <ul style="list-style-type: none"> First Name: tom Enter Middle Name (optional): Last Name: cat Suffix (optional): Social Security Number (optional): 999999999 Birth Month: January Birth Date: 1 Birth Year: 1999 Home Address #1: 2810 Lord Baltimore Enter Home Address #2 (optional): City: baltimore State: Maryland Zip Code: 21244 Enter Zip+4 (optional): E-mail Address: tom.cat@gmail.com Confirm E-mail Address: tom.cat@gmail.com Phone Number: 4102654137 User ID: tmatts22 Password: [masked] Confirm Password: [masked] Challenge Question #1 Answer: station Challenge Question #2 Answer: own Challenge Question #3 Answer: friend <p>At the bottom, there is a green 'Submit User' button and a 'Cancel' link. A red arrow points to the 'Submit User' button.</p>

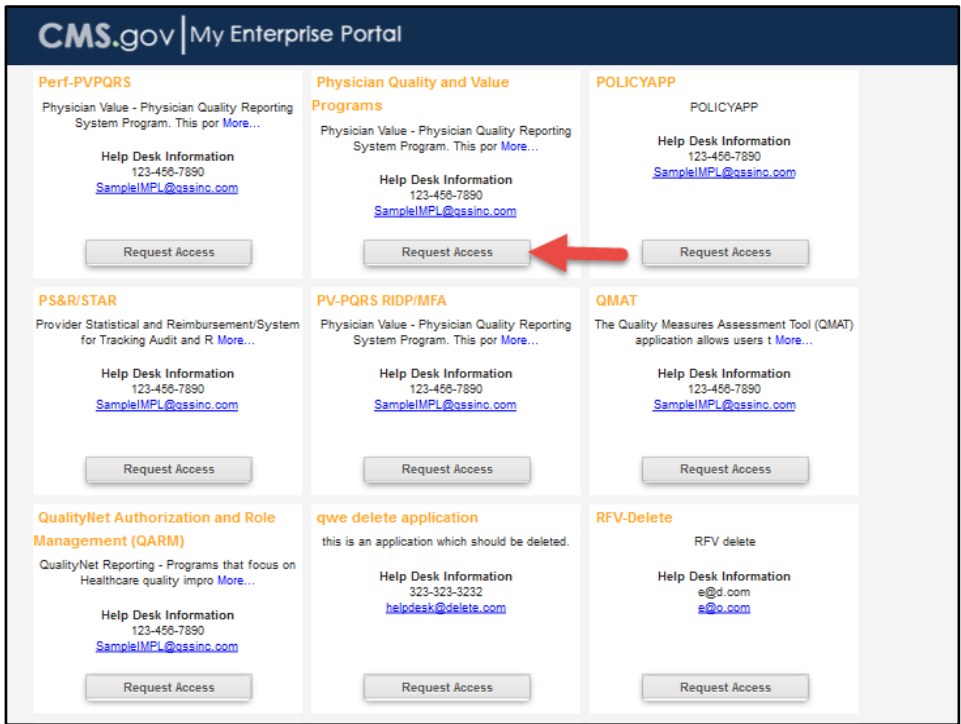
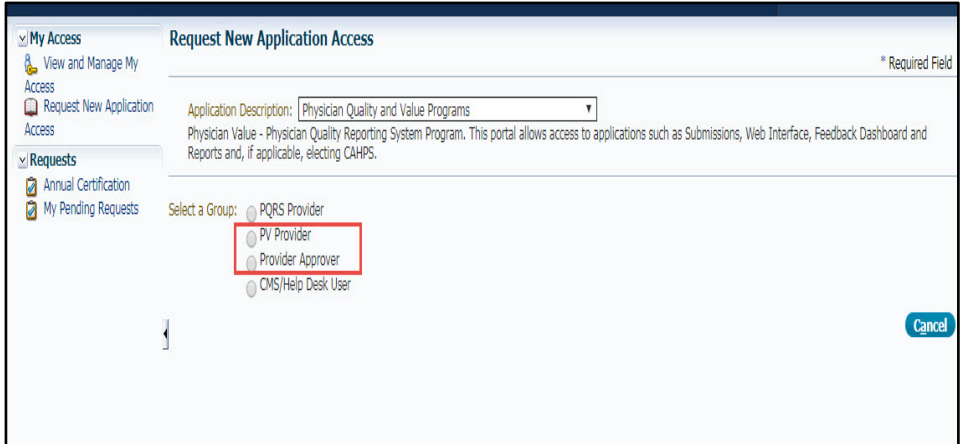
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Steps	Screenshots
<p>6. Your registration for an EIDM account is now complete. You will receive an E-mail acknowledging your successful account creation with your EIDM User ID.</p> <p>You can login to the CMS Enterprise Portal by clicking on the here link.</p>	
<p>7. Navigate to the CMS Enterprise Portal public landing page and enter your EIDM UserID and Password. Select Agree to our Terms & Conditions checkbox and then select Login on the CMS Enterprise Portal.</p>	
<p>8. Upon initial login, the CMS Enterprise Portal My Portal page is displayed. Select Request/Add Apps link on the My Portal page to begin the process of requesting a new user role to CMS Systems/Applications.</p>	

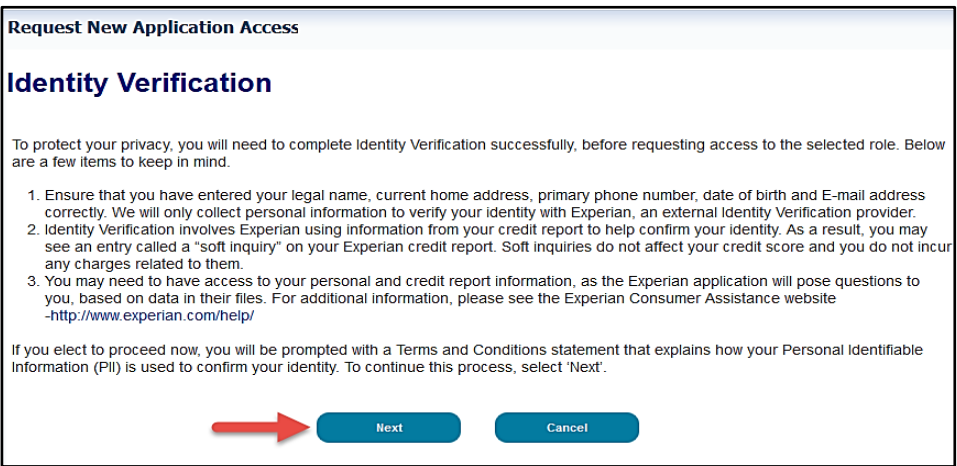
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Steps	Screenshots
<p>9. Select Request Access for the Physician Quality and Value Programs application within the Access Catalog.</p> <p>Note: The Access Catalog list presented is in alphabetical order. Scroll down until you find the Physician Quality and Value Programs application or enter the first few letters of the application in the Access Catalog text box to narrow down the selection criteria.</p>	 <p>The screenshot shows the CMS.gov My Enterprise Portal. Under the 'Access Catalog' section, there are several application cards. The card for 'Physician Quality and Value Programs' is highlighted with a red arrow pointing to the 'Request Access' button. Other visible cards include 'Perf-PVPQRS', 'POLICYAPP', 'PS&R/STAR', 'PV-PQRS RIDP/MFA', 'QMAT', 'QualityNet Authorization and Role Management (QARM)', 'qwe delete application', and 'RFV-Delete'.</p>
<p>10. (a) Under Select a Group, choose Provider Approver, if you are requesting Security Official or Individual Practitioner role OR (b) Choose PV Provider, if you are requesting Group Representative or Individual Practitioner Representative role.</p> <p>Note: The Select a Role option will be visible after making a selection for the Select a Group option. The Next button will be visible after making a selection for Select a Role option.</p>	 <p>The screenshot shows the 'Request New Application Access' form. The 'Select a Group' dropdown menu is open, displaying four options: 'PQRS Provider', 'PV Provider', 'Provider Approver', and 'CMS/Help Desk User'. The 'PV Provider' option is highlighted with a red rectangular box. The 'Application Description' field is set to 'Physician Quality and Value Programs'. A 'Cancel' button is visible in the bottom right corner.</p>

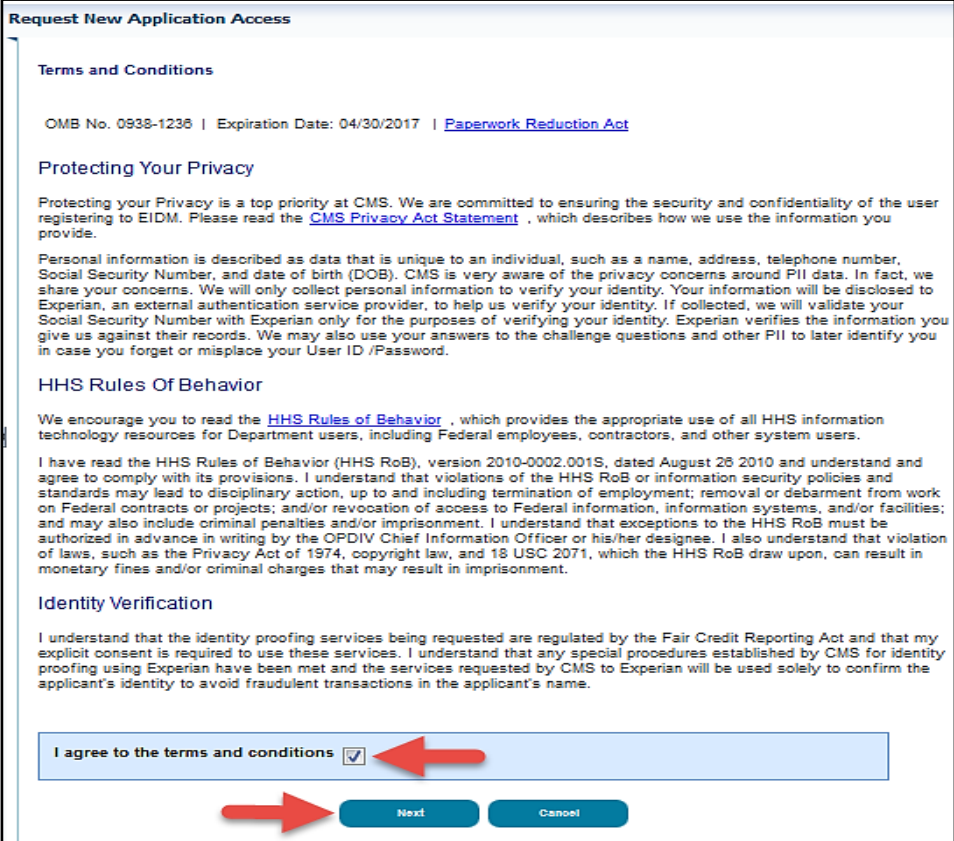
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Steps	Screenshots
<p>11. Select the appropriate role you want to request from the Select a Role drop-down menu.</p> <p>Select Next to begin Remote Identity Proofing (RIDP) and Multi-Factor Authentication (MFA) processes.</p>	
<p style="text-align: center;">Remote Identity Proofing (RIDP)</p> <p>Please follow steps 12 to 16 to begin the RIDP process. This process is used to verify your identity and is done by asking random questions based on your personal and financial history. Additional information on how the RIDP process works can be found at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html.</p>	
<p>12. Select Next to complete the Identity Verification section.</p>	




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Steps	Screenshots
<p>13. Read the Terms and Conditions. Select I agree to the terms and conditions checkbox and then select Next.</p> <p>Note: <i>Next</i> will be enabled only after checking I agree to the terms and conditions checkbox.</p>	 <p>Request New Application Access</p> <p>Terms and Conditions</p> <p>OMB No. 0938-1238 Expiration Date: 04/30/2017 Paperwork Reduction Act</p> <p>Protecting Your Privacy</p> <p>Protecting your Privacy is a top priority at CMS. We are committed to ensuring the security and confidentiality of the user registering to EIDM. Please read the CMS Privacy Act Statement, which describes how we use the information you provide.</p> <p>Personal information is described as data that is unique to an individual, such as a name, address, telephone number, Social Security Number, and date of birth (DOB). CMS is very aware of the privacy concerns around PII data. In fact, we share your concerns. We will only collect personal information to verify your identity. Your information will be disclosed to Experian, an external authentication service provider, to help us verify your identity. If collected, we will validate your Social Security Number with Experian only for the purposes of verifying your identity. Experian verifies the information you give us against their records. We may also use your answers to the challenge questions and other PII to later identify you in case you forget or misplace your User ID /Password.</p> <p>HHS Rules Of Behavior</p> <p>We encourage you to read the HHS Rules of Behavior, which provides the appropriate use of all HHS information technology resources for Department users, including Federal employees, contractors, and other system users.</p> <p>I have read the HHS Rules of Behavior (HHS RoB), version 2010-0002.001S, dated August 26 2010 and understand and agree to comply with its provisions. I understand that violations of the HHS RoB or information security policies and standards may lead to disciplinary action, up to and including termination of employment; removal or debarment from work on Federal contracts or projects; and/or revocation of access to Federal information, information systems, and/or facilities; and may also include criminal penalties and/or imprisonment. I understand that exceptions to the HHS RoB must be authorized in advance in writing by the OPDIV Chief Information Officer or his/her designee. I also understand that violation of laws, such as the Privacy Act of 1974, copyright law, and 18 USC 2071, which the HHS RoB draw upon, can result in monetary fines and/or criminal charges that may result in imprisonment.</p> <p>Identity Verification</p> <p>I understand that the identity proofing services being requested are regulated by the Fair Credit Reporting Act and that my explicit consent is required to use these services. I understand that any special procedures established by CMS for identity proofing using Experian have been met and the services requested by CMS to Experian will be used solely to confirm the applicant's identity to avoid fraudulent transactions in the applicant's name.</p> <p>I agree to the terms and conditions <input checked="" type="checkbox"/></p> <p>Next Cancel</p>

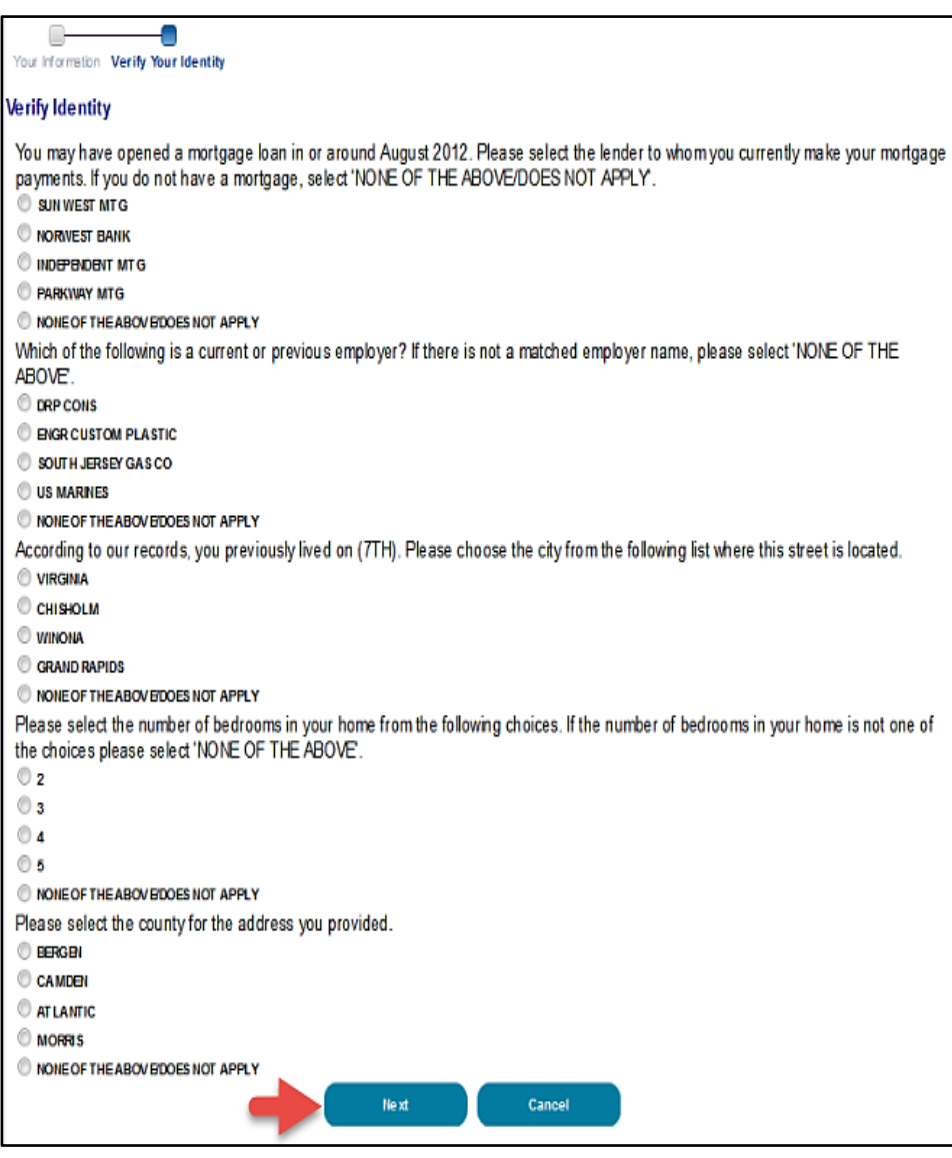
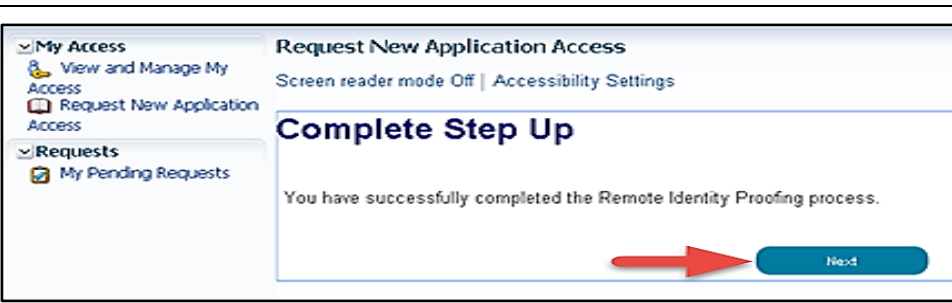
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Steps	Screenshots
14. Confirm your E-mail Address and enter your Social Security Number. Select Next after verifying the pre-populated information.	<div><h3>Your Information</h3><p>Enter your legal first name and last name, as it may be required for Identity Verification.</p><p>• First Name: <input type="text" value="John"/> Middle Name: <input type="text"/></p><p>• Last Name: <input type="text" value="Smith"/> Suffix: <input type="text"/></p><hr/><p>Enter your E-mail address, as it will be used for account related communications.</p><p>• E-mail Address: <input type="text" value="John.Smith@yahoo.com"/></p><p>Re-enter your E-mail address.</p><p>• Confirm E-mail Address: <input type="text" value="John.Smith@yahoo.com"/> </p><hr/><p>Enter your full 9 digit social security number, as it may be required for Identity Verification.</p><p>Social Security Number: <input type="text" value="..."/> </p><hr/><p>Enter your date of birth in MM/DD/YYYY format, as it may be required for Identity Verification.</p><p>• Date of Birth: <input type="text" value="12"/> <input type="text" value="11"/> <input type="text" value="1988"/></p><hr/><p><input checked="" type="radio"/> U.S. Home Address <input type="radio"/> Foreign address</p><p>Enter your current or most recent home address, as it may be required for Identity Verification.</p><p>• Home Address Line 1: <input type="text" value="2810 Lord Baltimore Dr"/></p><p>Home Address Line 2: <input type="text"/></p><p>• City: <input type="text" value="Baltimore"/> • State: <input type="text" value="Maryland"/> • Zip Code: <input type="text" value="21244"/> Zip Code Extension: <input type="text"/> Country: USA</p><hr/><p>Enter your primary phone number, as it may be required for Identity Verification.</p><p>• Primary Phone Number: <input type="text" value="301"/> <input type="text" value="121"/> <input type="text" value="1212"/></p><div> <input type="button" value="Next"/> <input type="button" value="Cancel"/></div></div>

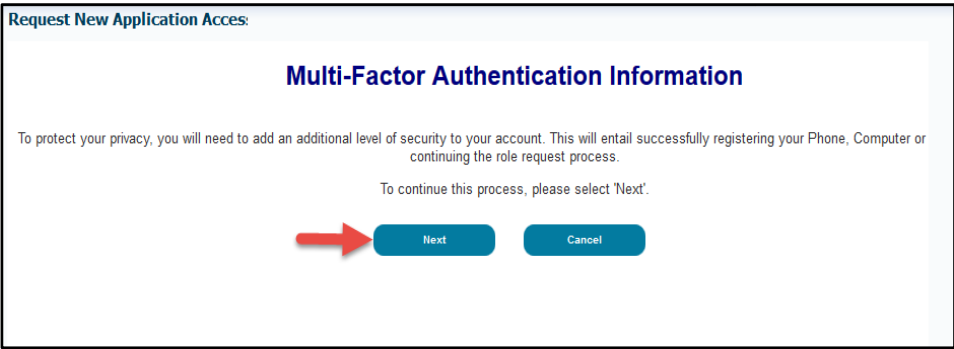
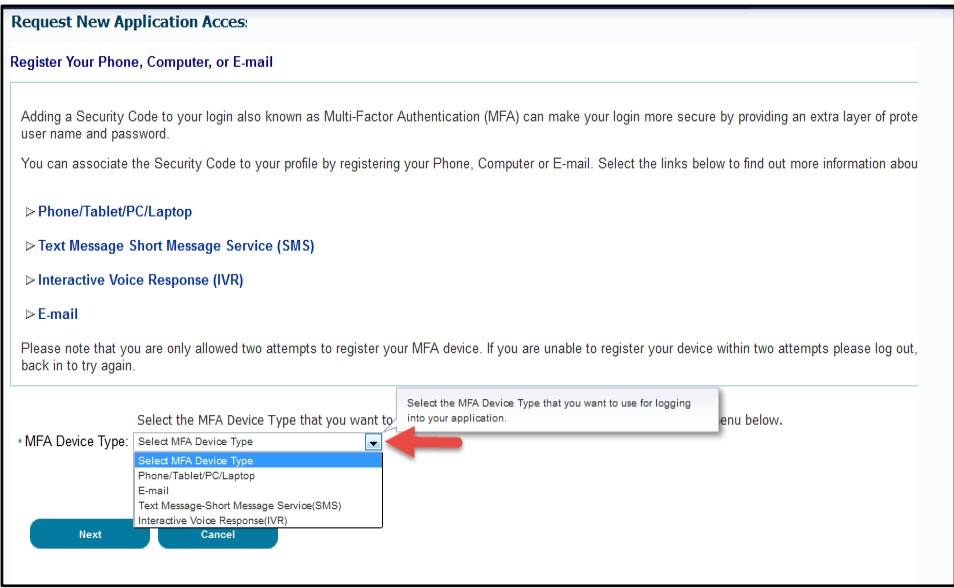
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<p>15. Provide an answer to each question under the Verify Identity section.</p> <p>Select Next to continue.</p> <p>Note: <i>Verify Identity questions are provided from Experian based on the information provided in step 14.</i></p>	 <p>Verify Your Identity</p> <p>You may have opened a mortgage loan in or around August 2012. Please select the lender to whom you currently make your mortgage payments. If you do not have a mortgage, select 'NONE OF THE ABOVE/DOES NOT APPLY'.</p> <ul style="list-style-type: none"> <input type="radio"/> SUN WEST MTG <input type="radio"/> NORVEST BANK <input type="radio"/> INDEPENDENT MTG <input type="radio"/> PARKWAY MTG <input type="radio"/> NONE OF THE ABOVE/DOES NOT APPLY <p>Which of the following is a current or previous employer? If there is not a matched employer name, please select 'NONE OF THE ABOVE'.</p> <ul style="list-style-type: none"> <input type="radio"/> DRP CONS <input type="radio"/> ENGR CUSTOM PLASTIC <input type="radio"/> SOUTH JERSEY GAS CO <input type="radio"/> US MARINES <input type="radio"/> NONE OF THE ABOVE/DOES NOT APPLY <p>According to our records, you previously lived on (7TH). Please choose the city from the following list where this street is located.</p> <ul style="list-style-type: none"> <input type="radio"/> VIRGINIA <input type="radio"/> CHISHOLM <input type="radio"/> WINONA <input type="radio"/> GRAND RAPIDS <input type="radio"/> NONE OF THE ABOVE/DOES NOT APPLY <p>Please select the number of bedrooms in your home from the following choices. If the number of bedrooms in your home is not one of the choices please select 'NONE OF THE ABOVE'.</p> <ul style="list-style-type: none"> <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> NONE OF THE ABOVE/DOES NOT APPLY <p>Please select the county for the address you provided.</p> <ul style="list-style-type: none"> <input type="radio"/> BERGEN <input type="radio"/> CAMDEN <input type="radio"/> ATLANTIC <input type="radio"/> MORRIS <input type="radio"/> NONE OF THE ABOVE/DOES NOT APPLY <p>Next Cancel</p>
<p>16. Remote Identity Proofing is now complete. Select Next to proceed to register for the Multi-Factor Authentication process.</p>	 <p>Request New Application Access</p> <p>Screen reader mode Off Accessibility Settings</p> <p>Complete Step Up</p> <p>You have successfully completed the Remote Identity Proofing process.</p> <p>Next</p>

If you have questions about or need assistance accessing any of the reports, please contact the QualityNet Help Desk by phone at 866-288-8912. Normal business hours are Monday-Friday from 8 am to 8 pm Eastern Time Zone.

Guide for Obtaining a New EIDM Account with a 'Physician Quality and Value Programs' Role

Steps	Screenshots
	<p align="center">Multi-Factor Authentication (MFA)</p> <p>Please follow steps 17 to 20 to register for MFA. MFA is an approach to security authentication which requires users to provide more than one form of verification in order to prove their identity. MFA registration is required only once when you are requesting a user role, but will be verified every time you log into the CMS Enterprise Portal. Additional information on how the MFA process works can be found at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html.</p>
<p>17. Select Next to begin registration for the Multi-Factor Authentication process.</p>	
<p>18. Read the Register Your Phone, Computer, or E-mail notification and then select an option from the MFA Device Type drop-down menu.</p> <p>Note: If selecting Phone/Tablet/PC/Laptop as MFA Device Type, you will first need to ensure you have the appropriate VIP Access software downloaded to your device. The VIP Access software can be downloaded via the Symantec Site (link is provided on the screen to make selection. If the VIP Access software is not installed on your device, you will be unable to complete the Multi-Factor Authentication process.</p>	

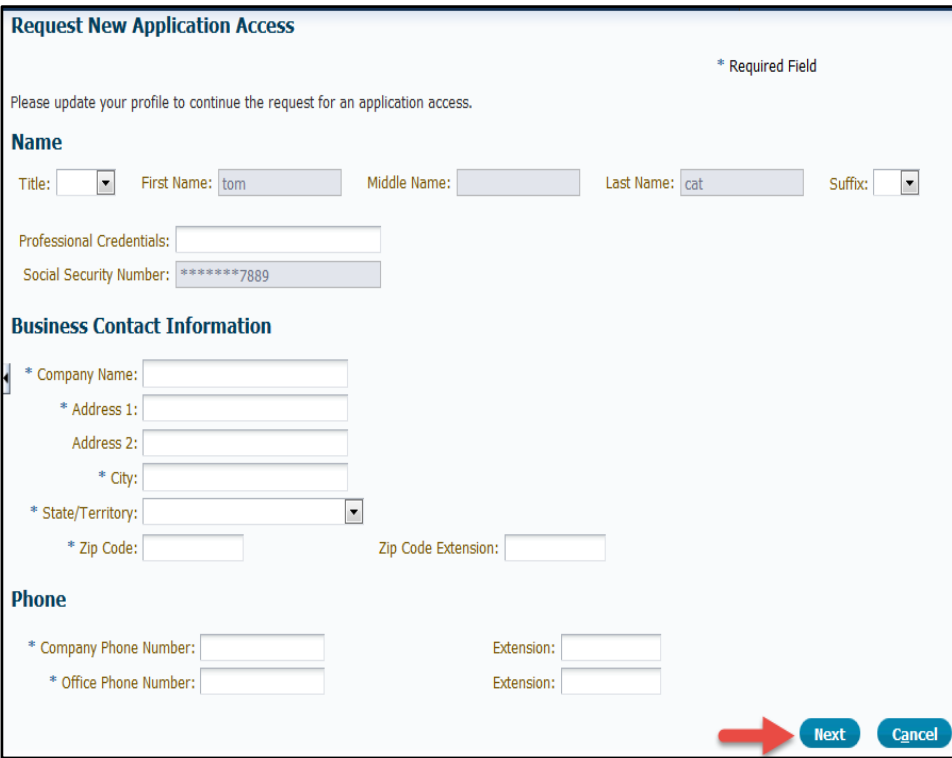
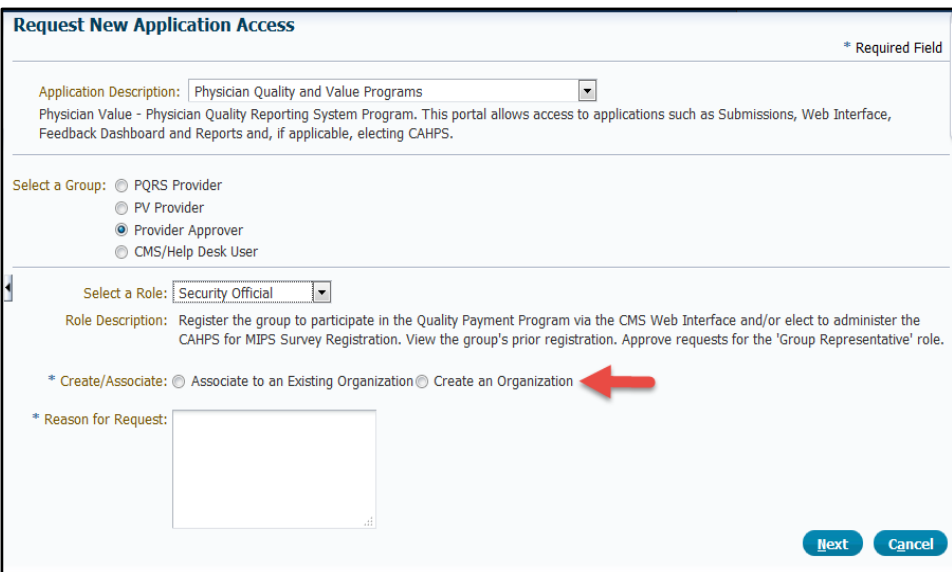
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Guide for Obtaining a New EIDM Account with a 'Physician Quality and Value Programs' Role

Steps	Screenshots
<p>19. (a) If selecting Phone/Tablet/PC/Laptop as MFA Device Type, enter the alphanumeric code that displays under the label Credential ID on your device. Enter the MFA Device Description which is a nickname that can help you identify your device.</p> <p>OR</p> <p>(b) If selecting Email –as MFA Device Type, the E-mail address on your profile will automatically be used for the E-mail option to obtain the security code. Enter the MFA Device Description.</p> <p>OR</p> <p>(c) If selecting Text Message – Short Message Service (SMS) as a MFA Device Type, enter the Phone Number that will be used to obtain the Security Code and the MFA Device Description.</p> <p>OR</p> <p>(d) If selecting Voice Message – Interactive Voice Response (IVR) as MFA Device Type, enter the Phone Number and Extension that will be used to obtain the security code. Enter the MFA Device Description.</p> <p>(e) Select Next to Continue.</p>	
<p>20. Your registration for the Multi-Factor Authentication is now complete. Select Next to proceed to request a user role in order to access the 'Physician Quality and Value Programs' application.</p> <p>Note: You will receive an E-mail notification for successfully registering the MFA credential type.</p>	

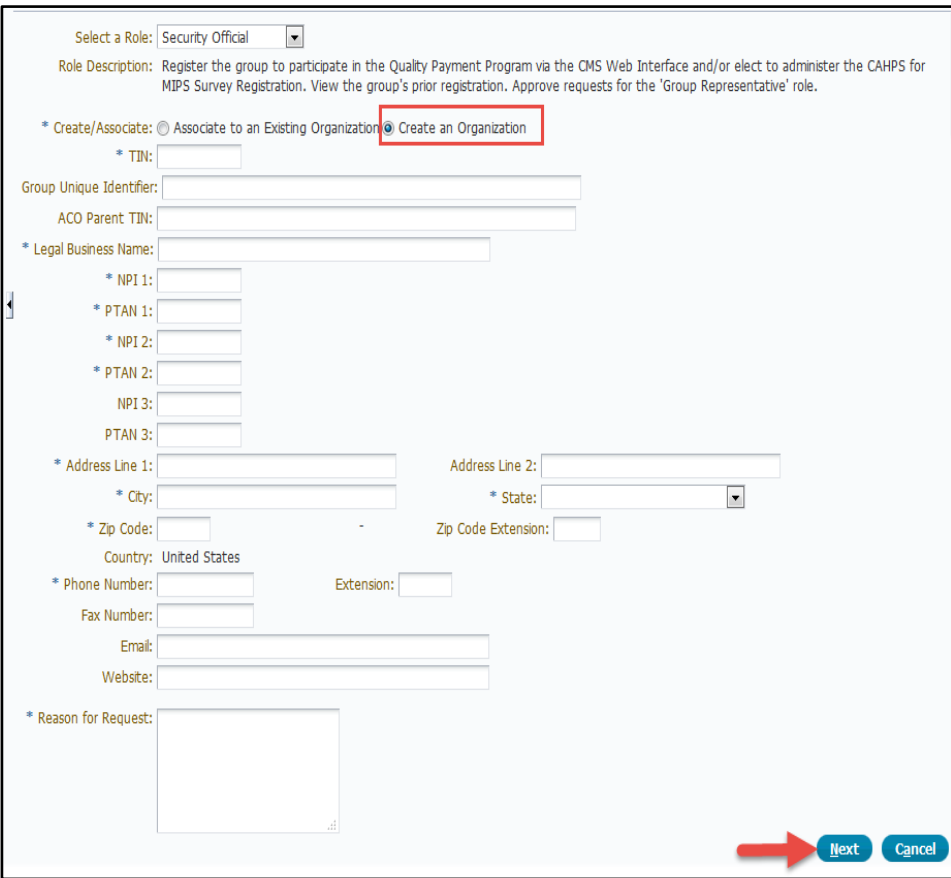
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Steps	Screenshots
<p>21. Enter the required information under Business Contact Information and Phone sections and select Next.</p> <p>Note: The information under the Name section will be pre-populated with the Remote Identity Proofing information from step 14.</p> <ul style="list-style-type: none"> If you are requesting a Security Official role, go to step 22. If you are requesting a Group Representative role, go to step 29. If you are requesting an Individual Practitioner role, go to step 32. If you are requesting an Individual Practitioner Representative role, go to step 39. 	
<p style="text-align: center;">a. Security Official Role</p> <p style="text-align: center;">Follow Steps 22 to 28 to request a Security Official Role.</p>	
<p>22. (a) If you are the first person in your group practice to sign up for the Security Official role and register your group practice in the EIDM, select Create an Organization. Then, proceed to Step 23.</p> <p style="text-align: center;">OR</p> <p>(b) If you are signing up for a Security Official role and your group practice already exists in the EIDM, select Associate to an Existing Organization. Then, proceed to Step 26.</p>	

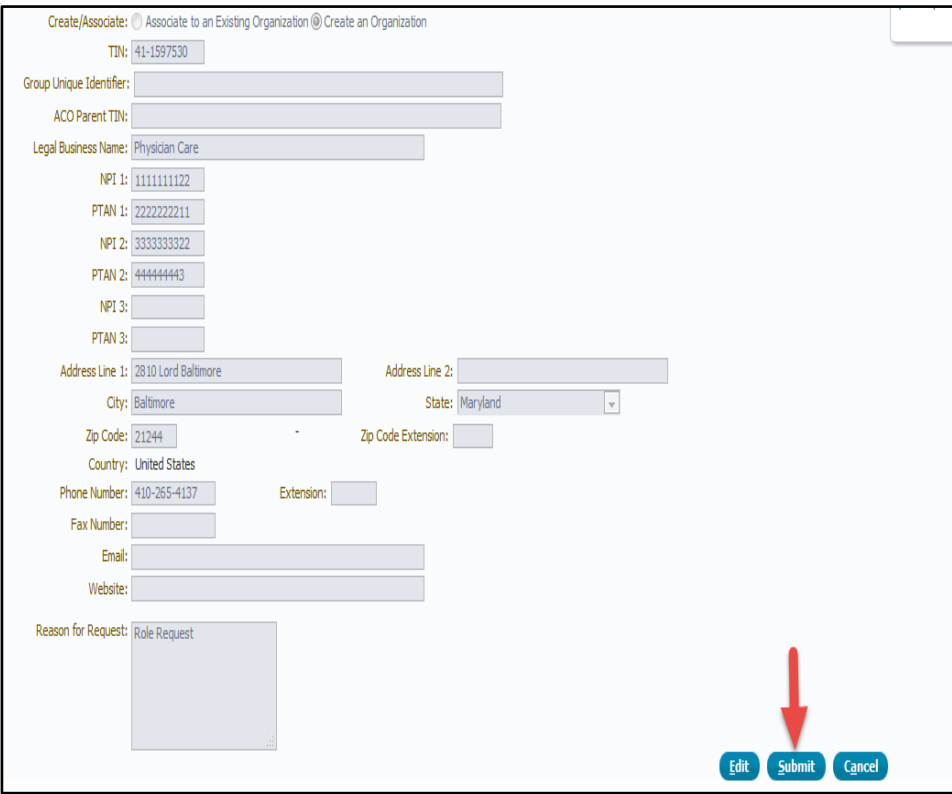
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Guide for Obtaining a New EIDM Account with a 'Physician Quality and Value Programs' Role

Steps	Screenshots
<p>23. If selecting Create an Organization as the Create/Associate option, enter the following required information for the group practice:</p> <ul style="list-style-type: none"> • Medicare Billing TIN • Legal Business Name • NPI 1 • PTAN 1 • NPI 2 • PTAN 2 • Address Line 1 • City • State • Zip Code • Phone Number • Reason for Request <p>Select Next.</p> <p>Note: In this section, enter your group practice's Medicare billing TIN; enter rendering NPIs for two different eligible professionals who bill under the TIN (do not use the <u>group</u> NPI) and enter their corresponding individual PTANs (do not use the <u>group</u> PTAN); and enter the remaining required information.</p> <p>Example: Healthy Clinic with Medicare billing TIN 74-7575757 has ten eligible professionals in the group. Enter the rendering NPI and individual PTAN combinations for two of the eligible professionals: Dr. Smith and Dr. Beaver.</p> <ul style="list-style-type: none"> • Dr. Smith's rendering NPI is 4545454545 and the corresponding individual PTAN is G676767676. <p>Note: PTANs are alphanumeric therefore, enter the alpha characters.</p> <ul style="list-style-type: none"> • Dr. Beaver's rendering NPI is 2525252525 and the corresponding individual PTAN is 0012789456. <p>Note: All leading zeroes in the PTAN should be entered.</p>	 <p>The screenshot shows a web form for creating a new organization. At the top, 'Select a Role' is set to 'Security Official'. Below, the 'Role Description' states: 'Register the group to participate in the Quality Payment Program via the CMS Web Interface and/or elect to administer the CAHPS for MIPS Survey Registration. View the group's prior registration. Approve requests for the 'Group Representative' role.' The 'Create/Associate' section has two radio buttons: 'Associate to an Existing Organization' and 'Create an Organization', with the latter selected and highlighted by a red box. The form contains numerous input fields for required information: TIN, Group Unique Identifier, ACO Parent TIN, Legal Business Name, NPI 1, PTAN 1, NPI 2, PTAN 2, NPI 3, PTAN 3, Address Line 1, Address Line 2, City, State (dropdown), Zip Code, Zip Code Extension, Country (set to United States), Phone Number, Extension, Fax Number, Email, Website, and a text area for Reason for Request. At the bottom right, there are 'Next' and 'Cancel' buttons, with a red arrow pointing to the 'Next' button.</p>

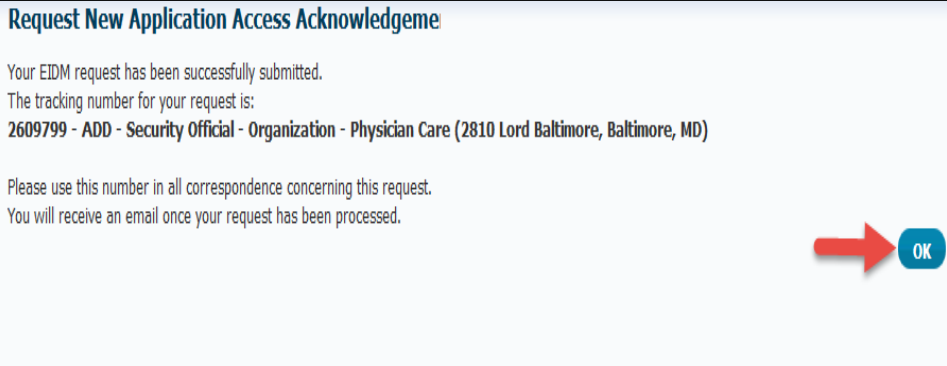
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Guide for Obtaining a New EIDM Account with a 'Physician Quality and Value Programs' Role

Steps	Screenshots
24. Verify the information on the Verification screen and select Submit .	 <p>The screenshot displays the 'Verification' screen for creating or associating an organization. The fields are as follows:</p> <ul style="list-style-type: none">Create/Associate: <input type="radio"/> Associate to an Existing Organization <input checked="" type="radio"/> Create an OrganizationTIN: 41-1597530Group Unique Identifier: [Empty]ACO Parent TIN: [Empty]Legal Business Name: Physician CareNPI 1: 1111111122PTAN 1: 2222222211NPI 2: 3333333322PTAN 2: 444444443NPI 3: [Empty]PTAN 3: [Empty]Address Line 1: 2810 Lord BaltimoreAddress Line 2: [Empty]City: BaltimoreState: MarylandZip Code: 21244Zip Code Extension: [Empty]Country: United StatesPhone Number: 410-265-4137Extension: [Empty]Fax Number: [Empty]Email: [Empty]Website: [Empty]Reason for Request: Role Request <p>At the bottom right, there are three buttons: Edit, Submit (highlighted with a red arrow), and Cancel.</p>

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Steps	Screenshots
<p>25. (a) You have successfully applied for the Security Official role.</p> <p>(b) If your role request is automatically approved, proceed to Step 42 to complete the Multi-Factor Authentication before you can access the 'Physician Quality and Value Programs' application using your EIDM User ID and EIDM Password in order to:</p> <ul style="list-style-type: none"> • View the group practice's PQRS GPRO registration status from prior years; • Obtain the group practice's Annual QRUR and PQRS Feedback Report; • Obtain the group practice's Mid-Year QRUR, Annual QRUR, PQRS Feedback Report, and Supplemental QRUR from prior years; • Submit a Value Modifier Informal Review request on behalf of the group practice; and • Approve requests for the 'Group Representative' role in the EIDM. <p>A confirmation E-mail will be sent shortly after the submission confirmation message.</p> <p>Note: You have three (3) attempts to enter two valid NPI/PTAN combinations for two different eligible professionals who bill under the TIN. If the information is a confirmed match, the request will be automatically approved. If you exceed these attempts, your request will be sent to the QualityNet Help Desk for manual approval. The QualityNet Help Desk will contact you for further assistance within two (2) business days.</p>	


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Steps	Screenshots
<p>26. (a) If selecting Associate to an Existing Organization as the Create/Associate option, enter one of the following information for the group practice:</p> <ul style="list-style-type: none"> i. Medicare Billing TIN OR ii. Legal Business Name and State OR iii. Legal Business Name and Street Address <p>(b) Select Search.</p> <p>(c) Select your group practice from the Organization drop-down menu. Enter Reason for Request and select Next.</p> <p>Note: If your group practice cannot be found, please verify that your group practice already has a user with an approved Security Official role and you entered the group practice's Medicare billing TIN correctly. If you do not know the Security Official, contact the QualityNet Help Desk.</p>	
<p>27. Verify the information on the Verification screen and select Submit.</p>	

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Guide for Obtaining a New EIDM Account with a 'Physician Quality and Value Programs' Role

Steps	Screenshots
<p>28. (a) You have successfully applied for the Security Official role.</p> <p>Note: <i>Another Security Official from your group practice must approve your request within sixty (60) days after it is submitted; otherwise, the request will be canceled and need to be resubmitted.</i></p> <p>(b) After your role request is approved, proceed to Step 42 to complete the Multi-Factor Authentication before you can access the 'Physician Quality and Value Programs' application using your EIDM User ID and EIDM Password in order to:</p> <ul style="list-style-type: none"> • View the group practice's PQRS GPRO registration status from prior years; • Obtain the group practice's Annual QRUR and PQRS Feedback Report; • Obtain the group practice's Mid-Year QRUR, Annual QRUR, PQRS Feedback Report, and Supplemental QRUR from prior years; and • Submit a Value Modifier Informal Review Request on behalf of the group practice. 	

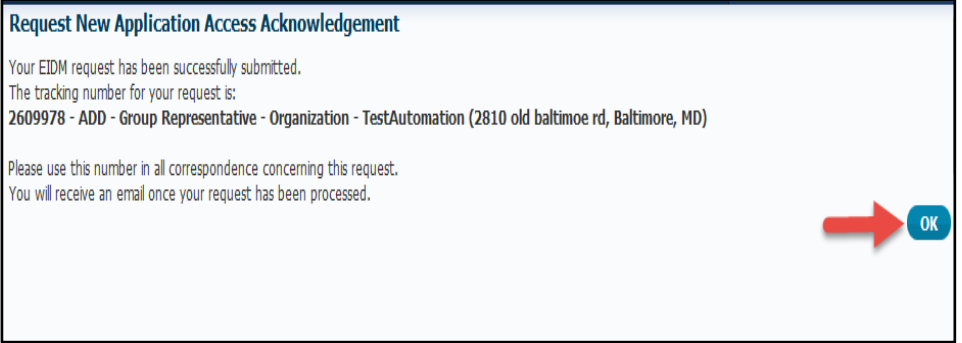
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Steps	Screenshots
<p align="center">b. Group Representative Role</p> <p align="center">Follow Steps 29 to 31 to request a Group Representative Role</p>	
<p>29. (a) Enter one of the following information for the group practice.</p> <p>i. Medicare Billing TIN OR</p> <p>ii. Legal Business Name and State OR</p> <p>iii. Legal Business Name and Street Address</p> <p>(b) Select Search.</p> <p>(c) Select your group practice from the Organization drop-down menu. Enter Reason for Request and select Next.</p> <p>Note: If your group practice cannot be found, please verify that your group practice already has a user with an approved Security Official role and you entered the group practice's Medicare billing TIN correctly. If you do not know your Security Official, contact the QualityNet Help Desk.</p>	
<p>30. Verify the information on the Verification screen and select Submit.</p>	

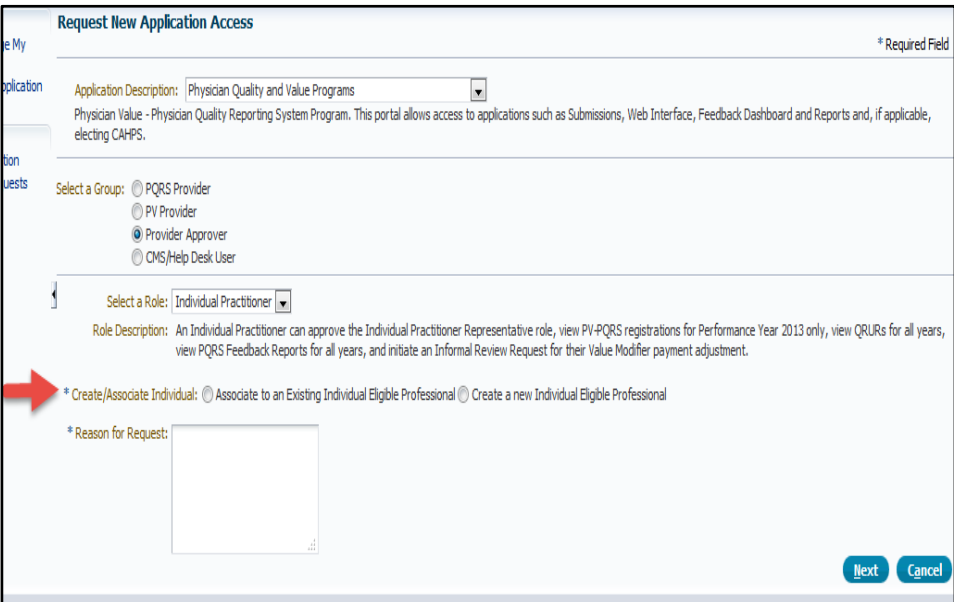
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Guide for Obtaining a New EIDM Account with a 'Physician Quality and Value Programs' Role

Steps	Screenshots
<p>31. (a) You have successfully applied for the Group Representative role.</p> <p>Note: A Security Official from your group practice must approve your request within sixty (60) days after it is submitted; otherwise, the request will be canceled and need to be resubmitted.</p> <p>(b) After your role request is approved, proceed to Step 42 to complete the Multi-Factor Authentication before you can access the 'Physician Quality and Value Programs' application using your EIDM User ID and EIDM Password in order to:</p> <ul style="list-style-type: none"> • View the group practice's PQRS GPRO registration status from prior years; • Obtain the group practice's Annual QRUR and PQRS Feedback Report; • Obtain the group practice's Mid-Year QRUR, Annual QRUR, PQRS Feedback Report and Supplemental QRUR from prior years; and • Submit a Value Modifier Informal Review request on behalf of the group practice. 	

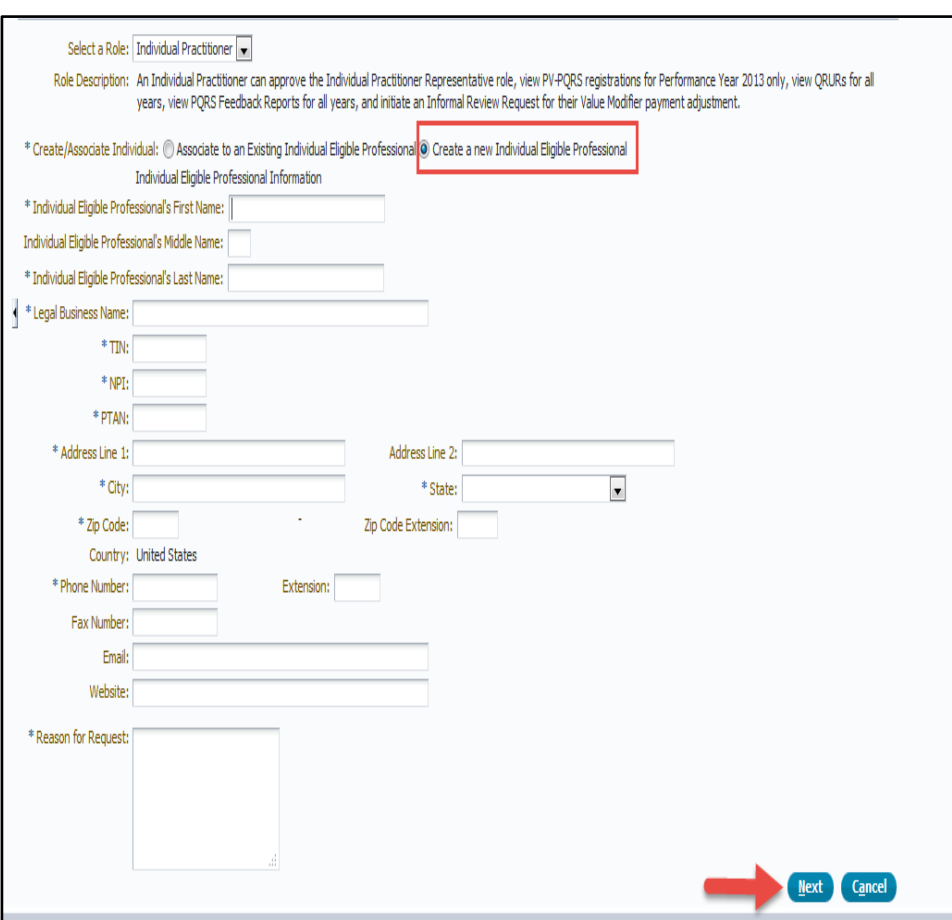
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Guide for Obtaining a New EIDM Account with a ‘Physician Quality and Value Programs’ Role

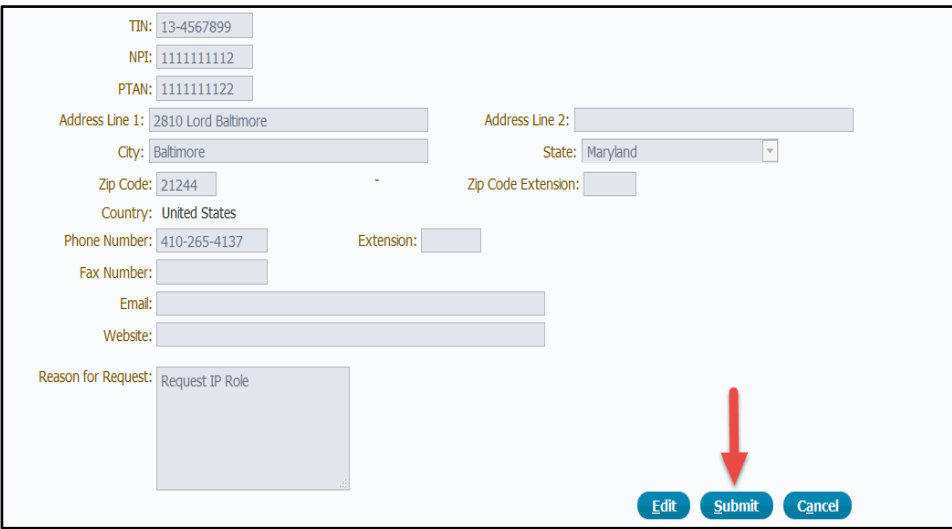
Steps	Screenshots
<p align="center">c. Individual Practitioner Role</p> <p align="center">Follow Steps 32 to 38 request an Individual Practitioner Role</p>	
<p>32. (a) If you are the first person (the solo practitioner or an authorized representative of the solo Practitioner) to sign up for an Individual Practitioner role on behalf of a solo practitioner and register the solo practitioner in the EIDM, select Create a new Individual Eligible Professional. Then, proceed to Step 33.</p> <p align="center">OR</p> <p>(b) If you are signing up for an Individual Practitioner role and the solo practitioner already exists in the EIDM, select Associate to an Existing Individual Eligible Professional. Then proceed to Step 36.</p>	

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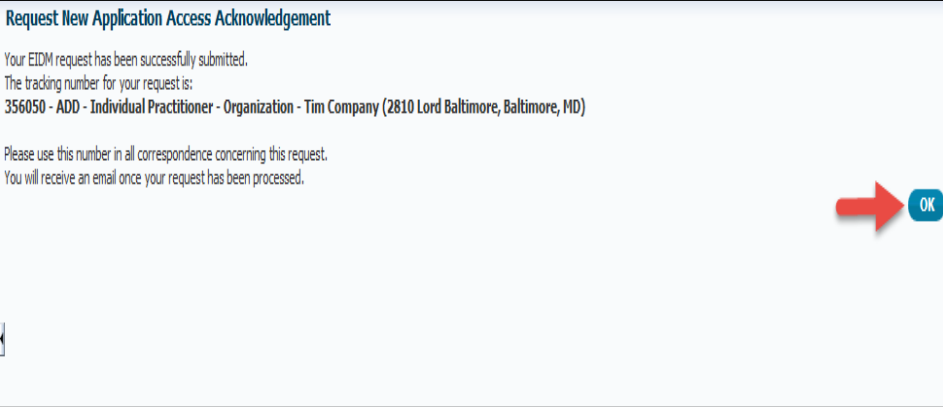
Steps	Screenshots
<p>33. If selecting Create a new Individual Eligible Professional as the Create/Associate Individual option, enter the following required information for the solo practitioner:</p> <ul style="list-style-type: none"> • Individual Eligible Professional's (Solo Practitioner's) First Name • Individual Eligible Professional's (Solo Practitioner's) Last Name • Legal Business Name • Medicare Billing TIN • Rendering NPI • Individual PTAN • Address • City • State • Zip Code • Phone Number • Reason for Request <p>Select Next.</p> <p>Note: In this section, enter the solo practitioner's Medicare billing TIN, rendering NPI, and the corresponding individual PTAN (do not use the GROUP NPI or GROUP PTAN); and enter the remaining required information.</p> <p>Note: PTANs are alphanumeric therefore, enter the alpha characters. All leading zeroes in the PTAN should be entered.</p>	 <p>Select a Role: Individual Practitioner</p> <p>Role Description: An Individual Practitioner can approve the Individual Practitioner Representative role, view PV-PQRS registrations for Performance Year 2013 only, view QRURs for all years, view PQRS Feedback Reports for all years, and initiate an Informal Review Request for their Value Modifier payment adjustment.</p> <p>* Create/Associate Individual: <input type="radio"/> Associate to an Existing Individual Eligible Professional <input checked="" type="radio"/> Create a new Individual Eligible Professional</p> <p>Individual Eligible Professional Information</p> <p>* Individual Eligible Professional's First Name: <input type="text"/></p> <p>Individual Eligible Professional's Middle Name: <input type="text"/></p> <p>* Individual Eligible Professional's Last Name: <input type="text"/></p> <p>* Legal Business Name: <input type="text"/></p> <p>* TIN: <input type="text"/></p> <p>* NPI: <input type="text"/></p> <p>* PTAN: <input type="text"/></p> <p>* Address Line 1: <input type="text"/> Address Line 2: <input type="text"/></p> <p>* City: <input type="text"/> * State: <input type="text"/></p> <p>* Zip Code: <input type="text"/> Zip Code Extension: <input type="text"/></p> <p>Country: United States</p> <p>* Phone Number: <input type="text"/> Extension: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Email: <input type="text"/></p> <p>Website: <input type="text"/></p> <p>* Reason for Request: <input type="text"/></p> <p>Next Cancel</p>

Guide for Obtaining a New EIDM Account with a 'Physician Quality and Value Programs' Role

Steps	Screenshots
34. Verify the information on the Verification screen and select Submit .	 The screenshot displays a verification form with the following fields and values: TIN: 13-4567899, NPI: 1111111112, PTAN: 1111111122, Address Line 1: 2810 Lord Baltimore, Address Line 2: (empty), City: Baltimore, State: Maryland (dropdown), Zip Code: 21244, Zip Code Extension: (empty), Country: United States, Phone Number: 410-265-4137, Extension: (empty), Fax Number: (empty), Email: (empty), Website: (empty), and Reason for Request: Request IP Role. At the bottom right, there are three buttons: Edit, Submit, and Cancel. A red arrow points directly to the Submit button.

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Steps	Screenshots
<p>35. (a) You have successfully applied for the Individual Practitioner role.</p> <p>(b) After your role request is automatically approved, proceed to Step 42 to complete the Multi-Factor Authentication before you can access the 'Physician Quality and Value Programs' application using your EIDM User ID and EIDM Password in order to:</p> <ul style="list-style-type: none"> • Obtain the solo practitioner's Annual QRUR and PQRS Feedback Report; • Obtain the solo practitioner's Mid-Year QRUR, Annual QRUR, PQRS Feedback Report, and Supplemental QRUR from prior years; • Submit a Value Modifier Informal Review Request on behalf of a solo practitioner; and • Approve request for the Individual Practitioner Representative role in the EIDM. <p>A confirmation E-mail will be sent shortly after the submission confirmation message.</p> <p>Note: You have three (3) attempts to enter the valid NPI/PTAN combinations for eligible professionals who bill under the TIN. If the information is a confirmed match, the request will be automatically approved. If you exceed these attempts, your request will be sent to the QualityNet Help Desk for manual approval. The QualityNet Help Desk will contact you for further assistance within two (2) business days.</p>	

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Steps	Screenshots
<p>36. (a) If selecting Associate to an Existing Individual Eligible Professional as the Create/Associate Individual, enter one of the following information for the solo practitioner:</p> <p>i. Medicare Billing TIN OR</p> <p>ii. Legal Business Name and State OR</p> <p>iii. Legal Business Name and Street Address</p> <p>(b) Select Search.</p> <p>(c) Select the solo practitioner from the Individual Eligible Professional drop-down menu. Enter Reason for Request and select Next.</p> <p>Note: If the solo practitioner cannot be found, please verify that the solo practitioner already has a user with an approved <i>Individual Practitioner</i> role and you entered the solo practitioner's Medicare billing TIN correctly. If you do not know the <i>Individual Practitioner</i>, contact the <i>QualityNet Help Desk</i>.</p>	

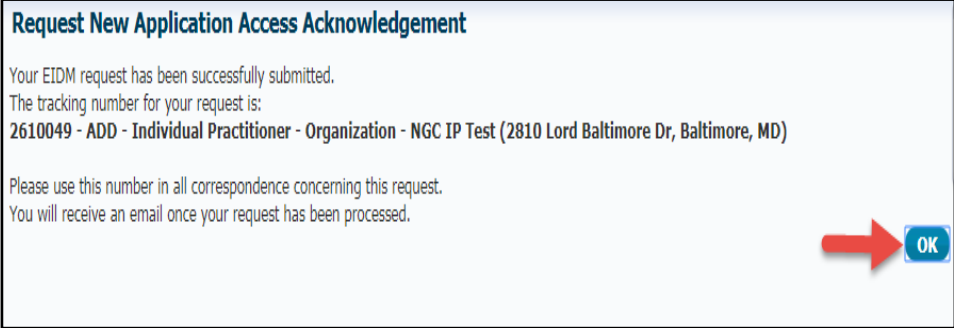
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Guide for Obtaining a New EIDM Account with a 'Physician Quality and Value Programs' Role

Steps	Screenshots
37. Verify the information on the Verification screen and select Submit .	<p>The screenshot displays the 'Verification' screen for a new EIDM account. The 'Group Selected' is 'Provider Approver' and the 'Role Selected' is 'Individual Practitioner'. The 'Role Description' states: 'An Individual Practitioner can approve the Individual Practitioner Representative role, view PV-PQRS registrations for Performance Year 2013 only, view QRURs for all years, view PQRS Feedback Reports for all years, and initiate an Informal Review Request for their Value Modifier payment adjustment.'</p> <p>Name</p> <p>Title: [Dropdown] First Name: katty Middle Name: [Text] Last Name: perry Suffix: [Dropdown]</p> <p>Professional Credentials: [Text] Social Security Number: *****9258</p> <p>Business Contact Information</p> <p>Company Name: Physician Test Address 1: 2810 Lord Baltimore Address 2: [Text] City: Baltimore State/Territory: Maryland [Dropdown] Zip Code: 21244 Zip Code Extension: [Text]</p> <p>Phone</p> <p>Company Phone Number: 410-265-4137 Extension: [Text] Office Phone Number: 410-265-4137 Extension: [Text]</p> <p>Create/Associate Individual: <input checked="" type="radio"/> Associate to an Existing Individual Eligible Professional <input type="radio"/> Create a new Individual Eligible Professional Please provide the complete Medicare billing Tax Identification Number (TIN); or the Legal Business Name (LBN) and State; or the LBN and Street Address to perform the organization search.</p> <p>Individual Eligible Professional: [NGC IP Test (2810 Lord Baltimore Dr, Baltimore, MD) [Dropdown]</p> <p>Reason for Request: role request [Text Area]</p> <p>Buttons: Edit Submit Cancel (A red arrow points to the Submit button.)</p>

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Steps	Screenshots
<p>38. (a) You have successfully applied for the Individual Practitioner role.</p> <p>Note: <i>Another Individual Practitioner on behalf of the solo practitioners must approve your request within sixty (60) days after it is submitted; otherwise, the request will be canceled and need to be resubmitted.</i></p> <p>(b) After your role request is approved, proceed to Step 42 to complete the Multi-Factor Authentication before you can access the 'Physician Quality and Value Programs' application using your EIDM User ID and EIDM password in order to:</p> <ul style="list-style-type: none"> • Obtain the solo practitioner's Annual QRUR and PQRS Feedback Report; • Obtain the solo practitioner's Mid-Year QRUR, Annual QRUR, PQRS Feedback Report, and Supplemental QRUR from prior years; • Submit a Value Modifier Informal Review request on behalf of a solo practitioner; and • Approve requests for the 'Individual Practitioner Representative' role in the EIDM. 	

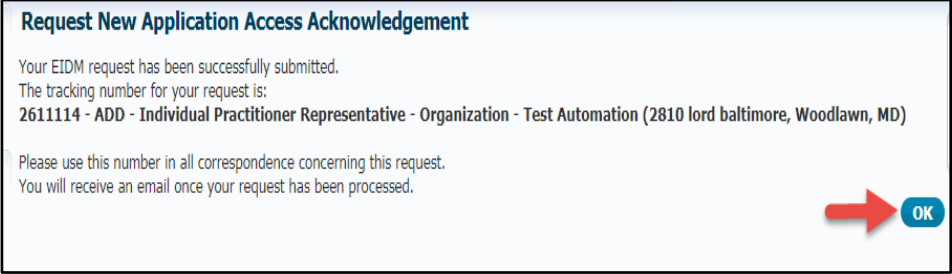
If you have questions about or need assistance accessing any of the reports, please contact the QualityNet Help Desk by phone at 866-288-8912. Normal business hours are Monday-Friday from 8 am to 8 pm Eastern Time Zone.

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Steps	Screenshots
<p align="center">d. Individual Practitioner Representative Role</p> <p align="center">Follow Steps 39 to 41 to request an Individual Practitioner Role</p>	
<p>39. (a) Enter one of the following information for the solo practitioner:</p> <ul style="list-style-type: none"> i. Medicare Billing TIN OR ii. Legal Business Name and State OR iii. Legal Business Name and Street Address <p>(b) Select Search.</p> <p>(c) Select the solo practitioner from the Individual Eligible Professional drop-down menu. Enter the Reason for Request and select Next.</p> <p>Note: If the solo practitioner cannot be found, please verify that the solo practitioner already has a user with an approved Individual Practitioner role and you entered the solo practitioner's Medicare billing TIN correctly. If you do not know the Individual Practitioner, contact the QualityNet Help Desk.</p>	
<p>40. Verify the information on the Verification screen and select Submit.</p>	

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Steps	Screenshots
<p>41. (a) You have successfully applied for the Individual Practitioner Representative role.</p> <p>Note: <i>An Individual Practitioner on behalf of the solo practitioner must approve your request within sixty (60) days after it is submitted; otherwise, the request will be canceled and need to be resubmitted.</i></p> <p>(b) After your role request is approved, proceed to next step 42 to complete the Multi-Factor Authentication before you can access the 'Physician Quality and Value Programs' application using your EIDM User ID and EIDM Password in order to:</p> <ul style="list-style-type: none"> • Obtain the solo practitioner's Annual QRUR and PQRS Feedback Report; • Obtain the solo practitioner's Mid-Year QRUR, Annual QRUR, PQRS Feedback Report, and Supplemental QRUR from prior years; and • Submit a Value Modifier Informal Review request on behalf of a solo practitioner. 	

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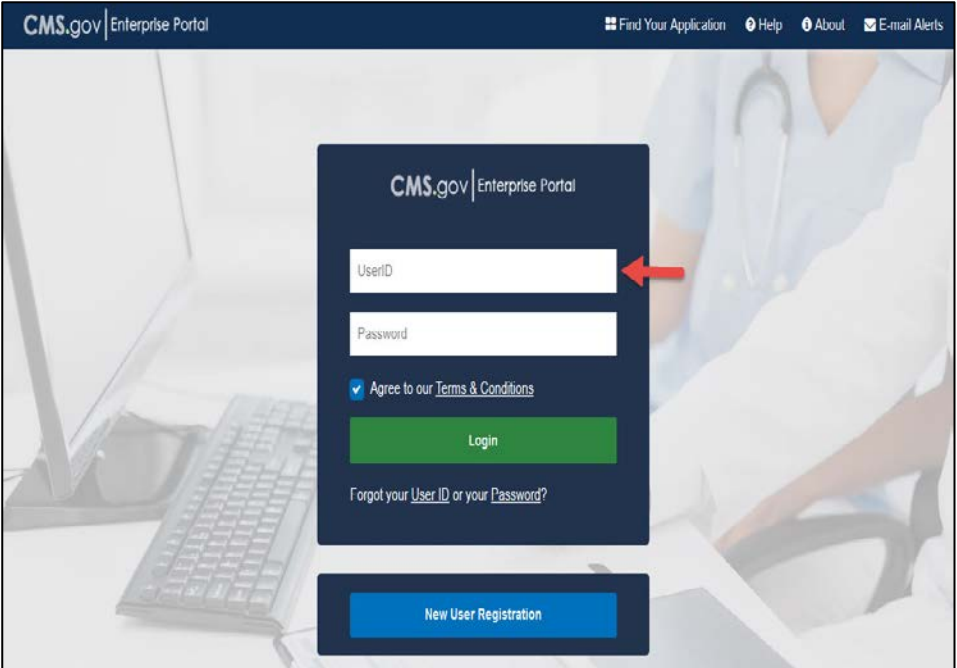
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IV. Completing the Multi-Factor Authentication (MFA)

Multi-Factor Authentication will need to be completed each time you log into the CMS Enterprise Portal.

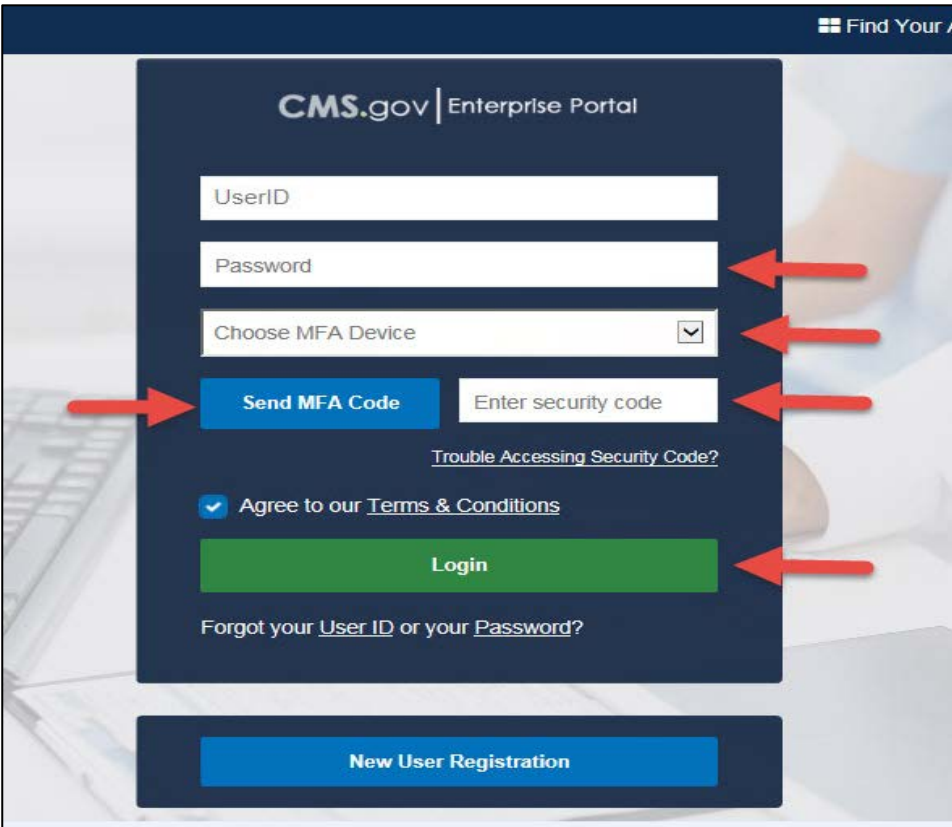
Additional information on how the MFA process works can be found

at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html>.

Steps	Screenshots
<p>42. Go to the CMS Enterprise Portal at: https://portal.cms.gov</p> <p>43. Enter your EIDM UserID.</p> <p>Note: Multi-Factor Authentication (MFA) is a new approach to security authentication which will help improve CMS' ability to reduce fraud and ensure system security. It requires users to provide more than one form of verification in order to prove their identity in order to access certain information provided via the 'Physician Quality and Value Programs' application. MFA registration is required only once when you are requesting a role but will be verified at every login. The Choose MFA Device drop-down menu will be displayed when you enter your EIDM UserID.</p>	

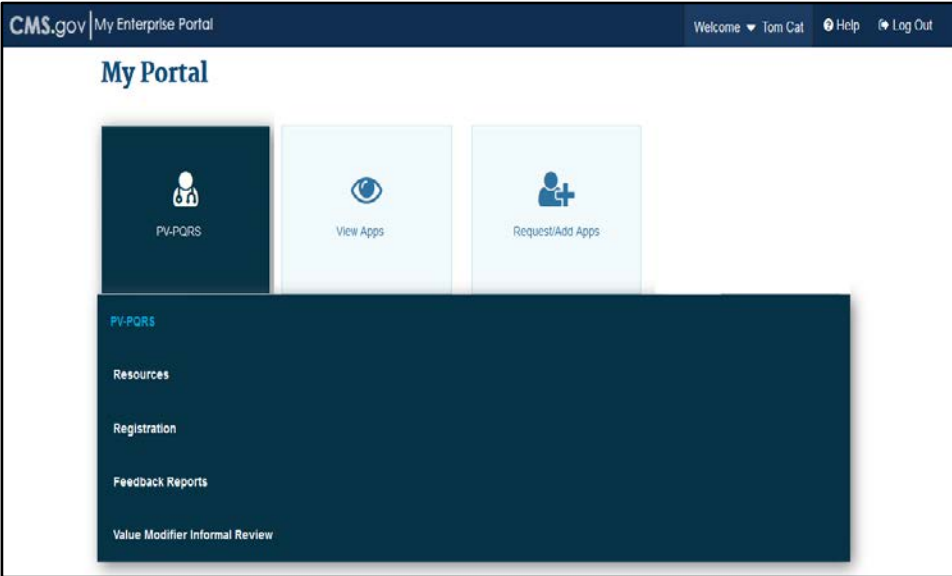
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Steps	Screenshots
<p>44. Enter your EIDM Password.</p> <p>45. Complete the MFA each time you attempt to log into the CMS Enterprise Portal.</p> <p>(a) Select an option under the Choose MFA Device drop-down menu.</p> <p>Note: You previously registered to complete the MFA process when setting-up your EIDM account. Please ensure that you select the same MFA Device Type you selected when registering for the MFA process during your initial account set-up. You will not be able to complete the MFA process if your selection from the MFA Device Type does not match your initial selection when setting-up your account.</p> <p>(b) Select Send MFA code to receive the Security Code.</p> <p>Note: The Send option will appear only when the following Choose MFA Device Type is selected:</p> <ul style="list-style-type: none"> • Text Message-Short Message Service (SMS) • Interactive Voice Response (IVR) • Email <p>(c) Retrieve the security code from the selected MFA device type.</p> <p>(d) Enter the security code and select Agree to our Terms & Conditions checkbox.</p> <p>(e) Select Log In.</p>	

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Steps	Screenshots
<p>46. You will be directed to CMS Portal Homepage. Select the following links from the PV-PQRS drop-down menu:</p> <ul style="list-style-type: none"> (a) Resources (to view AQRUR, PQRS Feedback Reports, and VM Informal Review related FAQs and reference material); (b) Registration (to view prior year’s PQRS GPRO registration); (c) Feedback Reports (to obtain an Annual QRUR, PQRS Feedback Report, Mid-Year QRUR, and Supplemental QRUR); and (d) Value Modifier Informal Review (to submit an Informal Review request) 	

If you have questions about or need assistance accessing any of the reports, please contact the QualityNet Help Desk by phone at 866-288-8912. Normal business hours are Monday-Friday from 8 am to 8 pm Eastern Time Zone.