



How to Become an External Point of Contact (EPOC) within the Enterprise Portal

Introduction

Congratulations! You have been identified as an External Point of Contact (EPOC) for your organization. This is exciting news, and we welcome you to the MARx (Medicare Advantage & Prescription Drug System) family. This process has a few steps, so we have developed this guide to assist you. Please follow the steps below to request an EPOC role. In the Overview section below, each step has links to detailed information and screenshots of each step.

Note: For more information on how to use this role. Please check out the following links:

- [MAPD Tailored EPOC Report Role](#)
- [Enterprise Portal Approver User Guide](#)
- [Approver Guide for Annual Role Certifications](#)

Overview

1. Download, fill out, and e-mail the *EPOC Access Acknowledgment Form* and the *EPOC Designation Letter* to DPOEPOCS@cms.hhs.gov and MAPDHelp@cms.hhs.gov. These forms are located in the downloads section of the [MAPD Plan Connectivity Preparation](#) site. Please allow five (5) business days for processing.
2. Navigate to the [CMS Enterprise Portal](#) at portal.cms.gov.
3. If you have an existing account, login with your IDM User ID, password, and Multi-factor Authentication (MFA) security code. If you do not have an account, complete the 'New User Registration.'
4. Select either [Request the Role of EPOC](#) or [Add the New Contract to your Existing EPOC role](#).
5. Submit your request and wait for the [Email Notification of Your Approval](#).
6. After you receive approval, you will be able to log in and perform necessary approvals for MARx requests.

Request the Role of EPOC

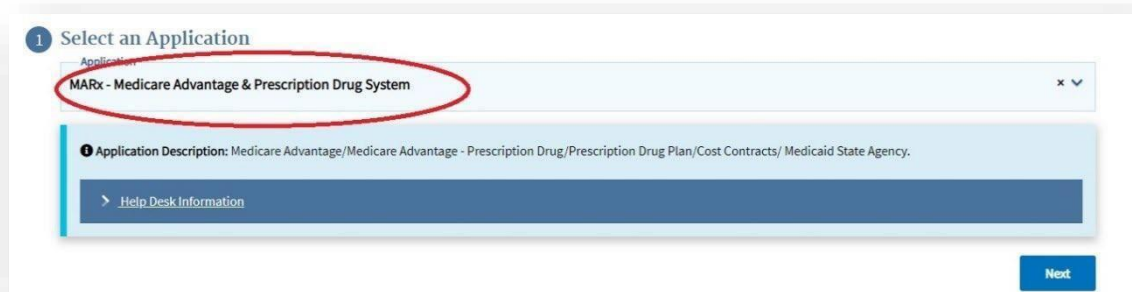
1. Navigate to the [CMS Enterprise Portal](#) at portal.cms.gov.
2. Enter your user ID and password and agree to the 'Terms & Conditions.'
3. Obtain an MFA code using your preferred method.
4. Enter the code and click 'Verify' or if using Okta Verify, select 'Send Push', and accept the notification on your application.
5. Select 'Add Application.'

My Portal



+ Add Application

6. On the 'Request Application Access' screen, select an application using the drop-down menu. For the MARx EPOC Role, choose the MARx - Medicare Advantage & Prescription Drug System application, then select 'Next.'



1 Select an Application

Application

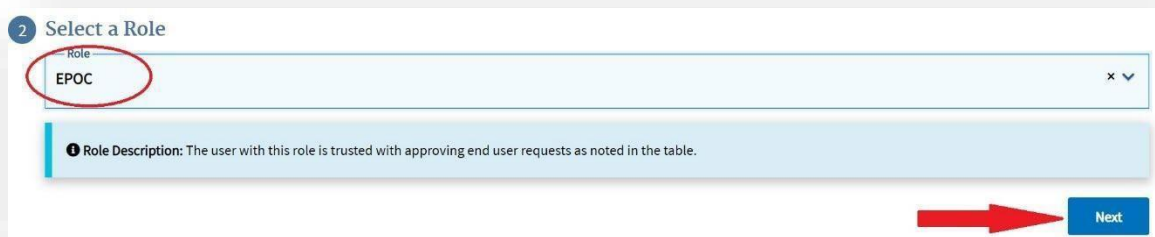
MARx - Medicare Advantage & Prescription Drug System

Application Description: Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Plan/Cost Contracts/ Medicaid State Agency.

> Help Desk Information

Next

7. Select the role of 'EPOC,' then select 'Next.'



2 Select a Role

Role

EPOC

Role Description: The user with this role is trusted with approving end user requests as noted in the table.

Next

8. Complete the Identity Verification process by selecting 'Launch.'
- Note:** If you have other roles, or have previously completed identity verification for another application, you do not need to complete this step.

3 Complete Identity Verification

i Identity Verification

This role requires an additional level of verification. You will be asked to provide additional information to verify your identity. Please select "Launch" to begin the identity verification process. You will return to the next step below when identity verification is complete.



Launch

9. When the 'Identity Verification Overview' screen pops up, select 'Next.'

Step #1: Identity Verification Overview

To protect your privacy, you will need to complete Identity Verification successfully, before requesting access to the selected role. Below are a few items to keep in mind.

1. Ensure that you have entered your legal name, current home address, phone number, date of birth and email address correctly. We will only collect personal information to verify your identity with Experian, an external Identity Verification provider.
2. Identity Verification involves Experian using information from your credit report to help confirm your identity. As a result, you may see an entry called a "soft inquiry" on your Experian credit report. Soft inquiries do not affect your credit score and you do not incur any charges related to them.
3. You may need to have access to your personal and credit report information, as the Experian application will pose questions to you, based on data in their files. For additional information, please see the Experian Consumer Assistance website - <http://www.experian.com/help/>

If you elect to proceed now, you will be prompted with a Terms and Conditions statement that explains how your Personal Identifiable Information (PII) is used to confirm your identity. To continue this process, select 'Next'.

Next

Cancel

10. Agree to the 'Terms & Conditions' and select 'Next.'

Step #2: Accept Terms & Conditions

OMB No. 0938-1236 | Expiration Date: 08/31/2025 | | [Paperwork Reduction Act](#)

Protecting Your Privacy

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.

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.

HHS Rules of Behavior

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.

I agree to the Terms & Conditions

[Back](#)

[Next](#)

[Cancel](#)

11. Enter your personal information. Verify the information populated on the screen is correct and click the checkbox to indicate you have read and verified the information is accurate.

Note: If you have any difficulty completing the verification process, return to this screen and try the process again.

Check here if you have read and verified the information above is accurate and complete as required by Identity Verification.

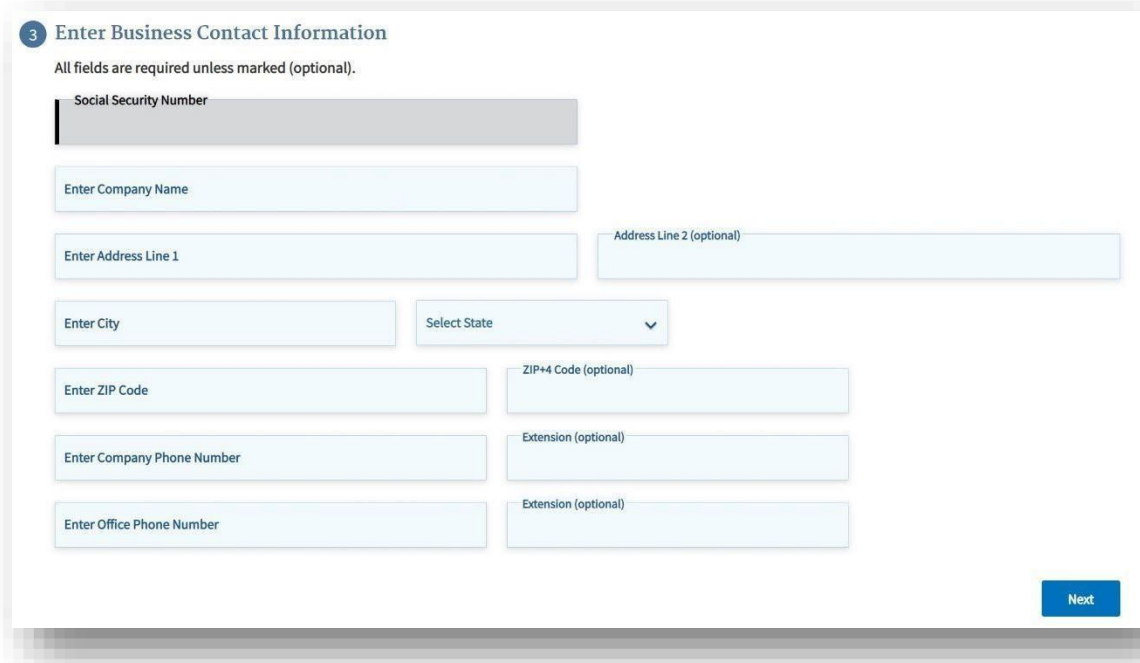
[Back](#) [Next](#) [Cancel](#)

12. The next screen will tell you if you were verified against the Experian Verification Support Service's database. If you are unable to be verified, please follow the steps in the red Error message box that is generated. If you cannot be verified after contacting Experian, please contact the Medicare Advantage Prescription Drug (MAPD) Help Desk at 1-800-927-8069, Monday - Friday 8:00 AM - 6:00 PM ET.

Error

We were unable to verify the information that you have provided. Please contact Experian Verification Support Services at 1-866-578-5409 and provide the Review Reference Number - L341778506. To request access to an application please log back in after speaking with the Experian Support Services.

13. When the verification process is complete, you will be routed back to the 'Request Application Access' screen for Business Contact Information. Enter your information and select 'Next.'



3 Enter Business Contact Information
All fields are required unless marked (optional).

Social Security Number

Enter Company Name

Enter Address Line 1 Address Line 2 (optional)

Enter City Select State

Enter ZIP Code ZIP+4 Code (optional)

Enter Company Phone Number Extension (optional)

Enter Office Phone Number Extension (optional)

Next

14. The next screen prompts you to enter your Plan contract number. The Plan contract number is a letter followed by four (4) numbers, such as H1234. If you have more than one contract to enter, add the additional contract by entering a comma followed by a space and the next contract number (i.e. H1234, S1234). Select 'Next.'



4 Enter Role Details
All fields are required unless marked (optional).

Enter Plan Contract Number


Next

15. Enter your 'Reason for Request' and select 'Submit.'

5 Enter Reason for Request

Enter a Reason for Request

Required field.



16. You are asked if you wish to proceed. Select 'OK.'

Confirmation ✕ Close

Are you sure you want to proceed?

17. The 'Request New Application Access Acknowledgement' screen will display a tracking number.

Note: Save this request ID for your records. An email will be sent acknowledging the request, with a tracking number and email for each contract requested. Select 'OK.'

Confirmation ✕

Your IDM request has been successfully submitted.

Request New Application Access Acknowledgement

Your IDM request has been successfully submitted.

The tracking number for your request for EPOC (Plan Contract Number: H3814) role in MARx - Medicare Advantage & Prescription Drug System application is: 3360550

Please use this number in all correspondence concerning this request.

You will receive an email when your request has been processed.

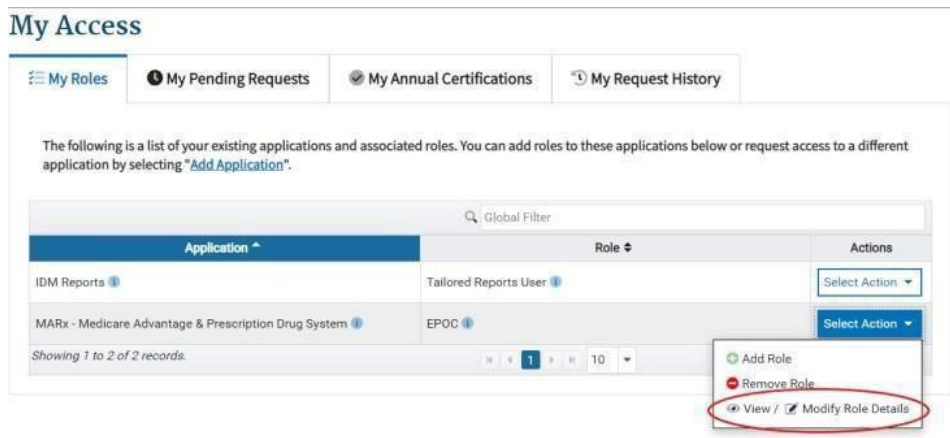
Once your request is approved then you will need to log out and then log back into the Enterprise Portal system to access the application via the tile on the My Portal Landing page. If you are still having trouble, please contact the tier 1 Help Desk associated with your application.

Add the New Contract to Your Existing EPOC Role

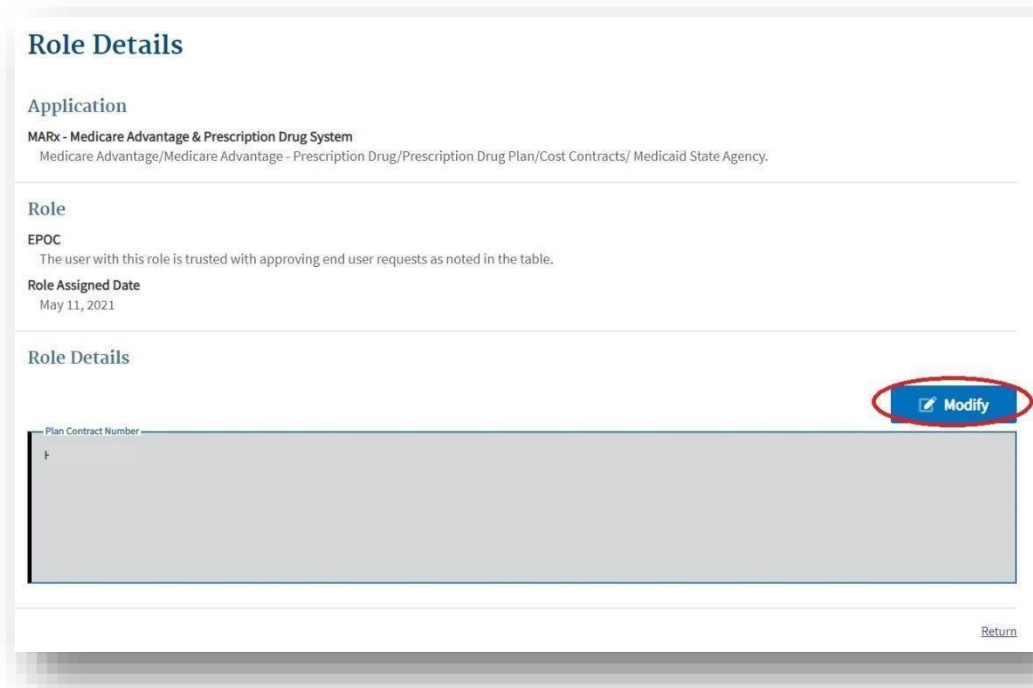
1. Navigate to the [CMS Enterprise Portal](https://portal.cms.gov) at portal.cms.gov.
2. Enter your user ID and password and agree to the 'Terms & Conditions.'
3. Obtain an MFA code using your preferred method.
4. Enter the code and select 'Verify' or if using Okta Verify, select 'Send Push', and accept the notification on your application.
5. At the top of the page, you will see your name. From the drop-down menu under your name select 'My Access.'



6. The 'My Access' page displays your current roles and access. Click 'Select Action' and 'View Role Details.'



7. The 'Role Details' screen will pop up. Select 'Modify.'



Role Details

Application
MARx - Medicare Advantage & Prescription Drug System
Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Plan/Cost Contracts/ Medicaid State Agency.

Role
EPOC
The user with this role is trusted with approving end user requests as noted in the table.

Role Assigned Date
May 11, 2021

Role Details

Plan Contract Number

[Modify](#)

[Return](#)

8. In the 'Plan Contract Number' box, enter your Plan contract number(s). The Plan contract number is a letter followed by four (4) numbers, such as H1234. If you have more than one contract, add the additional contract(s) by entering a comma followed by a space and the next contract number (i.e., H1234, S1234).

WARNING! Do not remove any contracts from your existing list. If you remove contracts, you will remove your access to those contracts.



All fields are required unless marked (optional).

Plan Contract Number

9. Enter your 'Reason for Change' and select 'Submit.'

Enter a Reason for Change

10. The 'Request Modify Role Details Acknowledgment' screen populates with a tracking number.

Note: Save this request ID for your records. An email will be sent acknowledging the request and you will have a tracking number and email for each contract requested. Select 'Ok.'

Confirmation ×

Your IDM request has been successfully submitted.

Request Modify Role Details Acknowledgement

Your IDM request has been successfully submitted.
The tracking number for your request to remove the details of EPOC (Plan Contract Number: H4235) role in MARx - Medicare Advantage & Prescription Drug System application is: 3360551.
Please use this number in all correspondence concerning this request.
You will receive an email when your request has been processed.

Email Notification of Role Approval

From: donotreply@cms.gov donotreply@cms.gov
Sent:
To:
Subject: [EXTERNAL] CMS Enterprise Portal – Role Request Approval

Your IDM request ##### has been approved.

The following is the Justification for Action that was entered: Approve Medicare Eligibility

You requested: **MARx - Medicare Advantage & Prescription Drug System**
Application:
Role: XXXXXXXXX
Attribute Value: H###

If you have questions or need assistance, please use the following information to contact the Application Help Desk:

MAPD Help Desk
mapdhelp@cms.hhs.gov <<mailto:mapdhelp@cms.hhs.gov>>
1-800-927-8069

Thank you,
CMS Identity Management System

Please do not reply to this system generated email.