

IACS Overview

IACS Introduction



- ◆ An IACS account is required to be able to access the PQRS Portal Environment, Web Interface, and feedback reports
- ◆ Users are limited to 1 account per person
 - ◆ An existing IACS account cannot be transferred to another individual; however a new account can be created for a new GPRO User
 - ◆ An account can be associated to multiple GPRO tax identification numbers (TINs)
- ◆ If your organization and users participated as a GPRO in a previous program year, your existing IACS accounts may be utilized
 - ◆ You will need to ensure your account is still active
 - ◆ You will need to add a role within PQRS (shown in upcoming slides)

IACS User Roles



- ◆ Security Official: Approves GPRO requests for PQRS Submitter and PQRS Representative roles within IACS, and for the GPRO Submitter role with the PQRS Roles Management System
- ◆ PQRS Submitter role: For users accessing the Web Interface to update data and perform submissions
- ◆ PQRS Representative role: For users retrieving Feedback Reports
- ◆ Users can have dual roles
 - ◆ Example: PQRS Submitter and PQRS Representative

Getting started...



- ◆ Create the Organization and the Security Official
- ◆ Create the PQRS Submitter and add the PQRS GPRO Submitter role
- ◆ Create the PQRS Representative
- ◆ Other – password changes, recertification, etc.
- ◆ NOTE: All names, TINs, SSNs, and Organization information in this slide deck are dummy data, and screen shots are from a test environment.

CMS Warning / Reminder Page



- ◆ Go to the CMS Applications Portal URL: <https://applications.cms.hhs.gov/>
- ◆ Read the contents of the “CMS Applications Portal WARNING/REMINDER” screen
- ◆ Click the Enter CMS Applications Portal button

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***** WARNING *****

Unauthorized Access
Unauthorized access to this United States Government Computer System and software is prohibited by Title 18 United States Code, Chapter 47 Section 1030, fraud and related activity in connection with computers. Knowingly accessing a Federal information system inappropriately is a punishable offense subject to fines and up to 20 years imprisonment.

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 will be held responsible for the consequences of unauthorized or illegal transactions.

Computer Usage
The Standards of Ethical Conduct for the Employees of the Executive Branch (5 CFR 2635.704) do not permit the use of government property, including computers, for other than authorized purposes. In addition, users must adhere to CMS Information Security Policies, Standards, and Procedures.

Monitoring
Users usage may be monitored, recorded, and audited. The use of the information system establishes their consent to any and all monitoring and recording of their activities.

Local System Requirements
The Federal Information Security Management Act (FISMA) of 2002 requires that the local system used to access CMS Computer Systems has up to date operating system patches and is running anti-virus software.

***** REMINDER *****

Sensitive Information
Do not file sensitive information (e.g., information concerning an individual) in electronic files in a way that allows unauthorized persons to access the information.

Retention Of Records
Documents that you create electronically, including electronic mail, may be governed by the Federal Records Act (Title 44 United States Code 3314) just as hard-copy records can be. Do not destroy electronic records that are subject to the Act except pursuant to an approved records disposition schedule.

[Enter CMS Applications Portal](#) [Leave](#)

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CMS Applications Portal



- Click the Account Management hyperlink on the blue menu bar toward the top of the “CMS Applications Portal Introduction” screen

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Introduction | **Account Management** | Plans | Providers

CMS Applications Portal Introduction

The CMS Applications Portal is property of the Centers for Medicare & Medicaid Services (CMS). CMS is a Federal agency within the U.S. Department of Health and Human Services. To learn more about CMS, visit the [CMS Website](#).

The CMS Applications Portal is a gateway being offered to our Business Partners to access a number of systems related to Medicare Advantage, Prescription Drug, and other CMS programs. This portal is in its initial implementation stage with new capabilities being added on a regular basis.

To use the CMS Portal you must first register and then choose a role:

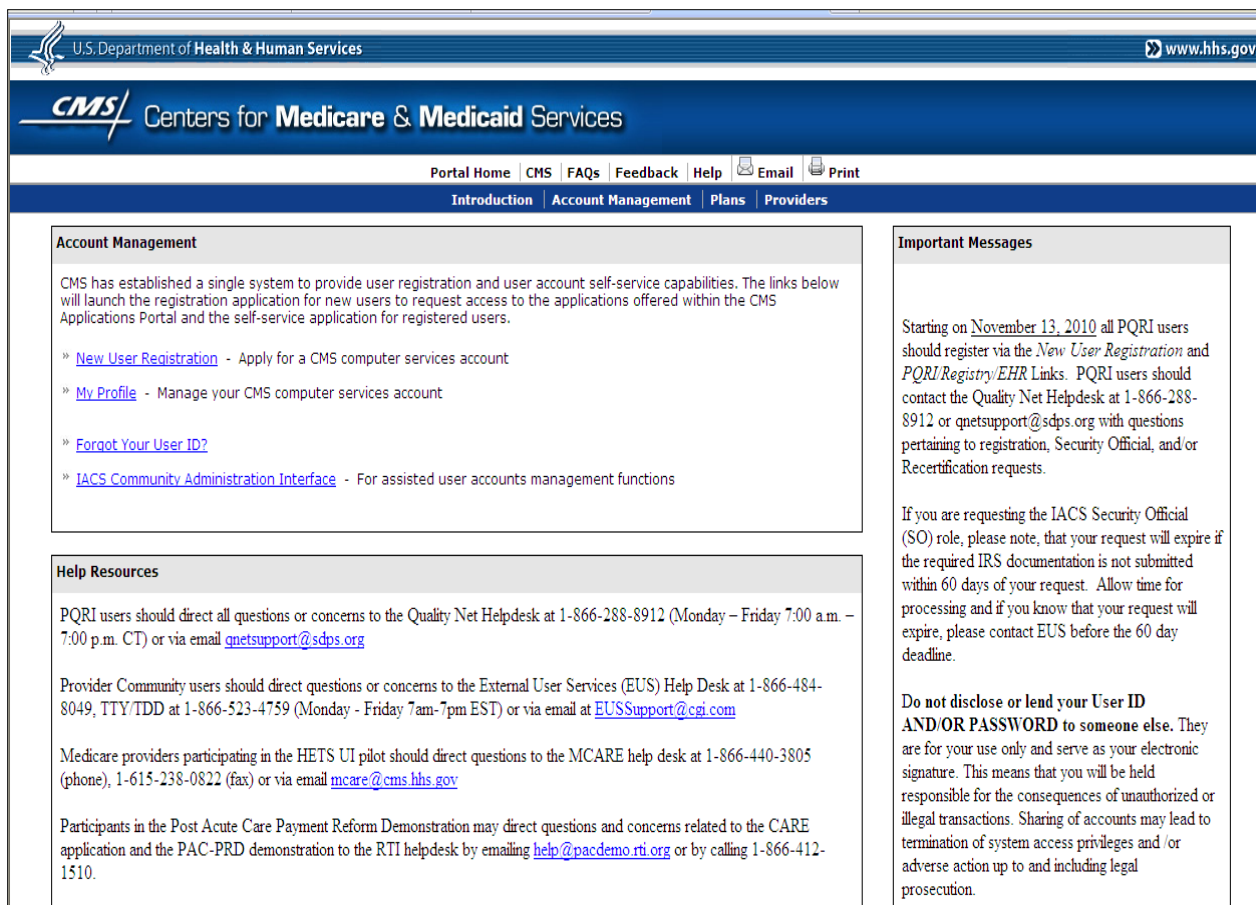
Select either link

- [Account Management](#)** - Registration and user management services required to access applications within CMS' Applications Portal
- [Plans](#) - Health plans participating in the Medicare program such as the Medicare Advantage Plans and the Medicare Prescription Drug Plans
- [Providers](#) - Providers that participate in the Medicare program such as Hospitals and Physicians
- Data Services** - Data Services for internal CMS users

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[Email Updates](#) | [Privacy Policy](#) | [Freedom of Information Act](#)
Centers for Medicare & Medicaid Services, 7500 Security Boulevard Baltimore, MD 21244

Account Management

- ◆ Click the New User Registration hyperlink on the “Account Management” screen
 - ◆ For assistance with the registration process, please contact the QualityNet Help Desk at 866-288-8912 or Qnetsupport@sdps.org



The screenshot shows the CMS website's Account Management section. The header includes the U.S. Department of Health & Human Services logo and the CMS logo. The main navigation bar contains links for Portal Home, CMS, FAQs, Feedback, Help, Email, and Print. Below this, a secondary navigation bar lists Introduction, Account Management, Plans, and Providers. The Account Management section is divided into two main columns. The left column, titled 'Account Management', contains a paragraph explaining the system and four hyperlinks: 'New User Registration', 'My Profile', 'Forgot Your User ID?', and 'IACS Community Administration Interface'. The right column, titled 'Important Messages', contains two paragraphs of text regarding PQR registration and IACS Security Official requests. Below the 'Account Management' section, there is a 'Help Resources' section with four paragraphs providing contact information for PQR users, Provider Community users, Medicare providers, and participants in the Post Acute Care Payment Reform Demonstration.

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Introduction | Account Management | Plans | Providers

Account Management

CMS has established a single system to provide user registration and user account self-service capabilities. The links below will launch the registration application for new users to request access to the applications offered within the CMS Applications Portal and the self-service application for registered users.

- » [New User Registration](#) - Apply for a CMS computer services account
- » [My Profile](#) - Manage your CMS computer services account
- » [Forgot Your User ID?](#)
- » [IACS Community Administration Interface](#) - For assisted user accounts management functions

Important Messages

Starting on November 13, 2010 all PQR users should register via the *New User Registration* and *PQR/Registry/EHR* Links. PQR users should contact the Quality Net Helpdesk at 1-866-288-8912 or qnetsupport@sdps.org with questions pertaining to registration, Security Official, and/or Recertification requests.

If you are requesting the IACS Security Official (SO) role, please note, that your request will expire if the required IRS documentation is not submitted within 60 days of your request. Allow time for processing and if you know that your request will expire, please contact EUS before the 60 day deadline.

Do not disclose or lend your User ID AND/OR PASSWORD to someone else. They are for your use only and serve as your electronic signature. This means that you will be held responsible for the consequences of unauthorized or illegal transactions. Sharing of accounts may lead to termination of system access privileges and /or adverse action up to and including legal prosecution.

Help Resources

PQR users should direct all questions or concerns to the Quality Net Helpdesk at 1-866-288-8912 (Monday – Friday 7:00 a.m. – 7:00 p.m. CT) or via email qnetsupport@sdps.org

Provider Community users should direct questions or concerns to the External User Services (EUS) Help Desk at 1-866-484-8049, TTY/TDD at 1-866-523-4759 (Monday - Friday 7am-7pm EST) or via email at EUSupport@cgi.com

Medicare providers participating in the HETS UI pilot should direct questions to the MCARE help desk at 1-866-440-3805 (phone), 1-615-238-0822 (fax) or via email mcare@cms.hhs.gov

Participants in the Post Acute Care Payment Reform Demonstration may direct questions and concerns related to the CARE application and the PAC-PRD demonstration to the RTI helpdesk by emailing help@pacdemo.rti.org or by calling 1-866-412-1510.

Registration Menu



- ◆ Select the Physician Quality Reporting System/eRx hyperlink on the “New User Registration Menu for CMS Applications” page

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Individuals Authorized Access to the CMS Computer Services (IACS)

New User Registration Menu for CMS Applications	
COB	Coordination of Benefits
CSR	Community Based Organization/Customer Service Representative
DMEPOS Bidding System (DBidS)	Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program Community - The DMEPOS Competitive Bidding Program Community is for suppliers submitting a bid for selected products in a particular Competitive Bidding Area (CBA). <i>This application is not currently available for registration.</i>
Electronic Correspondence Referral System (ECRS) Web	Electronic Correspondence Referral System, through this web application, users may submit CWF Assistance Requests, MSP Inquiries, PDC Inquiries and Workload Tracking Reports.
GENTRAN	Gentran only access. This registration link is for those users who have no association with any other application, but need Gentran mailbox access. If you need access to an application that also requires Gentran, you must register for that application to get access to your Gentran mailbox.
HETS UI	HIPAA Eligibility Transaction System User Interface. This is a pilot with registration restricted to those organizations that are pre-approved
HPG	HIPAA Eligibility Transaction System (HETS) Provider Graphical User Interface (GUI)
MA/MA-PD/PDP/CC	Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Plan/Cost Contracts/ Medicaid State Agency
MDR State Exchange	Medicaid Drug Rebate: Exchanges data between CMS and the States. Data exchanges include quarterly drug rebate files to states; quarterly drug utilization to CMS; utilization discrepancy reports to states; quarterly rebate offset amounts to states.
Medicare Exclusion Database	The Medicare Exclusion Database, MED, is updated monthly with sanction and reinstatement information on excluded providers, and is made available to approved entities only
Physician Quality Reporting System/eRx	Physician Quality Reporting System and E-Prescribing Incentive Programs. This registration link is for users requesting access to the PQRS Portal to access their Feedback Reports and/or submit data to the Physician Quality Reporting System and E-Prescribing Incentive Programs.

[Availability of CMS Applications / User Communities](#)

Terms and Conditions Page



- ◆ Read the Terms and Conditions - Privacy Act Statement
- ◆ Check the I Accept the above Terms and Conditions box
- ◆ Click the I Accept button

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Individuals Authorized Access to the CMS Computer Services (IACS)

Terms and Conditions

If you want to print the text on this screen, select the **Print** icon to the right of the text before taking any other action on the screen.

To skip printing and continue with your registration, read the text, select the **I Accept the above Terms and Conditions** box, and then the **I Accept** button at the bottom of this screen.

CMS Computer Systems Security Requirements

PRIVACY ACT STATEMENT

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

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

Print

To continue, you must accept the terms and conditions. If you decline, your registration will automatically be cancelled.

☐ I Accept the above Terms and Conditions

I Accept **I Decline**

New User Registration



- ◆ Enter the required New User Registration information
 - ◆ Click the Next button

The screenshot shows the 'New User Registration' form within the CMS portal. The header includes the U.S. Department of Health & Human Services logo and the CMS logo. The page title is 'Individuals Authorized Access to the CMS Computer Services (IACS)'. The form section is titled 'New User Registration' and contains a disclaimer: 'CMS is authorized to validate your personal information using your legal name, Date of Birth and Social Security Number.' The 'User Information' section includes fields for Title (dropdown), First Name, Last Name, Suffix (dropdown), Middle Initial, Professional Credentials, Social Security Number, Date of Birth, E-mail, and Confirm E-mail. Each field has a small 'i' icon for help. A red arrow points to the 'Next' button at the bottom left. A legend at the bottom right states '* indicates a required field'.

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Individuals Authorized Access to the CMS Computer Services (IACS)

New User Registration

CMS is authorized to validate your personal information using your legal name, Date of Birth and Social Security Number.

User Information

Title: First Name: * Last Name: * Suffix:

Middle Initial: Professional Credentials: Example: MD, RN, LPN, MBA, PhD, etc. (Limit 12 characters)

Social Security Number: * Valid SSN Format is XXX-XX-XXXX Date of Birth: * Valid Date of Birth format is mm/dd/yyyy

E-mail: * Confirm E-mail: *

Valid E-mail address format is user@internetprovider.domain. List of allowed domains: com, gov, net, org, us, mil, biz, edu, pro, vi

* indicates a required field

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

NOTE: Enter your name, date of birth, and Social Security Number (SSN) exactly as it is on file with the Social Security Administration (SSA).

This information will be validated with data at the SSA.

Email Address Verification



- ◆ If the SSA validates your information, the “Email Verification” screen will appear
- ◆ Leave this screen open while you check your email for the verification email
- ◆ You will have 30 minutes to complete the Email Address Verification

The screenshot shows the 'E-mail Address Verification' screen from the CMS website. At the top, there is a header for the U.S. Department of Health & Human Services and the CMS logo. Below this is a sub-header for 'Individuals Authorized Access to the CMS Computer Services (IACS)'. The main title is 'E-mail Address Verification'. A message states: 'An e-mail has been sent to you at test78@registry.org with a 8-digit verification code. Please enter the code in the box below from the e-mail and click 'Next' within 30 minutes. Failure to do so will result in cancellation of your Registration Request.' There is a text input field for the 'Verification Code' containing '46078100', followed by an asterisk and a 'Re-send verification code' link. Below this, there are several notes: 'Note: Personal or corporate e-mail and spam filters may block the e-mail containing your verification code. You may request your verification code to be re-sent by clicking the re-send link to the right of the E-mail Verification Code field.', 'You may request your verification code for a maximum of three re-sends, after which the re-send button will be disabled.', 'Do not cut and paste the e-mail verification code from the e-mail onto this screen. You must enter the code exactly as displayed, without any extra spaces or characters.', and 'If you get an error message saying the code is not valid, please try re-typing the code again exactly as it appears in your e-mail.' At the bottom right, there is a note: '* indicates a required field'. At the bottom left, there are 'Next' and 'Cancel' buttons. At the very bottom, there is a footer with 'OMB: 0938-0989' and 'Effective date: 5/06'.

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Individuals Authorized Access to the CMS Computer Services (IACS)

E-mail Address Verification

An e-mail has been sent to you at test78@registry.org with a 8-digit verification code.
Please enter the code in the box below from the e-mail and click 'Next' within 30 minutes. Failure to do so will result in cancellation of your Registration Request.

Verification Code: * [Re-send verification code](#)

Note: Personal or corporate e-mail and spam filters may block the e-mail containing your verification code.
You may request your verification code to be re-sent by clicking the re-send link to the right of the E-mail Verification Code field.

You may request your verification code for a maximum of three re-sends, after which the re-send button will be disabled.

Do not cut and paste the e-mail verification code from the e-mail onto this screen.
You must enter the code exactly as displayed, without any extra spaces or characters.

If you get an error message saying the code is not valid, please try re-typing the code again exactly as it appears in your e-mail.

* indicates a required field

OMB: 0938-0989 Effective date: 5/06

NOTE: If your SSA information cannot be validated, please contact your SSA Office. Contact information can be found on the SSA website at <http://www.ssa.gov>

Check Your E-mail



- ◆ Open the e-mail with the Verification Code (Subject Line: Email address Verification)
- ◆ Record the Verification Code provided
- ◆ **NOTE:** Do **NOT** use the Verification Code shown here. It is provided for illustrative purposes only

You are receiving this email in response to a Registration request being submitted by you in IACS.

Please enter the following code in the Registration window to complete verification and proceed with your request.

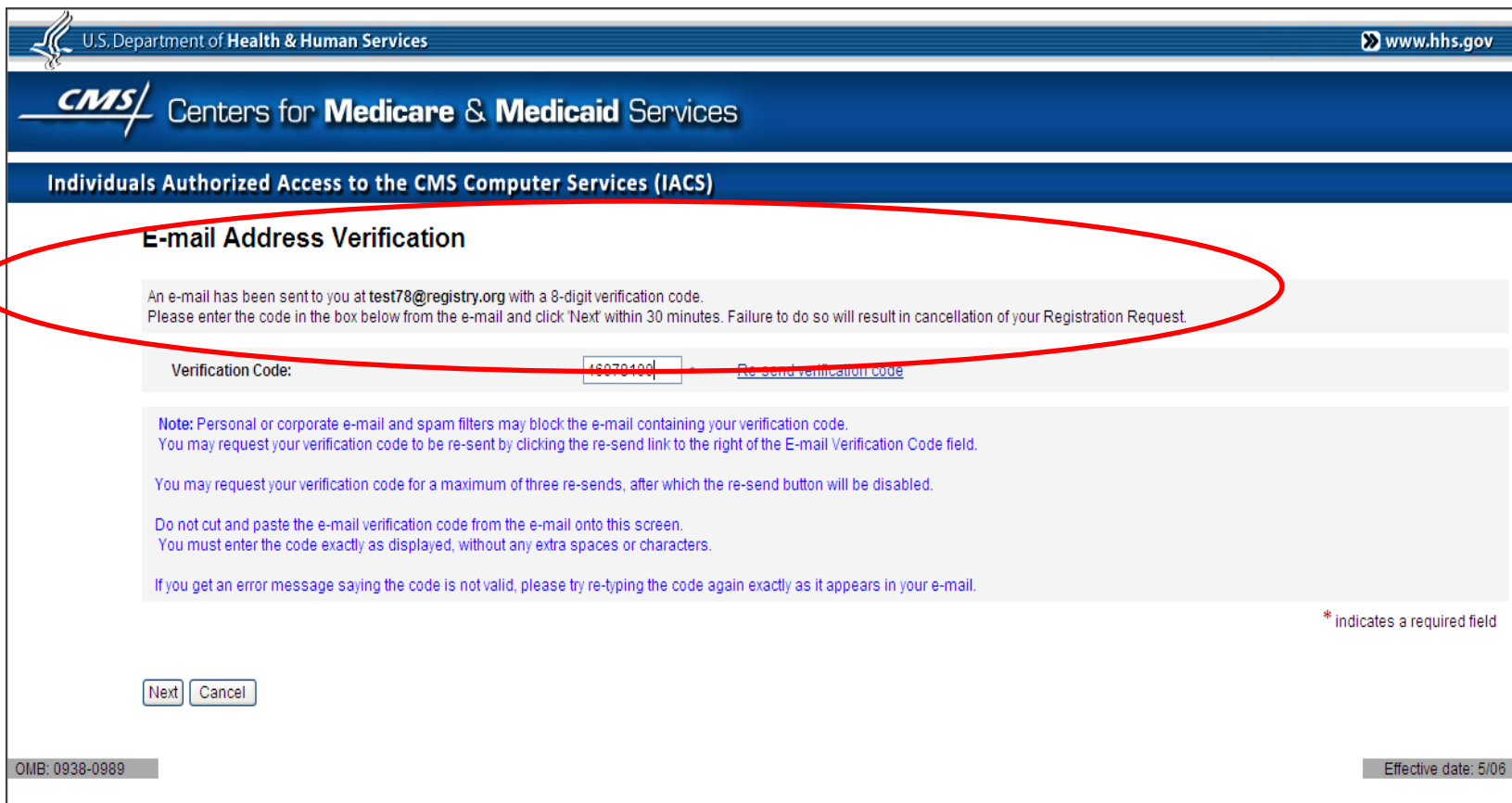
Verification Code: 46078100

*Thank you,
IACS*

Please do not reply to this system generated email.

Email Address Verification

- ◆ Enter the verification code from the email in the Verification Code box on the “Email Verification” screen
 - ◆ Click the Next button



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E-mail Address Verification

An e-mail has been sent to you at **test78@registry.org** with a 8-digit verification code.
Please enter the code in the box below from the e-mail and click 'Next' within 30 minutes. Failure to do so will result in cancellation of your Registration Request.

Verification Code: [Re-send verification code](#)

Note: Personal or corporate e-mail and spam filters may block the e-mail containing your verification code.
You may request your verification code to be re-sent by clicking the re-send link to the right of the E-mail Verification Code field.

You may request your verification code for a maximum of three re-sends, after which the re-send button will be disabled.

Do not cut and paste the e-mail verification code from the e-mail onto this screen.
You must enter the code exactly as displayed, without any extra spaces or characters.

If you get an error message saying the code is not valid, please try re-typing the code again exactly as it appears in your e-mail.

* indicates a required field

OMB: 0938-0989 Effective date: 5/06

Security Official/Organization Registration



- ◆ Enter the required Professional Contact Information fields on the “New User Registration” screen
 - ◆ Click the Next button

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Individuals Authorized Access to the CMS Computer Services (IACS)

New User Registration

CMS is authorized to validate your personal information using your legal name, Date of Birth and Social Security Number.

User Information

Title: ⓘ First Name: ⓘ Last Name: ⓘ Suffix:

ⓘ Middle Initial: ⓘ Professional Credentials: Example: MD, RN, LPN, MBA, PhD, etc. (Limit 12 characters)

Social Security Number: ⓘ Valid SSN Format is XXX-XX-XXXX Date of Birth: ⓘ Valid Date of Birth format is mm/dd/yyyy

ⓘ E-mail: ⓘ Confirm E-mail: ⓘ

Valid E-mail address format is user@internetprovider.domain. List of allowed domains: com, gov, net, org, us, mil, biz, edu, pro

Professional Contact Information

ⓘ Office Telephone: ⓘ Ext: Valid Phone Number Format is XXX-XXX-XXXX

ⓘ Company Name: ⓘ Company Telephone: ⓘ Ext:

ⓘ Address 1: ⓘ Address 2:

ⓘ City: ⓘ State/Territory: ⓘ Zip Code: ⓘ - ⓘ

Access Request

User Type: PQRI

ⓘ Role: ⓘ

Justification for Action:

* indicates a required field

Note: The fields in the User Information screen will be pre-populated and cannot be changed.

Security Official/Organization Registration, cont.



- ◆ Enter the Organization Information fields on the “New User Registration” screen
 - ◆ Click the Next button

Access Request

User Type: PQRI

i Role: Security Official *

i I require approval authority for users requesting 2-Factor authentication: ☒ Yes ☐ No *

☒ Create an Organization ☐ Associate to an Existing Organization

Organization Information

i TIN / SSN: 18-5828218 *

i Legal Business Name: Element Solutions GPRO * The Legal Business Name as specified in the IRS (Internal Revenue Service) CP575 Form

☐ Please select if the Organization's Address and Telephone Number Information is same as the User's Address and Telephone Number

Company Telephone: 240-463-8176 * Ext: Valid Telephone Number Format is XXX-XXX-XXXX

Company Fax: Ext: Valid Fax Number Format is XXX-XXX-XXXX

Country: United States

i Address 1: 123 Main St * **i** Address 2:

i City: Columbia * State/Territory: MD * Zip Code: 21076 * -

Justification for Action:

Creating the Element Solutions GPRO Organization as the Security Official

 *


* indicates a required field


Next Cancel

Security Official/Organization Registration, cont.



- ◆ Answer at least two of the thirteen authentications questions on the “Authentication Questions” screen
 - ◆ These answers will be needed if your account is locked or your password expires
 - ◆ Click the Next button

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Authentication Questions


Please answer at least 2 of the following questions, and then select "Next" to proceed with registration.


Question	Answer
What is your grandmother's maiden name?	<input type="text"/>
What was the model of your first car?	<input type="text"/>
What is the middle name of your oldest cousin?	<input type="text"/>
What was the name of your first pet?	<input type="text"/>
What was your childhood phone number?	<input type="text"/>
What was the first name of your first boyfriend?	Jon
What was the first name of your first girlfriend?	<input type="text"/>
What is the name of your first elementary school?	<input type="text"/>
What was your childhood street name?	<input type="text"/>
What was the name of your first employer?	<input type="text"/>
What was your grandfather's profession?	farmer
What was the name of your first college roommate?	<input type="text"/>
Where was your wedding reception held?	<input type="text"/>

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Confirm Entries

- ◆ Please confirm all entries are correct, including your Authentication Questions
- ◆ Click Submit to submit the registration request
- ◆ Click Edit to return to the New User Registration screen and make changes
- ◆ Click Cancel to cancel your registration request

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Review Registration Details

[New User Registration](#) [Email Verification](#) [Contact Information](#) [Authentication Questions](#) [Review Request](#) [Acknowledgement](#)

The following is the information you entered on the New User Registration Form.
Please review the information below to verify correctness.

- To modify any of the information, click 'Edit'.
- If the information is correct and you wish to proceed, click 'Submit'.

First Name:	Betsy	MI:	Last Name:	Ross
Title:		Suffix:	Professional Credentials:	
Social Security Number:	*****7789			
Date of Birth:	09/10/1900			
E-mail:	ross@gmail.com			
Office Telephone:	555-555-5555			
Company Name:	Make Sure Correct		Company Telephone:	555-555-5555
Address 1:	123 Correct Way		Address 2:	
City:	Incorrect	State/Territory: IA	Zip Code:	50728
User Type:	PQRI			
Role:	EHR Vendor			
Action:	Associate to an EHR Organization			
Organization:	Allscripts (Chicago, IL)			

Authentication Questions


Question	Answer
What was the model of your first car?	model
What was the name of your first pet?	pet


[Submit](#) [Edit](#) [Cancel](#)

Registration Acknowledgment



- ◆ Record your registration request tracking number or print the Registration Acknowledgement by selecting the Print
 - ◆ You will need this tracking number if you need assistance from the Help Desk
 - ◆ Click the OK button

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Individuals Authorized Access to the CMS Computer Services (IACS)


Registration Acknowledgement

Your IACS request has been successfully submitted.

The tracking number for your request is: **REQ-1288813773103**
Please use this number in all correspondences concerning this request.

You will be contacted via e-mail after your request has been processed.

Click 'OK' to close your browser window.

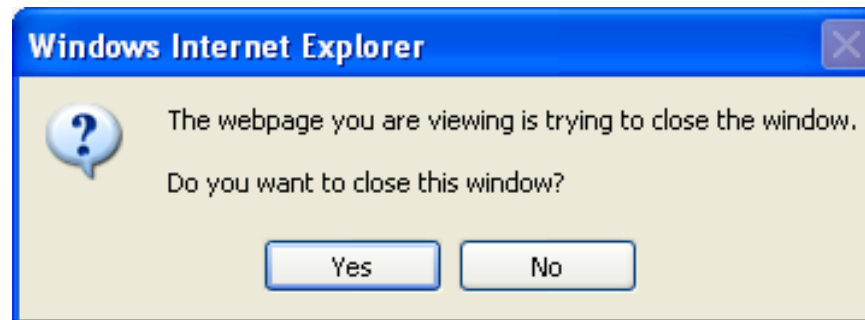
 Print

OMB: 0938-0989 Effective date: 5/06

Registration Acknowledgment



- ◆ Click the Yes button
- ◆ Your session will close
- ◆ You will need to wait as the request is processed by the QualityNet Help Desk



Request Approval



- ◆ The Organization creation and Security Official account creation request will be sent to QualityNet Help Desk for further vetting and approval
- ◆ Once your request is approved, you will receive two email messages:
 - ◆ The first email will contain your User ID
 - ◆ The second email will contain a temporary password
- ◆ **Note:** Wait until you receive your User ID AND Password to continue to the next step of Logging in and changing the temporary password

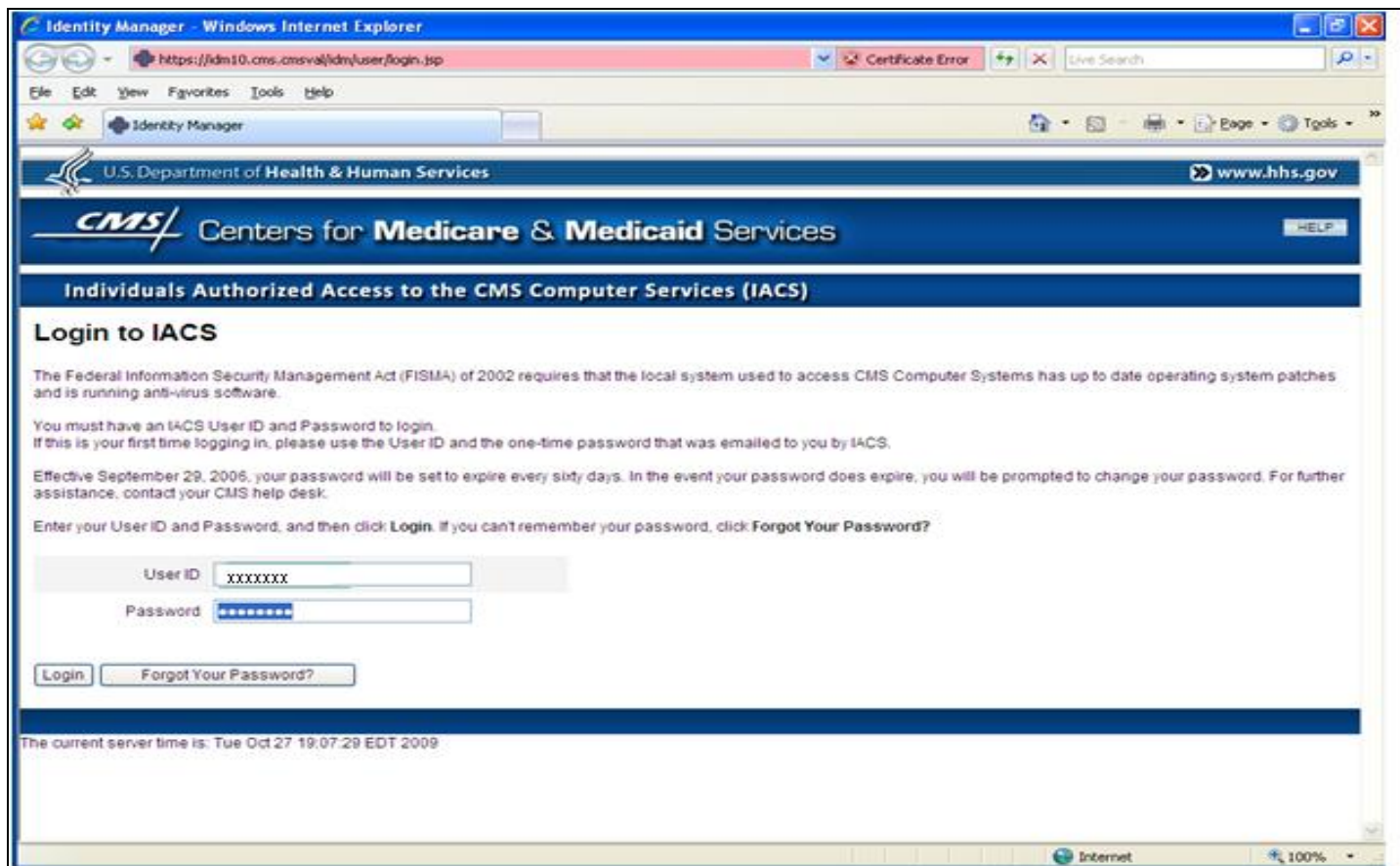
Login To IACS



- ◆ Go to the CMS Applications Portal URL: <https://applications.cms.hhs.gov/>
- ◆ Read the contents of the “CMS Applications Portal WARNING/REMINDER” screen
- ◆ Click on the ***Enter CMS Applications Portal*** button
- ◆ Click on the ***Account Management*** hyperlink on the blue menu bar on the top of the “CMS Application Portal Introduction” screen
- ◆ Click on the ***My Profile*** hyperlink on the “Account Management” screen
- ◆ Read the Terms and Conditions - CMS Computer Systems Security Requirements
- ◆ Check the “*I Accept the above Terms and Conditions*” box and click on the ***I Accept*** button.

Login To IACS, cont.

- ◆ Enter the IACS User ID and temporary password in the “Login to IACS screen”
 - ◆ Click Login



The screenshot shows a Windows Internet Explorer browser window titled "Identity Manager - Windows Internet Explorer". The address bar displays the URL "https://idm10.cms.cmsval.idm/user/login.jsp". The browser's menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help". The page content features the U.S. Department of Health & Human Services logo and the CMS logo, with the text "Centers for Medicare & Medicaid Services". Below this, a blue banner reads "Individuals Authorized Access to the CMS Computer Services (IACS)". The main heading is "Login to IACS". A paragraph explains the FISM4 requirements for system security. Another paragraph states that users must have an IACS User ID and Password, and provides instructions for first-time logins. A third paragraph mentions a password expiration policy effective September 29, 2006. Below the text, there are two input fields: "User ID" with the placeholder "XXXXXX" and "Password" with a masked input. At the bottom of the form are two buttons: "Login" and "Forgot Your Password?". A footer note indicates the current server time is "Tue Oct 27 19:07:29 EDT 2009".

Change Password



- ◆ Enter your new password that abides by the CMS Password Policy
- ◆ Confirm your new password by entering the same password again
 - ◆ Click the Change Password button

Identity Manager - Windows Internet Explorer

https://idm10.cms.cmsval/idm/user/login.jsp?lang=en&cntry=US

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Change Password

✖ Your password has expired for account grgr209 on resource IACS (IACS). Please change it now.

New Password

Confirm New Password

CMS Password Policy

- The password must be changed at least every 60 days.
- The password must be 8 characters long.
- The password must contain at least 2 letters and 1 number.
- Letters must be mixed case (i.e., your password must have at least 1 upper case letter and 1 lower case letter).
- The password must not contain your user UID.
- The password must not contain 4 consecutive characters from any of your previous 6 passwords.
- The password must be different from your previous 6 passwords.

Change Password Cancel

Note: This password will expire every 60 days. To reset the password, sign on to the IACS account with the expired password at <https://idm.cms.hhs.gov/idm/user/iacsTerms.jsp>

PQRS Submitter/PQRS Representative Registration



- ◆ After the security official and organization has been created in IACS, you can create the PQRS Submitter and PQRS Representative roles

PQRS Submitter



- ◆ Enter the required Professional Contact Information fields on the “New User Registration” screen
 - ◆ Click the Next button

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CMS Centers for Medicare & Medicaid Services

Individuals Authorized Access to the CMS Computer Services (IACS)

New User Registration

New User Registration **Email Verification** **Contact Information** **Authentication Questions** **Review Request** **Acknowledgement**

CMS is authorized to validate your personal information using your legal name, Date of Birth and Social Security Number.

User Information

Title: **i** First Name: * **i** Last Name: * Suffix:

i Middle Initial: **i** Professional Credentials: Example: MD, RN, LPN, MBA, PhD, etc. (Limit 12 characters)

Social Security Number: * Valid SSN Format is XXX-XX-XXXX Date of Birth: * Valid Date of Birth format is mm/dd/yyyy

i E-mail: * **i** Confirm E-mail: *

Valid E-mail address format is user@internetprovider.domain. List of allowed domains: com, gov, net, org, us, mil, biz, edu, pro

Professional Contact Information

i Office Telephone: * **i** Ext: Valid Phone Number Format is XXX-XXX-XXXX

i Mobile Telephone: * Valid Phone Number Format is XXX-XXX-XXXX

i Company Name: * **i** Company Telephone: **i** Ext:

PQRS Submitter, cont.



Address 1: * **Address 2:**

City: * **State/Territory:** * **Zip Code:** * -

Access Request

User Type: **PQRI**

Role: PQRS Submitter *

I require 2-Factor Authentication: ☒ Yes ☐ No * [Please check the above sections where additional input is required for 2-factor authentication.](#)

Preferred 2nd Factor Notification Method: SMS / Mobile (Text message) * [Please select the preferred 2nd Factor passcode notification method.](#)

☒ I want to associate to an Organization ☐ I want to register without associating to an Organization *

Organization Search

Search for the Organization you want to associate with. Specify as many parameters below as possible, and then select 'Search' to select the Organization.

TIN / SSN:

Legal Business Name: *

City: **State/Territory:** *

Note: You must provide at least part of the Legal Business Name & State and then select 'Search'. You may also provide complete TIN/SSN (with hyphen/dash in it) or partial city to narrow the search.

PQRS Submitter, cont.





i Office Telephone:	240-463-8176 *	i Ext:		Valid Phone Number Format is XXX-XXX-XXXX	
i Mobile Telephone:	240-463-8176 *	Valid Phone Number Format is XXX-XXX-XXXX			
i Company Name:	Element Solutions GPRO *	i Company Telephone:		i Ext:	
i Address 1:	123 Main St *	i Address 2:			
i City:	Columbia *	i State/Territory:	MD ▾ *	i Zip Code:	21076 * - i <input type="text"/>
Access Request					
User Type:	PQRI				
i Role:	PQRS Submitter ▾ *				
i I require 2-Factor Authentication:	<input checked="" type="radio"/> Yes <input type="radio"/> No * Please check the above sections where additional input is required for 2-factor authentication.				
i Preferred 2nd Factor Notification Method:	SMS / Mobile (Text message) ▾ * Please select the preferred 2nd Factor passcode notification method.				
<input checked="" type="radio"/> I want to associate to an Organization <input type="radio"/> I want to register without associating to an Organization *					
Organization Details					
Select the Organization you want to associate with, from the list below.					
Organization (s):	Element Solutions GPRO (Columbia, MD) ▾ *	<input type="button" value="New Search"/>	Click 'New Search' to search for a new Organization		
Justification for Action:	<div>Requesting PQRS Submitter (GPRO) Account</div> *				

PQRS Submitter, cont.



- ◆ Answer at least two of the thirteen authentication questions on the “Authentication Questions” screen
 - ◆ These answers will be needed if your account is locked or your password expires
 - ◆ Click the Next button

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Individuals Authorized Access to the CMS Computer Services (IACS)

Authentication Questions

Please answer at least 2 of the following questions, and then select "Next" to proceed with registration.


Question	Answer
What is your grandmother's maiden name?	<input type="text"/>
What was the model of your first car?	<input type="text"/>
What is the middle name of your oldest cousin?	<input type="text"/>
What was the name of your first pet?	<input type="text"/>
What was your childhood phone number?	<input type="text"/>
What was the first name of your first boyfriend?	Jon
What was the first name of your first girlfriend?	<input type="text"/>
What is the name of your first elementary school?	<input type="text"/>
What was your childhood street name?	<input type="text"/>
What was the name of your first employer?	<input type="text"/>
What was your grandfather's profession?	farmer
What was the name of your first college roommate?	<input type="text"/>
Where was your wedding reception held?	<input type="text"/>


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Registration Acknowledgment




- ◆ Record your registration request tracking number or print the Registration Acknowledgement by selecting the Print
 - ◆ You will need this tracking number if you need assistance from the Help Desk
 - ◆ Click the OK button

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 Centers for Medicare & Medicaid Services

Individuals Authorized Access to the CMS Computer Services (IACS)

Registration Acknowledgement

Your IACS request has been successfully submitted.  Print

The tracking number for your request is: **REQ-1288813773103**
Please use this number in all correspondences concerning this request.

You will be contacted via e-mail after your request has been processed.

Click 'OK' to close your browser window.

OK

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PQRS Submitter Request Complete





- ◆ At this point, the PQRS Submitter account request is complete
- ◆ It is routed to the Security Official for approval
 - ◆ The next few slides will show the approval process



Security Official IACS View




 U.S. Department of Health & Human Services www.hhs.gov

 Centers for **Medicare & Medicaid** Services [LOGOUT](#) [HELP](#)

Individuals Authorized Access to the CMS Computer Services (IACS)

Inbox

Click a name to edit an inbox item.

▼ Process	Description	Request Date-Time	
2011_02_01 TaskDefinition-CMS-CreateUser	PQRI Approval - for PQRS Submitter - PQRS Submitter For GPRO-REQ-1318353382336	2011-10-11 13:31	 Export

[Return to Main Menu](#)

Logout Logged in as: ZLHP245

The current server time is: Tue Oct 11 14:24:25 EDT 2011

Security Official IACS View



User Information	
Title:	<input type="text" value="PQRS Submitter"/>
First Name:	<input type="text" value="For GPRO"/>
Last Name:	<input type="text" value=""/>
Suffix:	<input type="text" value=""/>
Middle Initial:	<input type="text" value=""/>
Professional Credentials:	<input type="text" value=""/>
Date of Birth:	<input type="text" value="01/01/1900"/>
E-mail:	<input type="text" value="amit_test_submitter@e14s.com"/>
Office Telephone:	<input type="text" value="240-463-8176"/>
Mobile Telephone:	<input type="text" value="240-463-8176"/>
IVR Telephone:	<input type="text" value=""/>
Company Name:	<input type="text" value="Element Solutions GPRO"/>
Company Telephone:	<input type="text" value=""/>
Address 1:	<input type="text" value="123 Main St"/>
Address 2:	<input type="text" value=""/>
City:	<input type="text" value="Columbia"/>
State/Territory:	<input type="text" value="MD"/>
Zip Code:	<input type="text" value="21076"/>
Required Access	
Type of Request:	New User
User Justification:	Requesting PQRS Submitter GPRO Account
Type of User:	PQRI
Role:	PQRS Submitter
Organization Details	
Organization Type:	PQRI Organization
Organization:	Element Solutions GPRO (Columbia, MD)
Approval/Rejection Justification:	<div><div>Approved.</div><div></div></div>
Justification comments may be visible to the requester. Justification is required for Approval/Rejection.	
* indicates a required field	
<div>Approve</div> <div>Reject</div> <div>Defer</div>	

PQRS Submitter Approval



- ◆ At this point, the PQRS Submitter account is approved
- ◆ The user will receive two email messages
 - ◆ The first email will contain your User ID
 - ◆ The second email will contain a temporary password

GPRO Submitter within PQRS



- ◆ The last step in order to access the GPRO Web Interface, is to request the GPRO Submitter role within PQRS
- ◆ Screen shots of this process on the next few slides

GPRO Submitter within PQRS, cont.



- ◆ Access the PQRS Portal and click on the Roles Management Link in the Site Navigation
- ◆ On the Roles Management page, click on “Manage My Role(s) > Click here to get started”



GPRO Submitter within PQRS, cont.



- ◆ On the Manage Role(s) screen, you will see your User ID and a drop down with Role(s) available to you

Manage Role(s)

***indicates required fields**

User Id:

***Role(s)**

GPRO Submitter within PQRS, cont.



- ◆ You will then a list of options of roles you may select
 - ◆ From this screen, select “GPRO Submitter”

Request Authorization

*indicates required fields

*Available Authorization(s)

GPRO Submitter



Submit

GPRO Submitter within PQRS, cont.



- ◆ You will then receive a confirmation screen of your selection

Authorization Status

Role	Authorization	TIN-Group	Request Date	Status
PQRS_SUBMITTER	GPRO Submitter		10/02/2012 01:15:56 PM EDT	Pending

Ok

GPRO Submitter within PQRS, cont.



- ◆ You will receive an email confirming your request
- ◆ Your Security Official will also receive an email notifying them of your request, and that they should log in to the PQRS Portal to review

PQRS Representative



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Centers for **Medicare & Medicaid** Services

Individuals Authorized Access to the CMS Computer Services (IACS)

New User Registration

New User Registration | Email Verification | Contact Information | Authentication Questions | Review Request | Acknowledgement

CMS is authorized to validate your personal information using your legal name, Date of Birth and Social Security Number.

User Information

Title: **i** First Name: PQRS Representative * **i** Last Name: For GPRO * Suffix:

i Middle Initial: **i** Professional Credentials: Example: MD, RN, LPN, MBA, PhD, etc. (Limit 12 characters)

Social Security Number: 123-57-8756 * Valid SSN Format is XXX-XX-XXXX Date of Birth: 01/01/1900 * Valid Date of Birth format is mm/dd/yyyy

i E-mail: amit_test_representative@e14s.com * **i** Confirm E-mail: amit_test_representative@e14s.com *

Valid E-mail address format is user@internetprovider.domain. List of allowed domains: com, gov, net, org, us, mil, biz, edu, pro


* indicates a required field


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Internet 100%

PQRS Representative, cont.



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 Centers for **Medicare & Medicaid** Services

Individuals Authorized Access to the CMS Computer Services (IACS)

E-mail Address Verification

[New User Registration](#) [Email Verification](#) [Contact Information](#) [Authentication Questions](#) [Review Request](#) [Acknowledgement](#)

An e-mail has been sent to you at amit_test_representative@e14s.com with a 8-digit verification code.
Please enter the code in the box below from the e-mail and click 'Next' within 30 minutes. Failure to do so will result in cancellation of your Registration Request.

Verification Code: * [Re-send verification code](#)

Note: Personal or corporate e-mail and spam filters may block the e-mail containing your verification code.
You may request your verification code to be re-sent by clicking the re-send link to the right of the E-mail Verification Code field.

You may request your verification code for a maximum of three re-sends, after which the re-send button will be disabled.

Do not cut and paste the e-mail verification code from the e-mail onto this screen.
You must enter the code exactly as displayed, without any extra spaces or characters.

If you get an error message saying the code is not valid, please try re-typing the code again exactly as it appears in your e-mail.

* indicates a required field


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


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Done Internet 100%

PQRS Representative, cont.




 U.S. Department of Health & Human Services www.hhs.gov

 Centers for **Medicare & Medicaid** Services

Individuals Authorized Access to the CMS Computer Services (IACS)

Registration Acknowledgement

[New User Registration](#) [Email Verification](#) [Contact Information](#) [Authentication Questions](#) [Review Request](#) [Acknowledgement](#)

Your IACS request has been successfully submitted.  [Print](#)

The tracking number for your request is: **REQ-1318360300372**
Please use this number in all correspondences concerning this request.

You will be contacted via e-mail after your request has been processed.

Click 'OK' to close your browser window.

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Done Internet 100%

PQRS Representative Request Complete





- ◆ At this point, the PQRS Representative account request is complete
 - ◆ It is routed to the Security Official for approval
 - ◆ The next few slides will show the approval process

The screenshot displays the CMS IACS web interface. At the top, there is a header for the U.S. Department of Health & Human Services with the CMS logo and the text 'Centers for Medicare & Medicaid Services'. Below this, a navigation bar contains 'LOGOUT' and 'HELP' buttons. The main content area is titled 'Individuals Authorized Access to the CMS Computer Services (IACS)'. Under the heading 'My Profile', a welcome message reads 'Welcome, ZLHP245. Please select one of these options:'. A list of options follows: 'Modify User/Contact Information', 'Modify Account Profile', 'Change Answers to Authentication Questions', 'Change Password', 'Pending Approvals', 'Pending Certifications', and 'Manage users under my authority'. At the bottom, a footer bar shows 'Logout' on the left and 'Logged in as: ZLHP245' on the right. Below the footer bar, a timestamp states 'The current server time is: Tue Oct 11 14:23:58 EDT 2011'.

Security Official IACS View




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 Centers for **Medicare & Medicaid** Services [LOGOUT](#) [HELP](#)

Individuals Authorized Access to the CMS Computer Services (IACS)

Inbox

Click a name to edit an inbox item.

▼ Process	Description	Request Date-Time	
2011_02_01 TaskDefinition-CMS-CreateUser	PQRI Approval - for PQRS Representative - PQRS Representative For GPRO-REQ-1318360300372	2011-10-11 15:44	 Export

[Return to Main Menu](#)

[Logout](#) **Logged in as: ZLHP245**

The current server time is: Tue Oct 11 16:56:57 EDT 2011

Security Official IACS View, cont.



U.S. Department of Health & Human Services www.hhs.gov

CMS Centers for Medicare & Medicaid Services [LOGOUT](#) [HELP](#)

Individuals Authorized Access to the CMS Computer Services (IACS)

Approve / Reject Request

User Information

Title: First Name: Last Name: Suffix:

Middle Initial: Professional Credentials:

Date of Birth:

E-mail:

Office Telephone:

Company Name: Company Telephone:

Address 1: Address 2:

City: State/Territory: Zip Code:

Required Access

Type of Request: New User

User Justification: Approved

Type of User: PQRI

Role: PQRS Representative

Organization Details

Organization Type: PQRI Organization

Organization: Element Solutions GPRO (Columbia, MD)

Done Internet 100%

Security Official IACS View, cont.



User information			
Title:	<input type="text"/>	First Name:	<input type="text" value="PQRS Representative"/>
		Last Name:	<input type="text" value="For GPRO"/>
		Suffix:	<input type="text"/>
Middle Initial:	<input type="text"/>	Professional Credentials:	<input type="text"/>
Date of Birth:	<input type="text" value="01/01/1900"/>		
E-mail:	<input type="text" value="amit_test_representative@e14s.com"/>		
Office Telephone:	<input type="text" value="240-463-8176"/>		
Company Name:	<input type="text" value="Element Solutions GPRO"/>	Company Telephone:	<input type="text"/>
Address 1:	<input type="text" value="123 Main St."/>	Address 2:	<input type="text"/>
City:	<input type="text" value="Columbia"/>	State/Territory:	<input type="text" value="MD"/>
		Zip Code:	<input type="text" value="21046"/>
Required Access			
Type of Request:	New User		
User Justification:	Approved		
Type of User:	PQRI		
Role:	PQRS Representative		
Organization Details			
Organization Type:	PQRI Organization		
Organization:	Element Solutions GPRO (Columbia, MD)		
Approval/Rejection Justification:	<div><input type="text" value="Approved."/></div> <div><small>* indicates a required field</small></div>		
<div>Justification comments may be visible to the requester. Justification is required for Approval/Rejection.</div>			
<div><input type="button" value="Approve"/> <input type="button" value="Reject"/> <input type="button" value="Defer"/></div>			

Disassociation and Re-association



- ◆ When a user has multiple roles or is associated to multiple TINs, the user may need to disassociate from one of the roles or TINs
- ◆ When to disassociate a role or TIN:
 - ◆ If the user has the Registry User role and the PQRS Submitter (GPRO) role, and each of those roles is associated to a different TIN
 - ◆ Disassociate the PQRS Submitter prior to performing a Registry submission
 - ◆ Disassociate from the Registry User role to access the GPRO Web Interface
 - ◆ If the user has the PQRS Submitter role and is associated to multiple TINs
 - ◆ Disassociate from all TINs except the GPRO for which user is submitting GPRO data
- ◆ When disassociating a role or TIN is not necessary:
 - ◆ The user has the Registry User role and the PQRS Submitter (GPRO) role, but these roles are both associated to the same TIN

Disabled Accounts



- ◆ Due to inactivity – User has not signed on to the account within the past 180 days
 - ◆ The user needs to follow the steps below to enable the account:
 - ◆ Navigate to <https://idm.cms.hhs.gov/idm/user/iacsTerms.jsp>
 - ◆ Login with the User ID and Password
 - ◆ Answer the Security Questions and Authentication Questions as prompted
 - ◆ Change the Password as prompted

Disabled Accounts, cont.



◆ Security violation

- ◆ An IACS account will be disabled if it has been determined that a User has shared their User ID and password
 - ◆ The security violation case will be reviewed by CMS to determine whether or not they will enable the account
 - ◆ The user will be notified when a determination is made
 - ◆ This process may take two weeks or longer

Upcoming GPRO Support Calls



- ◆ November 14, 2012, 3-4 pm ET
 - ◆ Topic: XML Training
- ◆ December 5, 2012, 3-4 pm ET
 - ◆ Topic: Review of 2013 PFS Rule
- ◆ January 16, 2013, 3-5 pm ET
 - ◆ Topic: Web Interface Training
 - ◆ Please note that this is a 2-hour support call.
- ◆ February 6, 2013, 3-4 pm ET
 - ◆ Topic: Review of 2012 Submission

Resources/Where to Begin



http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Selected-Group_Practice_Reporting_Option.html

Medicare	Medicaid/CHIP	Medicare-Medicaid Coordination	Insurance Oversight	Innovation Center	Regulations and Guidance	Research, Statistics, Data and Systems	Outreach Education
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[Home](#) > [Medicare](#) > [Physician Quality Reporting System](#) > CMS-Selected Group Practice Reporting Option

Physician Quality Reporting System

- [Spotlight](#)
- [How To Get Started](#)
- [CMS Sponsored Calls](#)
- [Statute Regulations Program](#)
- [Instructions](#)
- [ICD-10 Section](#)
- [Measures Codes](#)
- [Alternative Reporting Mechanism](#)
- [Registry Reporting](#)
- [Electronic Health Record Reporting](#)
- [CMS-Selected Group Practice Reporting Option](#)**
- [Maintenance of Certification](#)
- [Program Incentive](#)
- [Analysis and Payment](#)

CMS-Selected Group Practice Reporting Option

In accordance with section 1848(m)(3)(C) of the Social Security Act (the Act), CMS created a new group practice reporting option (GPRO) for the Physician Quality Reporting System in 2010. Group practices that satisfactorily report data on Physician Quality Reporting System measures for a particular reporting period are eligible to earn a Physician Quality Reporting System incentive payment equal to a specified percentage of the group practice's total estimated Medicare Part B PFS allowed charges for covered professional services furnished during the reporting period.

2012 Physician Quality Reporting System CMS-Selected GPRO Name Change

Beginning in 2012 the Physician Quality Reporting System GPRO will be referred to as Physician Quality Reporting System CMS-Selected GPRO. .

2012 Physician Quality Reporting System CMS-Selected GPRO Training Materials

CMS-selected group practices that are participating in the 2012 Physician Quality Reporting System GPRO are required to take part in mandatory training. The slide presentations used as training documents for these CMS-selected group practices and supporting documents will be posted in the “Downloads” section below. These documents can be found in the zip file titled “2012 CMS-Selected Physician Quality Reporting System GPRO Training Materials”

2012 Physician Quality Reporting System CMS-Selected GPRO Requirements

If You Still Have Questions...



◆ QualityNet Help Desk

- ◆ Monday – Friday: 7:00 am - 7:00 pm CT
 - ◆ E-mail: qnetsupport@sdps.org
 - ◆ Phone: (866) 288-8912 (TTY 1-877-715-6222)
 - ◆ Fax: (888) 329-7377
-
- ◆ When calling the QualityNet Help Desk, please identify yourself as a 2012 GPRO participant
 - ◆ Tickets may be escalated to the appropriate Tier in order to assist you