

## Guide for Obtaining an EIDM Account and 'Physician Quality and Value Programs' Role for the Quality Payment Program (QPP)

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## I. Introduction

This guide is for users who need an Enterprise Identity Data Management (EIDM) account and/or 'Physician Quality and Value Program' role to submit or access QPP data. This guide provides:

1. Guidance about the users who need an EIDM account and 'Physician Quality and Value Program' role
2. Guidance for choosing the right role for your needs
3. Step-by-step instructions for users to create an EIDM account in the CMS Enterprise Portal
4. Step-by-step instructions for users to request a role in the CMS Enterprise Portal using their existing EIDM account

**Note:** This guide was updated on July 2018 to include information for accessing MIPS performance feedback and submitting targeted reviews for the 2017 performance year.

### What's Changing?

Clinicians and third-party organizations who have reported to the Physician Quality Reporting System (PQRS) will recognize the EIDM roles needed for submission. (Please note that EIDM has retained the PQRS naming convention for roles associated with QPP submission.) However, there are a few changes to the users who will need EIDM accounts and how they will request the necessary roles:

1. While Accountable Care Organizations (ACOs) will continue to obtain an EIDM account and role to report Quality data at the entity level, **groups participating in a Shared Savings Program (SSP) ACO** must obtain their own EIDM accounts and roles under their Participant TIN to submit and meet the Advancing Care Information requirements under MIPS for purposes of the MIPS APM Scoring Standard and the Shared Savings Program ACO-11 quality measure.
2. **Electronic Health Record (EHR) or other Health IT Vendors** reporting data on behalf of their clients will need to secure the appropriate EIDM role for **each TIN** (group or individual clinicians) they're reporting on behalf of; this does not apply to Health IT vendors who are CMS-approved Qualified Clinical Data Registries or Qualified Registries.
3. **Groups (including MIPS APMs), Comprehensive Primary Care Plus (CPC+) practices, and individual practitioners that have contracted with an EHR/Health IT Vendor to report data on their behalf** will need to appoint an authorized representative to obtain an EIDM account with a Provider Approver role to approve the submitter role for the Vendor.
4. **NEW: Beginning with the 2018 Performance Year, a Security Official role is required to register a group for the CMS Web Interface and/or CAHPS for MIPS survey.**

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## II. Who Needs an EIDM account and ‘Physician Quality and Value Programs’ Role for QPP?

1. Clinicians, groups, MIPS APMs, and certain Advanced APM participants that:
  - Will be submitting data directly to [qpp.cms.gov](http://qpp.cms.gov)
  - Have secured an EHR/Health IT Vendor to submit their data to [qpp.cms.gov](http://qpp.cms.gov) (other than a CMS-approved Qualified Clinical Data Registry or Qualified Registry)
  - Want to view the data submitted on their behalf by a third party
  - Want to register their group for the CMS Web Interface and/or the CAHPS for MIPS survey (groups only)
  - Want to review MIPS performance feedback and/or submit a targeted review request
    - ◆ With the exception of SSP ACOs, SSP participant TINs, and Next Generation ACOs, MIPS APM Entities with clinicians scored under the APM scoring standard will not be able to access their MIPS feedback by logging into [qpp.cms.gov](http://qpp.cms.gov), and therefore will not need to get EIDM accounts to access performance feedback or submit a targeted review request.
    - ◆ Only users with an EIDM role for a practice (TIN) or ACO entity will be able to log in and view performance feedback for that practice or entity. Third party intermediaries with an EIDM account and role only associated with their own business organization will not be able to use those credentials to log in and view performance feedback for their clients.
2. Qualified Clinical Data Registries, Qualified Registries, and EHR/Health IT Vendors that will be submitting data directly to [qpp.cms.gov](http://qpp.cms.gov) on behalf of their clients.

**\*All EIDM account holders must be in the United States of America\***

Who?	Why?
<p><b>Accountable Care Organizations (ACOs): Shared Savings Program (SSP)</b> (Primary TIN)</p>	<p>ACO representatives that will be accessing <a href="http://qpp.cms.gov">qpp.cms.gov</a> to report Quality data through the CMS Web Interface on behalf of the entire ACO, access the ACO’s MIPS performance feedback and payment adjustment information, or submit a targeted review request.</p> <p><b>Note:</b> Guidance for requesting ACO entity level EIDM roles is available in the <a href="#">2017 EIDM ACO User Guide</a>.</p> <p><b>IMPORTANT!</b> Groups participating in a Shared Savings Program (SSP) ACO must obtain EIDM accounts and roles</p>

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Who?	Why?
	<p>under their Participant TIN to submit and meet the Advancing Care Information requirements under MIPS for purposes of the MIPS APM Scoring Standard and the Shared Savings Program ACO-11 quality measure.</p> <p>(Note that the Participant TIN must be different than the ACO Primary TIN for EIDM registration. Single TIN ACOs can review role request verification guidance on page 24 of the <a href="#">2017 EIDM ACO User Guide</a>.)</p>
<p><b>ACOs: Next Generation (NGACO)</b> (Primary TIN)</p>	<p>ACO representatives that will be reporting Quality data through the CMS Web Interface on behalf of the entire ACO</p> <p><b>Note:</b> For 2017 QPP guidance on EIDM registration and roles, please review NGACO EIDM guidance at <a href="https://app.innovation.cms.gov/NGACOCConnect/">https://app.innovation.cms.gov/NGACOCConnect/</a></p> <p>Questions on EIDM can be sent to <a href="mailto:NextGenerationACOModel@cms.hhs.gov">NextGenerationACOModel@cms.hhs.gov</a></p>
<p><b>Comprehensive Primary Care Plus (CPC+)</b> (The designated CPC+ practice defined by a practice site location, TINs/NPIs)</p>	<ol style="list-style-type: none"> <li>CPC+ practices that will be <b>submitting CPC+ Quality data directly</b> via file upload on <a href="http://qpp.cms.gov">qpp.cms.gov</a>: <ul style="list-style-type: none"> <li><b>Note:</b> Please send questions about the EIDM roles needed for eCQM attestation through the CPC+ Practice Portal to <a href="mailto:CPCplus@telligen.com">CPCplus@telligen.com</a></li> </ul> </li> <li>CPC+ practices that have <b>secured an EHR/Health IT Vendor to submit data on their behalf</b> (those that are not a CMS-approved Qualified Clinical Data Registry or Qualified Registry)</li> </ol> <p>CPC+ representatives that want to <b>view data submitted on their behalf</b> by an EHR/Health IT Vendor</p>
<p><b>Groups</b>, including:</p> <ul style="list-style-type: none"> <li><b>MIPS APM participants</b></li> <li><b>Non-QP Advanced APM participants</b></li> </ul> <p>(2+ clinicians billing under the TIN)</p>	<ol style="list-style-type: none"> <li>Group or clinician representatives that will be submitting MIPS data directly to <a href="http://qpp.cms.gov">qpp.cms.gov</a> including data for any, or all, of the following Performance Categories (individual or group reporting): <ul style="list-style-type: none"> <li><b>Quality</b> (via file upload or CMS Web Interface)</li> <li><b>Advancing Care Information</b> (via file upload, attestation, or CMS Web Interface)</li> </ul> </li> </ol>

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Who?	Why?
	<ul style="list-style-type: none"> <li>○ <b>Improvement Activities</b> (via file upload, attestation, or CMS Web Interface)</li> </ul> <p><b>IMPORTANT!</b> Groups participating in a Shared Savings Program (SSP) ACO must obtain EIDM accounts and roles to submit and meet the Advancing Care Information requirements under MIPS for purposes of the MIPS APM Scoring Standard and the Shared Savings Program ACO-11 quality measure.</p> <ol style="list-style-type: none"> <li>2. Groups, reporting as individuals or a group, that <b>have secured an EHR/Health IT Vendor to submit data on their behalf</b> (those that are not a CMS-approved Qualified Clinical Data Registry or Qualified Registry)</li> <li>3. Group representatives that want to <b>view data submitted on their behalf</b> (reporting as individuals or a group) by a Qualified Clinical Data Registry (QCDR), Qualified Registry, or EHR/Health IT Vendor</li> <li>4. Group or clinician representatives that want to view MIPS performance feedback and payment adjustment information, and submit a targeted review request</li> <li>5. Group representatives that want to register their group (or cancel a registration) for the CMS Web Interface and/or CAHPS for MIPS survey (refer to the 2018 Registration Guide for the CMS Web Interface and CAHPS for MIPS Survey for more information)</li> </ol>
<p><b>Individual/Solo Practitioners</b>, including</p> <ul style="list-style-type: none"> <li>• <b>MIPS APM participants</b></li> <li>• <b>Non-QP Advanced APM participants</b></li> </ul> <p><i>(1 clinician billing under the TIN/SSN)</i></p>	<ol style="list-style-type: none"> <li>1. Individual practitioners (or their representatives) that will be <b>submitting MIPS data directly</b> to <a href="http://qpp.cms.gov">qpp.cms.gov</a> including data for any, or all, of the following Performance Categories: <ul style="list-style-type: none"> <li>○ <b>Quality</b> (via file upload)</li> <li>○ <b>Advancing Care Information</b> (via file upload or attestation)</li> <li>○ <b>Improvement Activities</b> (via file upload or attestation)</li> </ul> </li> <li>2. Individual practitioners (or their representatives) that have <b>secured an EHR/Health IT Vendor to submit data on their behalf</b> (those that are not a CMS-approved Qualified Clinical Data Registry or Qualified Registry)</li> </ol>

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Who?	Why?
	<p>3. Individual practitioners (or their representatives) that want to <b>view data submitted on their behalf</b> by a Qualified Clinical Data Registry (QCDR), Qualified Registry, or EHR/Health IT Vendor</p> <p>4. Individual practitioners (or their representatives) that want to view MIPS performance feedback and payment adjustment information, and submit a targeted review request</p>
<p><b>Qualified Clinical Data Registries (QCDRs)</b></p> <p><b>Qualified Registries</b></p> <p><b>EHR/Health IT Vendors</b></p>	<p>Third party organizations <b>submitting MIPS data directly</b> to <a href="http://gpp.cms.gov">gpp.cms.gov</a> on behalf of their clients (CPC+ practices, group practices and/or individual practitioners) including data for any, or all, of the following Performance Categories:</p> <ul style="list-style-type: none"> <li>• <b>Quality</b> (via QPP JSON/XML or QRDA III XML file upload)</li> <li>• <b>Advancing Care Information</b> (via QPP JSON/XML or QRDA III XML file upload)</li> <li>• <i>Improvement Activities</i> (via QPP JSON/XML or QRDA III XML file upload)</li> </ul> <p><b>NOTE:</b> An EIDM role is <u>not</u> necessary for data submission via Application Program Interface (API) by QCDRs and Qualified Registries. Please visit the <a href="#">Developer Tools</a> section of <a href="http://gpp.cms.gov">gpp.cms.gov</a> for additional information on API submission.</p>

### III. Which Role Do I Need?

For 2017 Quality Payment Program data submission, users will continue to request the same roles that were needed to submit data to the Physician Quality Reporting System (PQRS).

**Please note:** Even though the EIDM naming convention still refers to “PQRS”, these are the roles needed for QPP submission.

Who?	EIDM Role	EIDM Role Type	Functions
	<b>ACO Security Official</b>	Provider Approver	Please see the 2017 ACO EIDM Registration Guide for

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Who?	EIDM Role	EIDM Role Type	Functions
<p><b>ACOs: Shared Savings Program (SSP)</b> (Primary TIN)</p>	<p><b>Web Interface Submitter</b></p>	<p>PQRS Provider</p>	<p>guidance on these roles. The Registration Guide is on the ACO Portal, accessible through the CMS Enterprise Portal. It is listed under “2017 Quality Measurement and Reporting Guides.”</p>
<p><b>IMPORTANT!</b> Groups participating in a Shared Savings Program (SSP) ACO must obtain EIDM accounts and roles under their Participant TIN to submit and meet the Advancing Care Information requirements under MIPS for purposes of the MIPS APM Scoring Standard and the Shared Savings Program ACO-11 quality measure. <b>Please refer to the “Groups” section of this table for the roles needed.</b></p>			
<p><b>ACOs: Next Generation (NGACO)</b> (Primary TIN)</p>	<p>For 2017 QPP guidance on EIDM registration and roles, please review NGACO EIDM guidance at <a href="https://app.innovation.cms.gov/NGACOCConnect/">https://app.innovation.cms.gov/NGACOCConnect/</a> Questions on EIDM can be sent to <a href="mailto:NextGenerationACOModel@cms.hhs.gov">NextGenerationACOModel@cms.hhs.gov</a></p>		
<p><b>Comprehensive Primary Care Plus (CPC+) Practices</b> The designated CPC+ TIN (2+ clinicians billing under the TIN)</p>	<p><b>Security Official</b></p>	<p>Provider Approver</p>	<ul style="list-style-type: none"> <li>• Approve “PQRS Submitter” role requests by other EIDM account holders for their organization (including EHR/Health IT Vendors reporting on behalf of their practice)</li> <li>• Submit data on behalf of the CPC+ practice</li> <li>• View all data submitted by/on behalf of the CPC+ practice</li> </ul>

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Who?	EIDM Role	EIDM Role Type	Functions
	<b>PQRS Submitter</b>	PQRS Provider	<ul style="list-style-type: none"> <li>• Submit any MIPS data on behalf of the CPC+ practice</li> <li>• View all data submitted by/on behalf of the practice</li> </ul> <p><b>Note:</b> An organization must have a Security Official before a user can request the PQRS Submitter role</p>
<b>Comprehensive Primary Care Plus (CPC+) Practices – Individual/Solo Practitioners</b> <i>(1 clinician billing under the TIN/SSN)</i>	<b>Individual Practitioner</b>	Provider Approver	<ul style="list-style-type: none"> <li>• Approve “PQRS Submitter” role requests by EIDM account holders for the clinician (including EHR/Health IT Vendors reporting on behalf of the clinician)</li> <li>• Submit data on behalf of the clinician</li> <li>• View all data submitted by/on behalf of the clinician</li> </ul>
	<b>Individual Practitioner Representative</b>	PQRS Provider	<ul style="list-style-type: none"> <li>• Submit any MIPS data on behalf of the clinician</li> <li>• View all data submitted by/on behalf of the clinician</li> </ul> <p><b>Note:</b> There must be a user with the Individual Practitioner role before a user can request the Individual Practitioner Representative role</p>

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Who?	EIDM Role	EIDM Role Type	Functions
<p><b>Groups</b>, including:</p> <ul style="list-style-type: none"> <li>• <b>MIPS APM participants</b></li> <li>• <b>Non-QP Advanced APM participants</b></li> </ul> <p><i>(2+ clinicians billing under the TIN)</i></p>	<p><b>Security Official</b></p>	<p>Provider Approver</p>	<ul style="list-style-type: none"> <li>• Approve “PQRS Submitter” or “Web Interface Submitter” role requests by EIDM account holders for their organization (including EHR/Health IT Vendors reporting on behalf of their TIN)</li> <li>• Submit any MIPS data on behalf of the group, either reporting as a group or for eligible clinicians reporting individually</li> <li>• View all data (including PII) submitted by/on behalf of a group reporting as a group (TIN level)</li> <li>• View all data submitted by/on behalf of the clinicians in the practice reporting individually</li> <li>• Access MIPS performance feedback and payment adjustment information</li> <li>• Submit a targeted review request on <a href="http://qpp.cms.gov">qpp.cms.gov</a></li> <li>• Complete, modify or cancel a registration for the CMS Web Interface and/or CAHPS for MIPS survey</li> </ul>
	<p><b>PQRS Submitter</b></p>	<p>PQRS Provider</p>	<ul style="list-style-type: none"> <li>• Submit any non-CMS Web Interface MIPS data</li> </ul>

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Who?	EIDM Role	EIDM Role Type	Functions
			<p>on behalf of the practice, either as a group or for eligible clinicians reporting individually</p> <ul style="list-style-type: none"> <li>• View all data (including PII) submitted by/on behalf of the group</li> <li>• Access MIPS performance feedback and payment adjustment information</li> <li>• Submit a targeted review request on qpp.cms.gov</li> <li>• View all data submitted by/on behalf of the clinicians in the practice reporting individually</li> </ul> <p><b>Note:</b> An organization must have a Security Official before a user can request the PQRS Submitter role</p>
	<b>Web Interface Submitter</b>	PQRS Provider	<ul style="list-style-type: none"> <li>• Submit CMS Web Interface MIPS data on behalf of the practice</li> <li>• View all data (including PII) submitted by/on behalf of the practice</li> <li>• View all data submitted by/on behalf of the clinicians in the practice reporting individually</li> <li>• Access MIPS performance feedback and payment adjustment information</li> </ul>

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Who?	EIDM Role	EIDM Role Type	Functions
			<ul style="list-style-type: none"> <li>Submit a targeted review request on qpp.cms.gov</li> </ul> <p><b>Note:</b> An organization must have a Security Official before a user can request the Web Interface Submitter role</p>
<p><b>Individual/Solo Practitioners, including</b></p> <ul style="list-style-type: none"> <li><b>MIPS APM participants</b></li> <li><b>Non-QP Advanced APM participants</b></li> </ul> <p><i>(1 clinician billing under the TIN/SSN)</i></p>	<p><b>Individual Practitioner</b></p>	<p>Provider Approver</p>	<ul style="list-style-type: none"> <li>Approve “PQRS Submitter” role requests by EIDM account holders for the clinician (including EHR/Health IT Vendors reporting on behalf of the clinician)</li> <li>Submit data on behalf of the clinician</li> <li>Access MIPS performance feedback and payment adjustment information</li> <li>Submit a targeted review request on qpp.cms.gov</li> <li>View all data submitted by/on behalf of the clinician</li> </ul>
	<p><b>Individual Practitioner Representative</b></p>	<p>PQRS Provider</p>	<ul style="list-style-type: none"> <li>Submit any MIPS data on behalf of the clinician</li> <li>View all data submitted by/on behalf of the clinician</li> <li>Access MIPS performance feedback and payment adjustment information</li> </ul>

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Who?	EIDM Role	EIDM Role Type	Functions
			<ul style="list-style-type: none"> <li>Submit a targeted review request on qpp.cms.gov</li> </ul> <p><b>Note:</b> There must be a user with the Individual Practitioner role before a user can request the Individual Practitioner Representative role</p>
<b>Qualified Clinical Data Registries (QCDRs)</b> <b>Qualified Registries</b>	<b>Security Official</b>	Provider Approver	<ul style="list-style-type: none"> <li>Approve “PQRS Submitter” role requests by EIDM account holders under the TIN</li> <li>Submit data on behalf of a group/ clinician</li> <li>View the data they submitted on behalf of the group/ clinician</li> </ul>
	<b>PQRS Submitter</b>	PQRS Provider	<ul style="list-style-type: none"> <li>Submit data on behalf of a group/ clinician</li> <li>View the data they submitted on behalf of the group/ clinician</li> </ul> <p><b>Note:</b> An organization must have a Security Official before a user can request the PQRS Submitter role</p>
<b>EHR/Health IT Vendors</b>	<b>PQRS Submitter</b>	PQRS Provider	<ul style="list-style-type: none"> <li>Submit MIPS data on behalf of the group/clinician</li> <li>View all data submitted by/on behalf of the group/clinician</li> </ul> <p><b>*IMPORTANT*</b> EHR/Health IT Vendors must request this</p>

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			role for <b>each</b> group or individual practitioner for whom they are submitting data. (One request per TIN.) Please note that these groups and/or individual practitioners must have an EIDM account with the appropriate Provider Approver role to approve the EHR/Health IT Vendor role request.

#### IV. What Do I Do Now?

- **Determine whether your organization is already registered in EIDM**

To find out if your practice or organization is already registered in the EIDM, please contact the Quality Payment Program by phone at 1-866-288-8292 / TTY 877-715-6222 or by email at [gpp@cms.hhs.gov](mailto:gpp@cms.hhs.gov). You will need to provide the group's TIN and the name of the group.

- **Identify your organization's Security Official**

To determine the group's Security Official, please contact the Quality Payment Program by phone at 1-866-288-8292 / TTY 877-715-6222 or by email at [gpp@cms.hhs.gov](mailto:gpp@cms.hhs.gov). You will need to provide the group's TIN and the name of the group.

If your group does not already have a Security Official, designate one.

- **Gather the required information for each role**

- Users requesting the **Security Official** role must provide:
  - Group's Medicare billing TIN,
  - Legal Business Name,
  - Rendering NPIs for **two different** eligible clinicians who bill under the TIN and their corresponding individual Provider Transaction Access Numbers (PTANs) (do not use the GROUP NPI or GROUP PTAN), and
  - Organization Address, City, State, Zip Code, and Phone Number.
- Users requesting the **Individual Practitioner** role must provide:

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- Clinician's Name,
- Clinician's Medicare billing TIN,
- Legal Business Name,
- Clinician's Rendering NPI and corresponding individual Provider Transaction Access Numbers (PTAN), and
- Address, City, State, Zip Code, and Phone Number.
- Users requesting the **PQRS Submitter, Web Interface Submitter, or Individual Practitioner Representative** role must provide:
  - Group's Medicare billing TIN,
  - Legal Business Name, and
  - Address, City, State, Zip Code, and Phone Number.

**Review the HHS Rules of Behavior, which govern the use of systems containing Personally Identifiable Information (PII) and Personal Health Information (PHI)**

- These rules, which include prohibitions against unauthorized access (such as sharing account information), are located here:  
<https://www.hhs.gov/about/agencies/asa/ocio/cybersecurity/rules-of-behavior-for-use-of-hhs-information-resources/index.html>
- Please note that when creating an EIDM account or requesting an EIDM role, you will be required to acknowledge your agreement to abide by these rules

**Create an EIDM account and/or request the appropriate role by following the instructions in this guide**

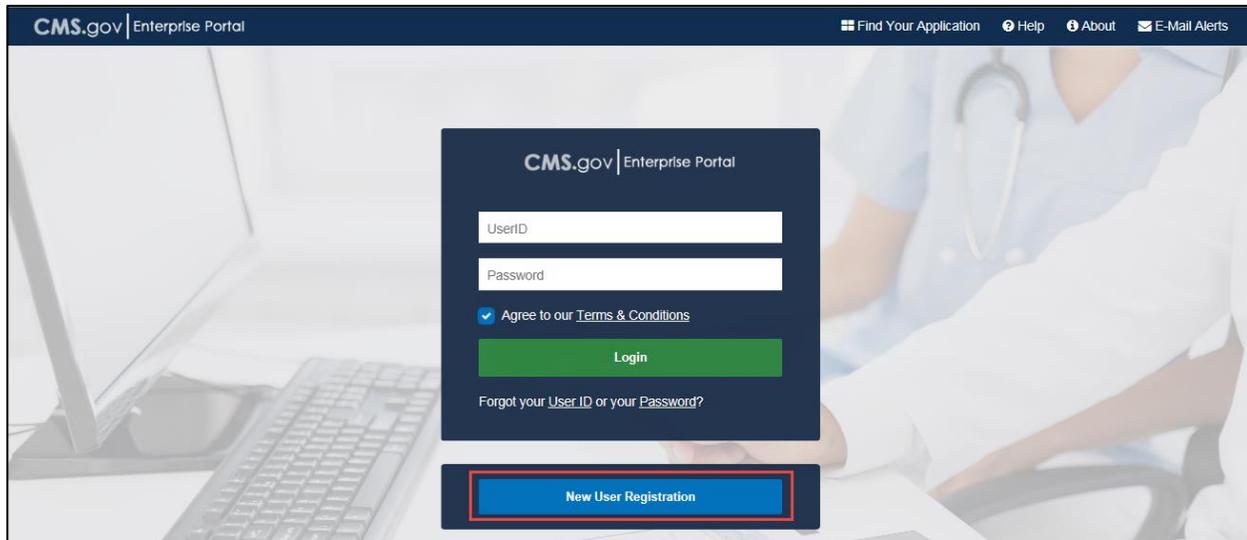
**Note:** You have **twenty-five (25)** minutes to complete each screen (unless a different time is noted on the screen). If you take longer than 25 minutes to complete a screen, you will lose all the information you entered and will need to start the process again.

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## V. Creating an EIDM Account

**Already have an EIDM Account?** Skip this section.

1. Navigate to <https://portal.cms.gov/>. The CMS Enterprise Portal page is displayed.
2. Select the 'New User Registration' link.



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3. Select **PV: Physician Quality and Value Programs** from the drop-down list, select '**I agree to the terms and conditions,**' and then select '**Next**' to continue with the registration process.

The screenshot displays the 'Step #1: Choose Your Application' page on the CMS.gov Enterprise Portal. At the top, the navigation bar includes 'CMS.gov Enterprise Portal', 'Find Your Application', 'Help', and 'About'. The main heading is 'Step #1: Choose Your Application', followed by the instruction: 'Step 1 of 3 - Select your application from the dropdown. You will then need to agree to the terms.' Below this is a dropdown menu with 'PV: Physician Quality and Value Programs' selected. A 'Terms & Conditions' section is visible, containing OMB No. 0938-1236 (Expiration Date: 04/30/2017) and OMB No. 0938-1236 (Expiration Date: 04/30/2017 (OMB Re-Certification Pending) | Paperwork Reduction Act). A 'Consent to Monitoring' checkbox is checked, with the text 'I agree to the terms and conditions' next to it. A green 'Next' button and a grey 'Cancel' button are located at the bottom right. Red arrows highlight the dropdown menu, the checked checkbox, and the 'Next' button.

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- The **'Register Your information'** page is displayed. Provide the information requested on the **'Register Your Information'** page. The fields with an asterisk (\*) are required fields and must be completed. After all required information has been provided, select **'Next'** to continue.

**Step #2: Register Your Information**

Step 2 of 3 - Please enter your personal and contact information.

All fields are required unless marked 'Optional'.

Enter First Name    Enter Middle Name (optional)    Enter Last Name    Suffix (optional) ▼

Enter Social Security Number (optional)    Birth Month ▼    Birth Date ▼    Birth Year ▼

Is Your Address US Based?  
 Yes     No

Enter Home Address #1    Enter Home Address #2 (optional)

Enter City    State ▼    Enter Zip Code    Enter Zip+4 (optional)

Enter E-mail Address    Confirm E-mail Address

Enter Phone Number

**NOTE:** You may select **'Cancel'** at any time to exit out of the user ID registration process. All information provided, and any changes made, will not be saved.

After providing the required information on the **'Register Your Information'** page, the **'Create User ID, Password & Security'** page is displayed.

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5. Create your EIDM User ID and Password of your choice and based on the requirements for creating a user ID.

**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.

**Note:** Do not use the @ symbol when creating your User ID.

**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.

6. **Select three (3) security questions** from the Security Question drop-down menu and provide the answer to each security questions.
7. Select **Next**.

### Step #3: Create User ID, Password & Security

Step 3 of 3 - Please create User ID and Password, Select security questions and provide answers.

<input type="text" value="Enter User ID"/>	
<input type="text" value="Enter Password"/>	<input type="text" value="Enter Confirm Password"/>
<input type="text" value="Select Security Question #1"/>	<input type="text" value="Enter Security Question #1 Answer"/>
<input type="text" value="Select Security Question #2"/>	<input type="text" value="Enter Security Question #2 Answer"/>
<input type="text" value="Select Security Question #3"/>	<input type="text" value="Enter Security Question #3 Answer"/>
<input type="button" value="Back"/>	<input type="button" value="Next"/> <input type="button" value="Cancel"/>

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Review the **Registration Summary** screen and select **Submit User** to continue with the new registration process.

**CMS.gov** Enterprise Portal Find Your Application Help About E-Mail Alert

## Registration Summary

Please review your information and make any necessary changes before submitting.

PV: Physician Quality and Value Programs

All fields are required unless marked "Optional".

First Name: tom | Enter Middle Name (optional): | Last Name: cat | Suffix (optional):

Social Security Number (optional): 99999999 | 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: | Confirm Password: |

What is your favorite radio station? | Challenge Question #1 Answer: station

What is a relative's telephone number that is not your own? | Challenge Question #2 Answer: own

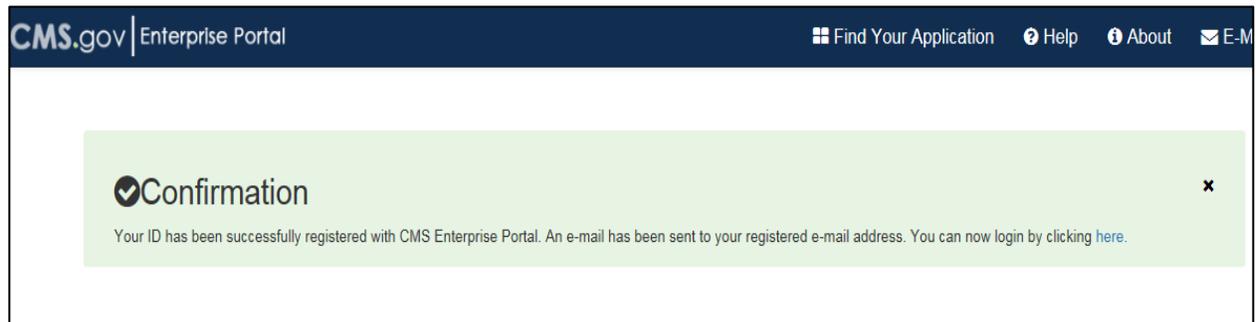
What is the name of your favorite childhood friend? | Challenge Question #3 Answer: friend

**Submit User** Cancel

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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.

You can login to the CMS Enterprise Portal by clicking on the “here” link.



## VI. Requesting an Approver Role

[Skip this section](#) if you:

- Are an EHR/Health IT Vendor that is not a CMS-approved Qualified Clinical Data Registry or Qualified Registry
- Already have a Provider Approver for your organization

**PLEASE NOTE:** A ‘Provider Approver’ role is the first role that must be requested by an organization/individual practitioner, because the user with this role will approve all subsequent role requests for the organization/individual practitioner.

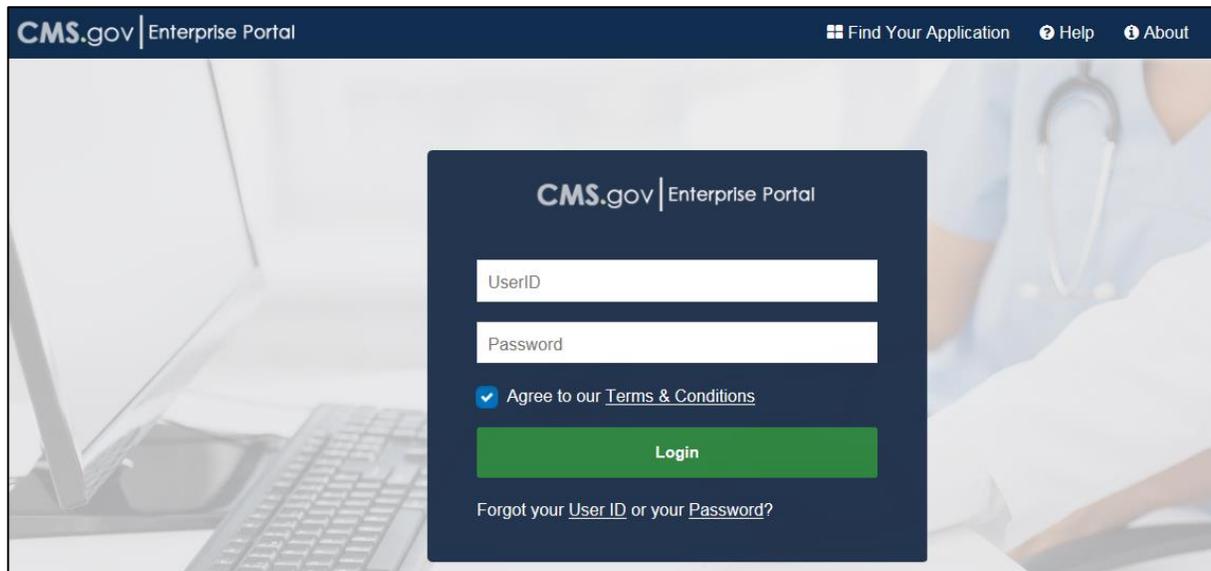
**Important:** You will not be able to log into the QPP portal if your username includes an @ symbol. Please contact the Quality Payment Program by phone at 1-866-288-8292 / TTY 877-715-6222 or by email at [qpp@cms.hhs.gov for assistance](mailto:qpp@cms.hhs.gov).

The section provides instruction for users for requesting the following Provider Approver roles:

- **Security Official** (Groups with 2+ clinicians, CPC+ Practice Sites, Qualified Registries, Qualified Clinical Data Registries)
- **Individual Practitioner** (1 clinician billing under the TIN/SSN)

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[qpp@cms.hhs.gov](mailto:qpp@cms.hhs.gov)  
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1. Navigate to <https://portal.cms.gov/>. The CMS Enterprise Portal home page is displayed.
2. Once on the page, enter your EIDM **user ID** and **password**. **Select Agree to our Terms & Conditions** checkbox and then select **Login** on the CMS Enterprise Portal.



CMS.gov | Enterprise Portal

Find Your Application Help About

CMS.gov | Enterprise Portal

User ID

Password

Agree to our [Terms & Conditions](#)

Login

[Forgot your User ID or your Password?](#)

3. Upon initial login, the CMS Enterprise Portal My Portal page is displayed. Select Request/Add Apps link on the My Portal screen page to begin the process of requesting a new user role request access to CMS Systems/Applications



CMS.gov | My Enterprise Portal

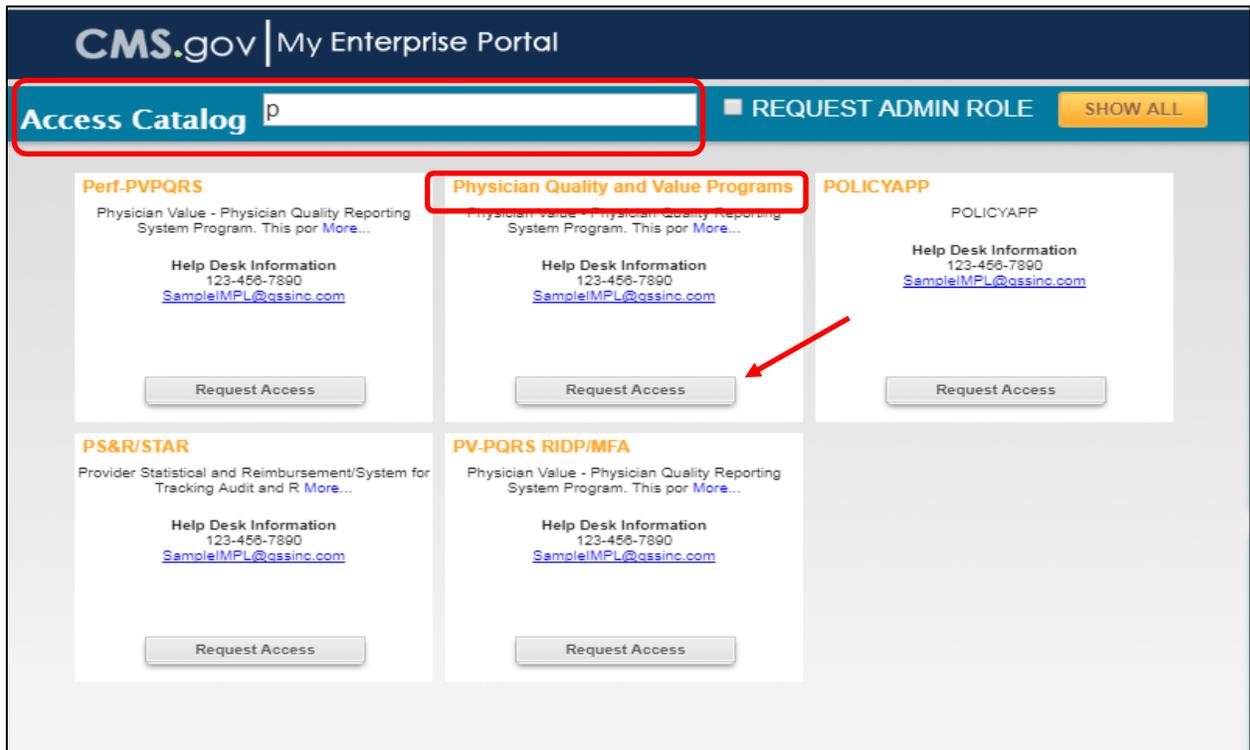
## My Portal

Use the below link to request access to CMS Systems/Applications.

  
Request/Add Apps

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[qpp@cms.hhs.gov](mailto:qpp@cms.hhs.gov)  
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- Select the 'Physician Quality and Value Programs' domain and select 'Request Access.'



**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.

- At the top of the next screen, the Physician Quality and Value Programs application will be auto-populated. Under 'Select a Group', select "



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6. Select the appropriate **'Approver Role'**, either **'Security Official'** or **'Individual Practitioner'**, then select **'Next'**.

**NOTE:** The **'Security Official'** role will be selected for those users in a third-party organization or that have multiple eligible clinicians (2+) billing under a TIN. The **'Individual Practitioner'** role will be selected for those that are a sole proprietor billing under a TIN or SSN.

**Request New Application Access** \* Required Field

Application Description:

Physician Value - Physician Quality Reporting System Program. This portal allows access to applications such as Submissions, Web Interface, Feedback Dashboard and Reports and, if applicable, electing CAHPS.

Select a Group:

- PQRS Provider
- PV Provider
- Provider Approver
- CMS/Help Desk User

Select a Role:

Role Description: Approver Roles to approve other users for that group for PQRS and PV-PQRS. To register in the PV-PQRS for PV...  
ACO Security Official...  
**Security Official**...  
Individual Practitioner...  
This role requires Identity Verification and may require multi-factor authentication credentials to be set up. If your Level of Assurance has not been met for this role, you will be asked to provide additional information to verify your identity and if applicable, register a device for multi-factor authentication. Please select 'Next' to continue

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7. Select **'Next'** to complete the **'Identity Verification'** section. The Identity Verification process will only be completed the first time a user requests a role in the Physician Quality and Value Programs domain in EIDM. If the Identity Verification has been completed, users can [skip to step 17](#) to request additional roles

**Request New Application Access**

### Identity Verification

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, primary phone number, date of birth and E-mail 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'.



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8. Read the Terms and Conditions. Select the **'I agree to the terms and conditions'** checkbox and then select **'Next'**, which will be enabled only after checking the **'I agree to the terms and conditions'** checkbox.

**Request New Application Access**

**Terms and Conditions**

OMB No. 0938-1236 | Expiration Date: 04/30/2017 | [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 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.

**Identity Verification**

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.

I agree to the terms and conditions

**Next** **Cancel**

Questions? Contact the Quality Payment Program  
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9. Enter the required information under 'Your Information' section. Select 'Next' when complete.

### Your Information

Enter your legal first name and last name, as it may be required for Identity Verification.

\* First Name:  Middle Name:

\* Last Name:  Suffix:

---

Enter your E-mail address, as it will be used for account related communications.

\* E-mail Address:

Re-enter your E-mail address.

\* Confirm E-mail Address:  

---

Enter your full 9 digit social security number, as it may be required for Identity Verification.

Social Security Number:    

---

Enter your date of birth in MM/DD/YYYY format, as it may be required for Identity Verification.

\* Date of Birth:

---

U.S. Home Address  Foreign address  
Enter your current or most recent home address, as it may be required for Identity Verification.

\* Home Address Line 1:

Home Address Line 2:

\* City:  \* State:   \* Zip Code:  Zip Code Extension:  Country: USA

---

Enter your primary phone number, as it may be required for Identity Verification.

\* Primary Phone Number:

---



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10. Select an answer to each question under **'Verify Identity'**. Select **'Next'** after providing an answer to each question. **'Verify Identity'** question information is provided from Experian in association with the SSN Number provided in step 10.

Your Information **Verify Your Identity**

### Verify Identity

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'.

- SUN WEST MTG
- NORVEST BANK
- INDEPENDENT MTG
- PARKWAY MTG
- NONE OF THE ABOVE/DOES NOT APPLY

Which of the following is a current or previous employer? If there is not a matched employer name, please select 'NONE OF THE ABOVE'.

- DRP COHS
- ENGR CUSTOM PLASTIC
- SOUTH JERSEY GAS CO
- US MARINES
- NONE OF THE ABOVE/DOES NOT APPLY

According to our records, you previously lived on (7TH). Please choose the city from the following list where this street is located.

- VIRGINIA
- CHISHOLM
- WINOIA
- GRAND RAPIDS
- NONE OF THE ABOVE/DOES NOT APPLY

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'.

- 2
- 3
- 4
- 5
- NONE OF THE ABOVE/DOES NOT APPLY

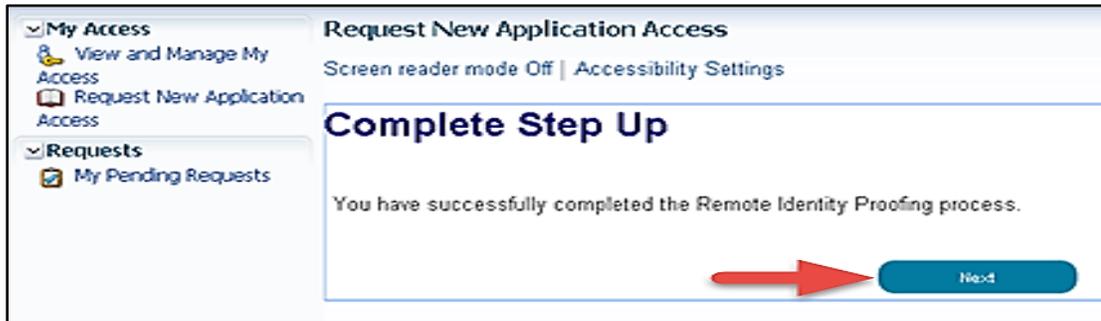
Please select the county for the address you provided.

- BERGEN
- CAMDEN
- ATLANTIC
- MORRIS
- NONE OF THE ABOVE/DOES NOT APPLY

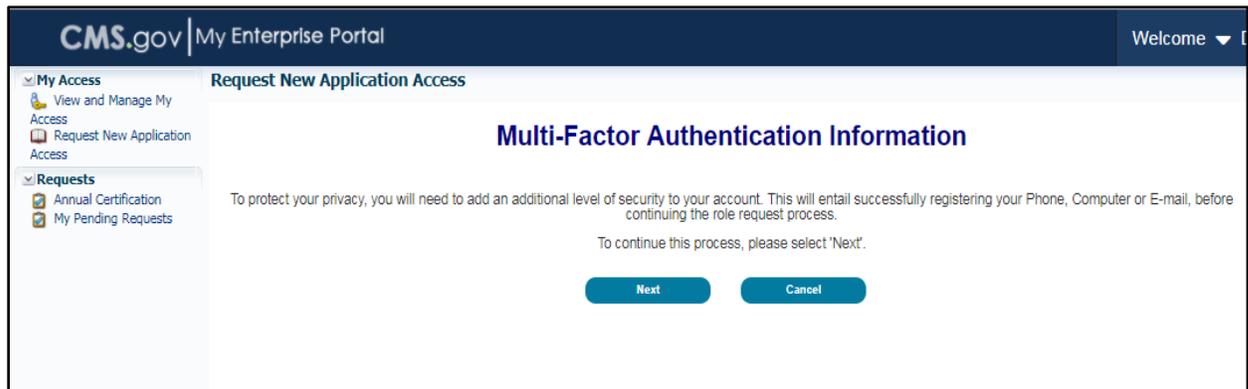


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11. Remote Identity Proofing is now complete. Select '**Next**' to proceed to the 'Multi-Factor Authentication Registration' process.



12. Select '**Next**' to begin registration for '**Multi-Factor Authentication Information**' process.



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13. Read the **Register Your Phone, Computer, or E-mail** notification and then select an option from the **'MFA Device Type'** drop-down menu.

The screenshot shows the 'Register Your Phone, Computer, or E-mail' page in the CMS.gov My Enterprise Portal. The page header includes 'CMS.gov My Enterprise Portal' and 'Welcome Da'. The left sidebar has 'Requests' with sub-items 'Annual Certification' and 'My Pending Requests'. The main content area explains MFA and provides instructions for three options: Phone/Tablet/PC/Laptop, Text Message Short Message Service (SMS), and Interactive Voice Response (IVR). At the bottom, there is a dropdown menu for 'MFA Device Type' with options: 'Phone/Tablet/PC/Laptop', 'E-mail', 'Text Message-Short Message Service(SMS)', and 'Interactive Voice Response(IVR)'. A 'Next' button is visible below the dropdown.

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qpp@cms.hhs.gov  
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14. (a) If selecting **Phone/Tablet/PC/Laptop** as Credential Type, the following required information fields will be displayed: **NOTE:** If you intend to use the VIP access software on your mobile device or computer, you must download the VIP software (<https://vip.symantec.com/>). If the VIP Access Software is not installed on your device, you will be unable to complete the Multi-Factor Authentication process.
- Credential ID
  - MFA Device Description
- (b) If selecting **E-mail One Time Password (OTP)** as Credential Type, the E-mail address on your profile will automatically be used for the E-mail option to obtain the security code and the following required information fields will be displayed:
- MFA Device Description
- (c) If selecting **Text Message – Short Message Service (SMS)** as Credential Type, the following required information fields will be displayed:
- Phone Number
  - MFA Device Description
- (d) If selecting **Interactive Voice Response (IVR)** as Credential Type, the following required information fields will be displayed:
- Phone Number and Extension
  - MFA Device Description

After providing the required information, select '**Next**'.

(Screen shot on next page)

**Request New Application Access**

**Register Your Phone, Computer, or E-mail**

Adding a Security Code to your login also known as Multi-Factor Authentication (MFA) can make your login more secure by providing an extra layer of protection to your user name and password.

You can associate the Security Code to your profile by registering your Phone, Computer or E-mail. Select the links below to find out more information about the options.

▽ **Phone/Tablet/PC/Laptop**  
 To use the Validation and ID Protection (VIP) access software on your phone or computer, you must download the VIP Access software, if you do not already have it. Select the following link - <https://m.vip.symantec.com>

▽ **Text Message Short Message Service (SMS)**  
 The SMS option will send your Security Code directly to your mobile device via text message. This option requires you to provide a ten (10) digits U.S. phone number for a mobile device that is capable of receiving text messages. Carrier service charges may apply for this option.

▽ **Interactive Voice Response (IVR)**  
 The IVR option will communicate your Security Code through a voice message that will be sent directly to your phone. This option requires you to provide a valid ten (10) digits U.S. phone number and (Optional) extension that will be used during login to obtain the Security Code. The extension may begin with any one of the following: asterisks (\*); period (.); comma (,); pound (#), followed by numeric 0 to 9. For example: 4885554444, 1112.

- , (comma) Creates a short delay of approximately 2 seconds;
- . (period) Creates a longer delay of approximately 5 seconds;
- \* (asterisk) Used by some phone systems to access an extension; and
- # (pound/hash) Used by some phone systems to access an extension;

You may use a comma if you are not sure of the special character supported by your phone system.  
 To access the application, you must enter the provided Security Code on the login page. Carrier service charges may apply for this option.

▽ **E-mail**  
 The E-mail address on your profile will be used when registering for Multi-Factor Authentication (MFA) using the E-mail option. When logging into a secure application, your Security Code that is required at the login page will be E-mailed to the E-mail address on your profile.

Please note that you are only allowed two attempts to register your MFA device. If you are unable to register your device within two attempts please log out, then log back in to try again.

Select the MFA Device Type that you want to use to login to secure applications from the dropdown menu below.

\* MFA Device Type:

Enter the alphanumeric code that displays under the label Credential ID on your device.

\* Credential ID:

\* MFA Device Description:

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15. Registration for the **Multi-Factor Authentication** is now complete. Select **'Next'** to proceed to request the role.

The screenshot shows a web interface with a left sidebar containing 'My Access' and 'Requests' sections. The main content area is titled 'Request New Application Access' and includes a sub-header 'Register Your Phone, Computer, or E-mail'. A message states: 'You have successfully registered your Phone/Computer/E-mail to your user profile. Please select 'Next' to continue with your role request.' A blue 'Next' button is positioned below the message.

16. On the **Request New Application Access** page, provide the required information under the **Business Contact Information** and **Phone** sections. Note that the information in the Name section will be pre-populated with the Remote Identity Proofing information.

The screenshot displays the 'Request New Application Access' form. It includes a legend for '\* Required Field'. The 'Name' section has pre-filled fields for Title, First Name (tom), Middle Name, Last Name (cat), and Suffix. Below are fields for Professional Credentials and Social Security Number (\*\*\*\*\*7889). The 'Business Contact Information' section contains fields for Company Name, Address 1, Address 2, City, State/Territory, Zip Code, and Zip Code Extension. The 'Phone' section has fields for Company Phone Number and Office Phone Number, each with an associated Extension field. A red arrow points to the 'Next' button, and a 'Cancel' button is also visible.

Questions? Contact the Quality Payment Program  
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 qpp@cms.hhs.gov  
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17. Refer to step **17A** for information on requesting a **'Security Official'** role and **17B** for information on requesting an **'Individual Practitioner'** role.

**A. Security Official (SO)**

- Select either **'Create an Organization'** or **'Associate to an Existing Organization'**
- The first user registering on behalf of the organization will select **'Create an Organization'**; other users registering with an existing EIDM organization will select **'Associate to an Existing Organization'**.
  - To **Create an Organization**:
    - Complete the required information for the practice and select **Next** to continue

The screenshot shows a registration form for a Security Official role. At the top, 'Select a Role:' is set to 'Security Official'. Below this is a 'Role Description' paragraph. 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 identification and contact information, including TIN, Group Unique Identifier, ACO Parent TIN, Legal Business Name, NPI and PTAN numbers for up to three individuals, address lines, city, state, zip code, phone and fax numbers, email, and website. A 'Reason for Request' text area is at the bottom. At the bottom right, there are 'Next' and 'Cancel' buttons, with a red arrow pointing to the 'Next' button.

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**NOTE:** When creating a new organization, you have 3 attempts to enter 2 valid individual National Provider Identifier/Provider Transaction Account Number (NPI/PTAN) combinations. If the information is a confirmed match, the request will be auto approved. If you exceed these attempts, your request will be sent on for manual approval.

Example: Healthy Clinic with Medicare billing TIN 11-1111111 has ten eligible professionals in the group. Enter the rendering NPI and individual PTAN combinations for two of the eligible clinicians: Dr. Smith and Dr. Beaver.

- Dr. Smith's rendering NPI is 4545454545 and the corresponding individual PTAN is G676767676.

**Note:** PTANs are alphanumeric therefore, enter the alpha characters.

- Dr. Beaver's rendering NPI is 2525252525 and the corresponding individual PTAN is 0012789456.

**Note:** All leading zeroes in the PTAN should be entered.

**\*Registries and QCDRs:** Qualified Registries and Qualified Clinical Data Registries have no NPI/PTAN combinations associated with their Tax ID and will have to be manually approved. Please enter all 0s (zeroes) in these fields; after the 3rd failed attempt, your request will be routed to the Quality Payment Program for manual approval.

ii. To **Associate to an Existing Organization**

a. Enter one of the following for your practice:

- Medicare Billing TIN (preferred search criteria)

OR

- Legal Business Name and State

OR

- Legal Business Name and Street Address

b. Select **Search**

c. Select your group practice from the **Organization** drop-down menu.

d. Enter **Reason for Request** and select **Next**.

**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. Contact the Quality Payment Program for assistance.

Questions? Contact the Quality Payment Program  
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### Request New Application Access \* Required Field

Application Description: Physician Quality and Value Programs

Physician Value - Physician Quality Reporting System Program. This portal allows access to applications such as Submissions, Web Interface, Feedback Dashboard and Reports and, if applicable, electing CAHPS.

Select a Group:  PQRS Provider  
 PV Provider  
 Provider Approver

Select a Role: Security Official

Role Description: 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.

\* Create/Associate:  Associate to an Existing Organization  Create an Organization  
 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.

Legal Business Name:

TIN: 47-4358069

Address Line 1:  Address Line 2:

City:  State:

Zip Code:  Zip Code Extension:

\* Organization: 8069 (3 helms pick, Catonsville, HI)

\* Reason for Request: Role Request

**NOTE:** When associating to an existing organization, the request will be sent to the Security Official for approval.

Questions? Contact the Quality Payment Program  
 1-866-288-8292 | TTY: 1-877-715-6222 |  
 qpp@cms.hhs.gov  
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## B. Individual Practitioner (IP)

- Select either 'Create a New Individual Eligible Professional' or 'Associate to an Existing Individual Eligible Professional'
- The first user registering on behalf of the Individual Practitioner will select 'Create a New Individual Eligible Professional'; other users registering with an existing EIDM Individual Practitioner will select 'Associate to an Existing Individual Eligible Professional'.
  - i. To Create a New Individual Eligible Professional
    - Complete the required information for the provider and select Next to continue

Select a Role: Individual Practitioner

Role Description: An Individual Practitioner can approve the Individual Practitioner Representative role, view PV-PQRS registrations for Performance Year 2013 only, view QLRs for all years, view PQRS Feedback Reports for all years, and initiate an Informal Review Request for their Value Modifier payment adjustment.

\* Create/Associate Individual:  Associate to an Existing Individual Eligible Professional  Create a new Individual Eligible Professional

Individual Eligible Professional Information

\* Individual Eligible Professional's First Name:

Individual Eligible Professional's Middle Name:

\* Individual Eligible Professional's Last Name:

\* Legal Business Name:

\* TIN:

\* NPI:

\* PTAN:

\* Address Line 1:  Address Line 2:

\* City:  \* State:

\* Zip Code:  Zip Code Extension:

Country: United States

\* Phone Number:  Extension:

Fax Number:

Email:

Website:

\* Reason for Request:



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**NOTE:** When creating an Individual Practitioner, you have 3 attempts to enter the valid individual NPI/PTAN combination. If the information is a confirmed match, the request will be auto approved. If you exceed these attempts, your request will be sent on for manual approval. If further assistance is needed, contact the Quality Payment Program.

Example: Dr. Smith's Family Practice with Medicare billing TIN 11-1111111 has a sole eligible clinician in the group. Enter Dr. Smith's rendering NPI and individual PTAN combinations.

- Dr. Smith's rendering NPI is 4545454545 and the corresponding individual PTAN is G676767676.

**Note:** PTANs are alphanumeric therefore, enter the alpha characters, as well as any leading zeroes in the PTAN.

ii. To **Associate to an Existing Individual Practitioner**

- a. Enter one of the following for the provider:

Medicare Billing TIN (preferred search criteria)

OR

Legal Business Name and State

OR

Legal Business Name and Street Address

- b. Select **Search**

- c. Select your group practice from the **Organization** drop-down menu.

- d. Enter Reason for Request and select Next.

**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. Contact the Quality Payment Program for assistance.



**Request New Application Access** \* Required Field

Application Description:    
Physician Value - Physician Quality Reporting System Program. This portal allows access to applications such as Submissions, Web Interface, Feedback Dashboard and Reports and, if applicable, electing CAHPS.

Select a Group:  PQRS Provider   
 PV Provider   
 Provider Approver   
 CMS/Help Desk User

Select a Role:    
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.

\* Create/Associate Individual:  Associate to an Existing Individual Eligible Professional  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.

Legal Business Name:    
TIN:    
Address Line 1:  Address Line 2:    
City:  State:    
Zip Code:  Zip Code Extension:    
   
\* Individual Eligible Professional:    
\* Reason for Request:

**NOTE:** When associating to an existing Individual Practitioner, the request will be sent to the Individual Practitioner for approval.

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18. Review the entire request to confirm all the data was entered accurately. If the information is accurate, select **'Submit'**. If a change needs to be made, select **'Edit'** and make the appropriate changes.

Group Selected: Provider Approver

Role Selected: Individual Practitioner  
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.

**Name**

Title:  First Name:  Middle Name:  Last Name:  Suffix:

Professional Credentials:   
Social Security Number:

**Business Contact Information**

Company Name:   
Address 1:   
Address 2:   
City:   
State/Territory:   
Zip Code:  Zip Code Extension:

**Phone**

Company Phone Number:  Extension:   
Office Phone Number:  Extension:

Create/Associate Individual:  Associate to an Existing Individual Eligible Professional  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.

Individual Eligible Professional:

Reason for Request:



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19. A tracking number will be displayed on screen, select 'ok'. The tracking number is also sent via email to the requestor. This tracking number should be retained until the requested role has been applied to the account.

**Request New Application Access Acknowledgement**

Your EIDM request has been successfully submitted.  
The tracking number for your request is:  
**2610049 - ADD - Individual Practitioner - Organization - NGC IP Test (2810 Lord Baltimore Dr, Baltimore, MD)**

Please use this number in all correspondence concerning this request.  
You will receive an email once your request has been processed.



**NOTES:**

- Please be sure to create the new Organization or Individual Practitioner using the provider's(s') Individual NPI and PTAN combination(s). If you need to verify this information, contact your Medicare Part B Contractor.
- The approver(s) will receive an email notifying them of the request for approval.
- The approver will need to log into the CMS Enterprise Portal to approve or reject the request.

The notification of approval, denial, or other requests will be sent to the role requestor's email address on file for the request.

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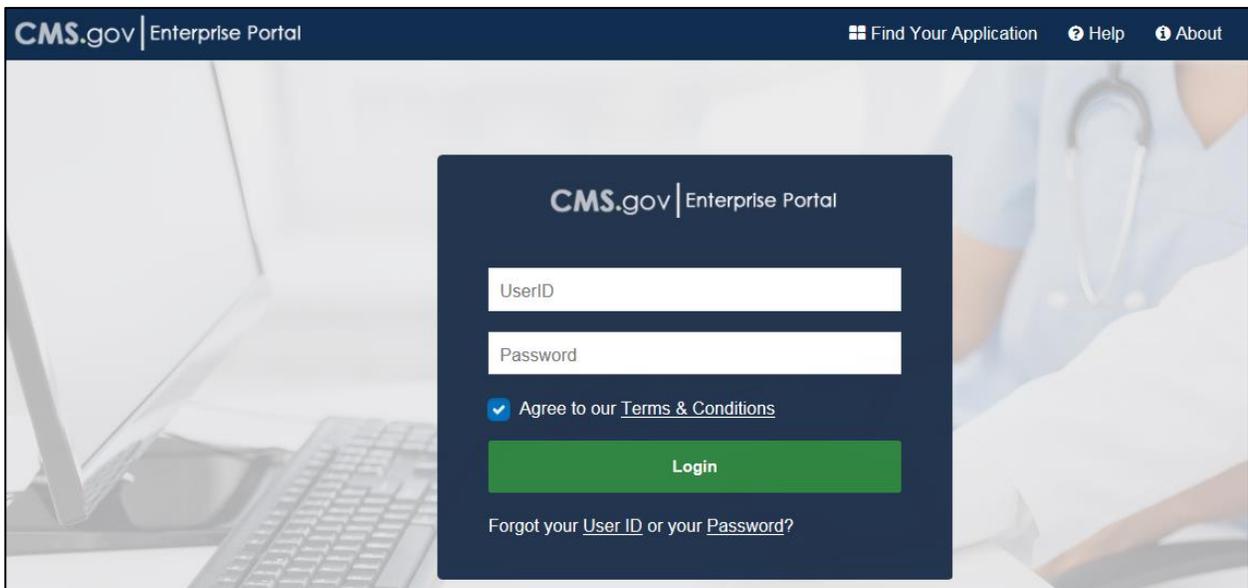
## VII. Requesting a Provider Role

Once an organization or individual practitioner has a user with a 'Provider Approver' role, additional users can request roles for the organization.

**\*IMPORTANT note for EHR/Health IT Vendors** (that are **not** CMS-approved Qualified Clinical Data Registries or Qualified Registries):\* If you are reporting QPP data on behalf of your clients, you will need to repeat these steps for **EACH TIN** ('organization' or 'individual practitioner') for whom you are submitting data.

**Please note:** Even though the EIDM naming convention still refers to "PQRS", these are the roles needed for QPP submission.

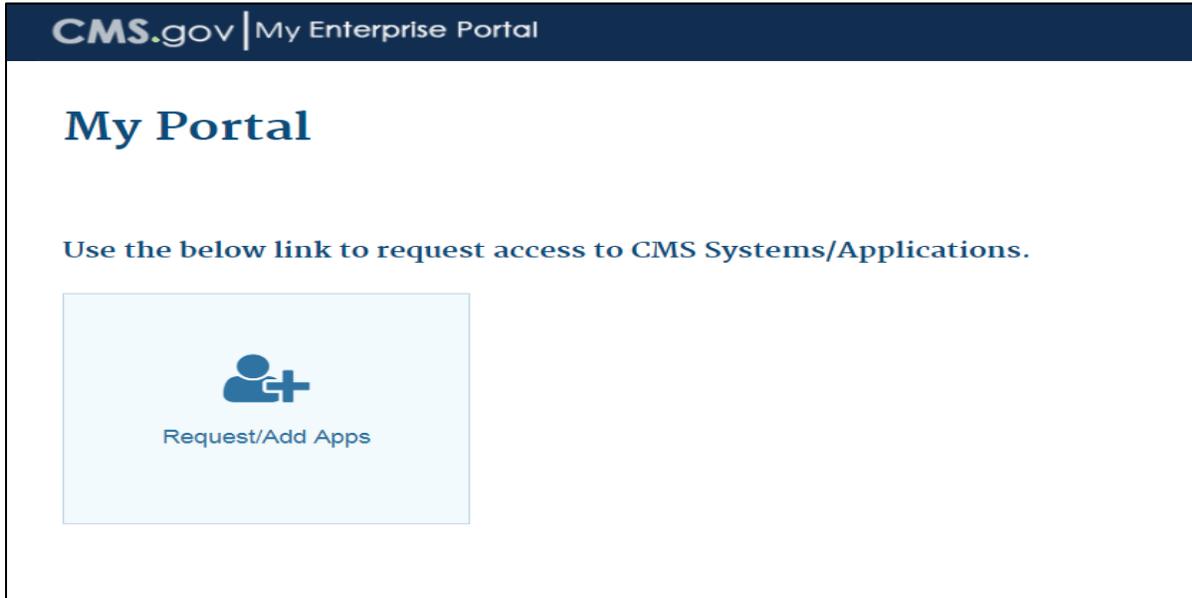
1. Navigate to <https://portal.cms.gov>. The CMS Enterprise Portal home page is displayed.
2. Once on the page, enter your EIDM **user ID** and **password**. Select **Agree to our Terms & Conditions** checkbox and then select **Login** on the CMS Enterprise Portal.



The screenshot displays the CMS.gov Enterprise Portal login interface. At the top, the header includes the CMS.gov logo and the text 'Enterprise Portal'. To the right of the header are three navigation links: 'Find Your Application', 'Help', and 'About'. The main content area features a dark blue login box with the following elements: the CMS.gov logo and 'Enterprise Portal' text; a 'UserID' input field; a 'Password' input field; a checked checkbox labeled 'Agree to our Terms & Conditions'; a prominent green 'Login' button; and a link for 'Forgot your User ID or your Password?'.

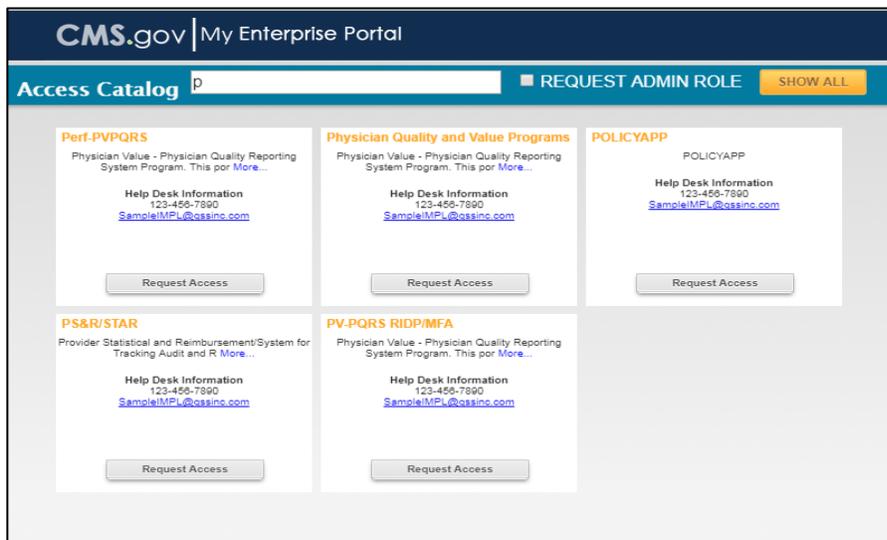
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- Upon initial login, the CMS Enterprise Portal My Portal page is displayed. Select Request/Add Apps link on the My Portal screen page to begin the process of requesting new user role access to CMS Systems/Applications



- Select the 'Physician Quality and Value Programs' domain and select 'Request Access.'

**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.



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5. The Physician Quality and Value Programs Domain will be auto-populated. Under ‘**Select a Group**’, select ‘**PQRS Provider**.’
6. Select the appropriate ‘**Role**’ from the drop-down menu. The roles listed in the beginning of this document may be used as a reference to ensure the correct request is made.

The screenshot shows the 'Request New Application Access' form. The 'Application Description' is set to 'Physician Quality and Value Programs'. Under 'Select a Group', the 'PQRS Provider' radio button is selected. A red box highlights this section with an arrow pointing to it labeled 'Step 6'. Below this, the 'Select a Role' dropdown menu is open, showing a list of roles including 'PQRS Representative', 'User Roles', 'PQRS Submitter', 'Web Interface Submitter', 'Individual Practitioner Representative', and 'Physician Quality Initiatives Portal (PQIP) Group Representative'. A red box highlights this dropdown with an arrow pointing to it labeled 'Step 7'. At the bottom right, there are 'Next' and 'Cancel' buttons, with a red arrow pointing to the 'Next' button.

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7. Select **'Next'** to complete the **'Identity Verification'** section. The Identity Verification process will only be completed the first time a user requests a role in the Physician Quality and Value Programs domain in EIDM.

**NOTE:** If the Identity Verification has been completed, users can [skip to step 16](#) to request additional roles.

### Request New Application Access

## Identity Verification

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, primary phone number, date of birth and E-mail 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'.



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8. Read the Terms and Conditions. Select the **'I agree to the terms and conditions'** checkbox and then select **'Next'**, which will be enabled only after checking the **'I agree to the terms and conditions'** checkbox.

### Request New Application Access

#### Terms and Conditions

OMB No. 0938-1238 | Expiration Date: 04/30/2017 | [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 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.

#### Identity Verification

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.

I agree to the terms and conditions

**Next** **Cancel**

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9. Enter the required information under 'Your Information' section. Select 'Next' when complete.

### Your Information

Enter your legal first name and last name, as it may be required for Identity Verification.

\* First Name:  Middle Name:

\* Last Name:  Suffix:

---

Enter your E-mail address, as it will be used for account related communications.

\* E-mail Address:

Re-enter your E-mail address.

\* Confirm E-mail Address:  

---

Enter your full 9 digit social security number, as it may be required for Identity Verification.

Social Security Number:    

---

Enter your date of birth in MM/DD/YYYY format, as it may be required for Identity Verification.

\* Date of Birth:

---

U.S. Home Address  Foreign address  
Enter your current or most recent home address, as it may be required for Identity Verification.

\* Home Address Line 1:

Home Address Line 2:

\* City:  \* State:  \* Zip Code:  Zip Code Extension:  Country: USA

---

Enter your primary phone number, as it may be required for Identity Verification.

\* Primary Phone Number:

---



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10. Select an answer to each question under 'Verify Identity'. Select 'Next' after providing an answer to each question. 'Verify Identity' question information is provided from Experian in association with the SSN Number provided in step 10.

Your Information **Verify Your Identity**

### Verify Identity

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'.

- SUN WEST MTG
- NORWEST BANK
- INDEPENDENT MTG
- PARKWAY MTG
- NONE OF THE ABOVE/DOES NOT APPLY

Which of the following is a current or previous employer? If there is not a matched employer name, please select 'NONE OF THE ABOVE'.

- DRP COHS
- ENGR CUSTOM PLASTIC
- SOUTH JERSEY GAS CO
- US MARINES
- NONE OF THE ABOVE/DOES NOT APPLY

According to our records, you previously lived on (7TH). Please choose the city from the following list where this street is located.

- VIRGINIA
- CHISHOLM
- WINONA
- GRAND RAPIDS
- NONE OF THE ABOVE/DOES NOT APPLY

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'.

- 2
- 3
- 4
- 5
- NONE OF THE ABOVE/DOES NOT APPLY

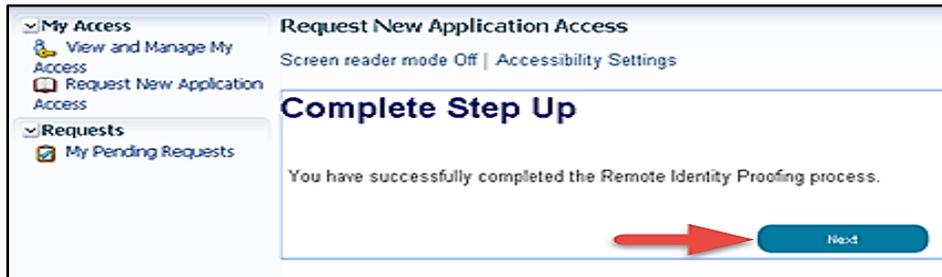
Please select the county for the address you provided.

- BERGEN
- CAMDEN
- ATLANTIC
- MORRIS
- NONE OF THE ABOVE/DOES NOT APPLY

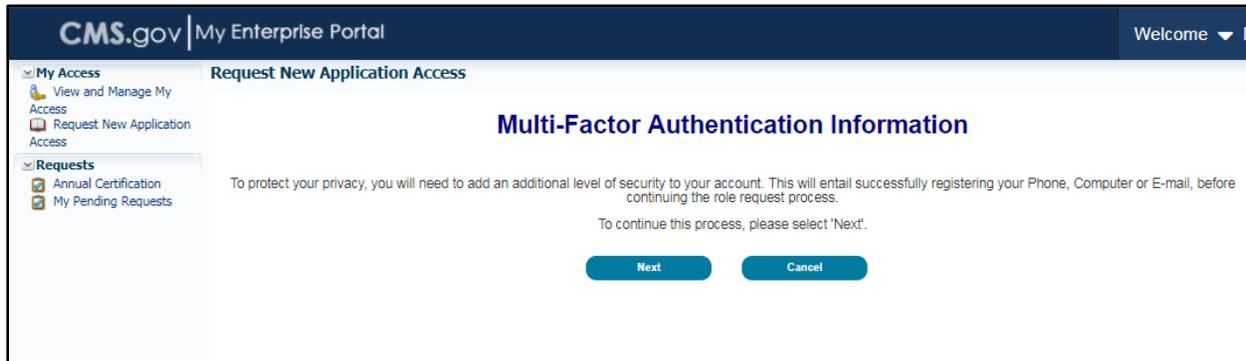


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11. Remote Identity Proofing is now complete. Select '**Next**' to proceed to the '**Multi-Factor Authentication Registration**' process.

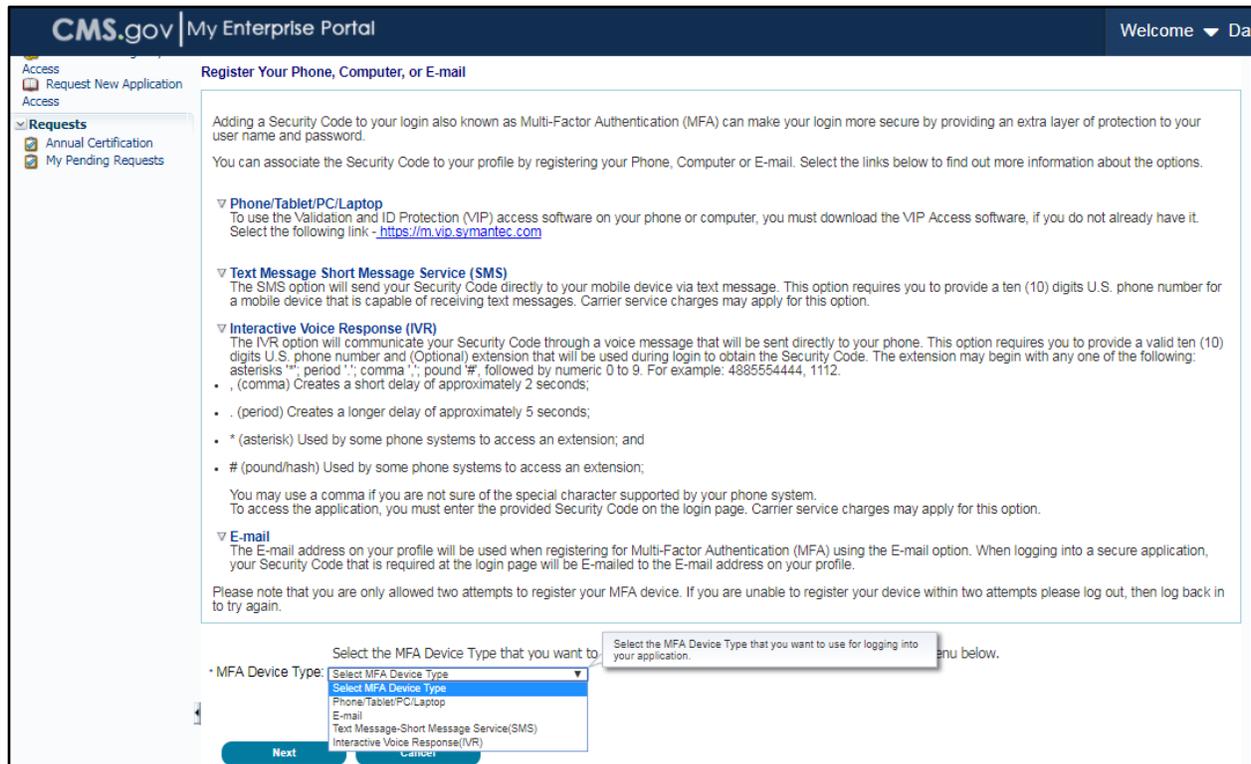


12. Select '**Next**' to begin registration for '**Multi-Factor Authentication Information**' process.



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13. Read the **Register Your Phone, Computer, or E-mail** notification and then select an option from the 'MFA Device Type' drop-down menu.



14. If selecting Phone/Tablet/PC/Laptop as Credential Type, the following required information fields will be displayed: NOTE: If you intend to use the VIP access software on your mobile device or computer, you must download the VIP software (<https://vip.symantec.com/>). If the VIP Access Software is not installed on your device, you will be unable to complete the Multi-Factor Authentication process.

- Credential ID
- MFA Device Description

(b) If selecting E-mail One Time Password (OTP) as Credential Type, the E-mail address on your profile will automatically be used for the E-mail option to obtain the security code and the following required information fields will be displayed:

- MFA Device Description

(c) If selecting Text Message – Short Message Service (SMS) as Credential Type, the following required information fields will be displayed:

- Phone Number

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- MFA Device Description

(d) If selecting Interactive Voice Response (IVR) as Credential Type, the following required information fields will be displayed:

- Phone Number and Extension
- MFA Device Description

After providing the required information, select 'Next'.

**Request New Application Access**

Register Your Phone, Computer, or E-mail

Adding a Security Code to your login also known as Multi-Factor Authentication (MFA) can make your login more secure by providing an extra layer of protection to your user name and password.

You can associate the Security Code to your profile by registering your Phone, Computer or E-mail. Select the links below to find out more information about the options.

**Phone/Tablet/PC/Laptop**  
To use the Validation and ID Protection (VIP) access software on your phone or computer, you must download the VIP Access software, if you do not already have it. Select the following link - <https://m.vip.svmanitac.com>

**Text Message Short Message Service (SMS)**  
The SMS option will send your Security Code directly to your mobile device via text message. This option requires you to provide a ten (10) digits U.S. phone number for a mobile device that is capable of receiving text messages. Carrier service charges may apply for this option.

**Interactive Voice Response (IVR)**  
The IVR option will communicate your Security Code through a voice message that will be sent directly to your phone. This option requires you to provide a valid ten (10) digits U.S. phone number and (Optional) extension that will be used during login to obtain the Security Code. The extension may begin with any one of the following: asterisks \*; period .; comma ;; pound #; followed by numeric 0 to 9. For example: 4885554444, 1112.

- , (comma) Creates a short delay of approximately 2 seconds;
- . (period) Creates a longer delay of approximately 5 seconds;
- \* (asterisk) Used by some phone systems to access an extension; and
- # (pound/hash) Used by some phone systems to access an extension;

You may use a comma if you are not sure of the special character supported by your phone system.  
To access the application, you must enter the provided Security Code on the login page. Carrier service charges may apply for this option.

**E-mail**  
The E-mail address on your profile will be used when registering for Multi-Factor Authentication (MFA) using the E-mail option. When logging into a secure application, your Security Code that is required at the login page will be E-mailed to the E-mail address on your profile.

Please note that you are only allowed two attempts to register your MFA device. If you are unable to register your device within two attempts please log out, then log back in to try again.

Select the MFA Device Type that you want to use to login to secure applications from the dropdown menu below.

\* MFA Device Type:

Enter the alphanumeric code that displays under the label Credential ID on your device.

\* Credential ID:

\* MFA Device Description:

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15. Registration for the **Multi-Factor Authentication** is now complete. Select **'Next'** to proceed to request the role.

The screenshot shows a web interface with a left sidebar containing 'My Access' and 'Requests' sections. The main content area is titled 'Request New Application Access' and has a sub-header 'Register Your Phone, Computer, or E-mail'. A message states: 'You have successfully registered your Phone/Computer/E-mail to your user profile. Please select 'Next' to continue with your role request.' A blue 'Next' button is positioned below the message.

16. On the **Request New Application Access** page, provide the required information under the **Business Contact Information** and **Phone** sections. *Note that the information in the Name section will be pre-populated with the Remote Identity Proofing information.*

The screenshot displays the 'Request New Application Access' form. It includes a legend for '\* Required Field'. The 'Name' section has pre-filled fields for Title, First Name (tom), Middle Name, Last Name (cat), and Suffix. Below are empty fields for Professional Credentials and Social Security Number (\*\*\*\*\*7889). The 'Business Contact Information' section contains fields for Company Name, Address 1, Address 2, City, State/Territory, Zip Code, and Zip Code Extension. The 'Phone' section has fields for Company Phone Number and Office Phone Number, each with an adjacent Extension field. At the bottom right, there are 'Next' and 'Cancel' buttons, with a red arrow pointing to the 'Next' button.

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17. Search for the organization or individual practitioner:

a. Enter one of the following for the organization or individual practitioner:

- Medicare Billing TIN (preferred search criteria)

OR

- Legal Business Name and State

OR

- Legal Business Name and Street Address

b. Select **Search**

c. Select the group practice from the **Organization** drop-down menu.

d. Enter a '**Reason for Request**' then select '**Next**'

The screenshot shows a web form titled "Request New Application Access" with a "\* Required Field" indicator in the top right. The form contains the following elements:

- Application Description:** A dropdown menu with "Physician Quality and Value Programs" selected. Below it is a descriptive paragraph: "Physician Value - Physician Quality Reporting System Program. This portal allows access to applications such as Submissions, Web Interface, Feedback Dashboard and Reports and, if applicable, electing CAHPS."
- Select a Group:** Radio buttons for "PQRS Provider", "PV Provider" (selected), "Provider Approver", and "CMS/Help Desk User".
- Select a Role:** A dropdown menu with "Group Representative" selected. A red arrow points to this dropdown.
- Role Description:** Text explaining the Group Representative role: "The Group Representative role allows the user to perform the following tasks on behalf of a group. Register the group to participate in the Quality Payment Program via the CMS Web Interface and/or elect to administer CAHPS for MIPS Survey. View the group's prior registration."
- Search Instructions:** Text: "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."
- Legal Business Name:** A text input field.
- TIN:** A text input field containing "50-8469904". A red arrow points to this field.
- Address Line 1:** A text input field.
- Address Line 2:** A text input field.
- City:** A text input field.
- State:** A dropdown menu.
- Zip Code:** A text input field.
- Zip Code Extension:** A text input field.
- Search:** A blue button with white text. A red arrow points to this button.
- \* Organization:** A dropdown menu. A red arrow points to this dropdown.
- \* Reason for Request:** A large text area. A red arrow points to this area.
- Next/Cancel:** Two buttons at the bottom right. A red arrow points to the "Next" button.

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18. Review the request to confirm the accuracy of the role request and practice/practitioner affiliation. Select **'Submit'** to complete the request or **'Edit'** to make any corrections.

**Request New Application Access Review** \* Required Field

**My Access**  
View and Manage My Access  
Request New Application Access

**Requests**  
Annual Certification  
My Pending Requests

Application Description:  ▼  
Physician Value - Physician Quality Reporting System Program. This portal allows access to applications such as Submissions, Web Interface, Feedback Dashboard and Reports and, if applicable, electing CAHPS.

Group Selected: PV Provider

Role Selected: Individual Practitioner Representative  
Role Description: An Individual Practitioner Representative role can 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 the Value Modifier payment adjustment on behalf of a solo practitioner, physician assistant, nurse practitioner, clinical nurse specialists or certified registered nurse anesthetist.

**Name**

Title:  First Name:  Middle Name:  Last Name:  Suffix:

Professional Credentials:   
Social Security Number:

**Business Contact Information**

Company Name:   
Address 1:   
Address 2:   
City:   
State/Territory:  ▼  
Zip Code:  Zip Code Extension:

**Phone**

Company Phone Number:  Extension:   
Office Phone Number:  Extension:

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.

Individual Eligible Professional:  ▼

Reason for Request:

Questions? Contact the Quality Payment Program  
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19. A tracking number will be displayed on screen, select 'ok'. The tracking number is also sent via email to the requestor. This tracking number should be retained until the requested role has been applied to the account.



#### NOTES:

- The above role requests will be directed to the appropriate approver(s) for the organization or Individual Practitioner to complete the process.
- The approver(s) will receive an email notifying them of the request for approval.
- The approver will need to log into the CMS Enterprise Portal to approve or reject the request.
- The notification of approval, denial, or other requests will be sent to the role requestor's email address on file for the request.

**If you have questions or need further assistance, please contact the Quality Payment Program using the contact information at the bottom of each page of this guide.**

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