

Guide for Obtaining a New EIDM Account with a ‘Physician Quality and Value Programs’ (Registration for the CMS Web Interface and/or CAHPS for MIPS Survey) Role

I. Introduction

This guide is for users who do not have an Enterprise Identity Data Management (EIDM) account. This guide provides step-by-step instructions on how users can sign up for an EIDM account for the first time and how to request a role to access the ‘Physician Quality and Value Programs’ application using the EIDM in the CMS Enterprise Portal. An EIDM account is needed to access the registration system for the CMS Web Interface and Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) survey.

Note: Do not use this guide if you already have an EIDM account with a Physician Value – Physician Quality Reporting System (PV-PQRS) role. Additionally, if you are participating in a Medicare Accountable Care organization (ACO), your ACO is required to submit quality data to CMS on your behalf and you do not need to create an EIDM account.

A. Before requesting a ‘Physician Quality and Value Programs’ role for your EIDM account, you will first need to determine which **one** of the following two user roles you want to request:

- **Security Official role:** The Security Official 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 the CAHPS for MIPS Survey Registration;
 - View the group’s prior registration(s); and
 - Approve requests for the ‘Group Representative’ role in the EIDM.
- **Group Representative role:** The Group Representative role allows the user to perform the following tasks 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; and
 - View the group’s prior registration(s).

If you have questions or need assistance please contact the Quality Payment Program by phone at 866-288-8292 / TTY 877-715-6222 or e-mail at gpp@cms.hhs.gov. Normal business hours are Monday-Friday from 8:00am to 8:00pm ET.

Note: Groups are identified in the EIDM by their Medicare billing Taxpayer Identification Number (TIN). A group consists **of two or more eligible clinicians** (as identified by their National Provider Identifier [NPI]) that bill under the TIN. To find out if a group is already registered in the EIDM and who is 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. You will need to provide the group's TIN and the name of the group.

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

- **Security Official:**

- **Your Information:** First Name, Last Name, E-mail Address, Social Security Number, Date of Birth, Home Address, City, State, Zip Code, and Primary Phone Number.
- **Business Contact Information:** Company Name, Address, City, State, Zip Code, Company Phone Number, and Office Phone Number.
- **Organization Information:** Group'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*), Address, City, State, Zip Code, and Phone Number.

- **Group Representative:**

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

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

II. Questions

For questions related to setting up an EIDM account, please contact the Quality Payment Program:

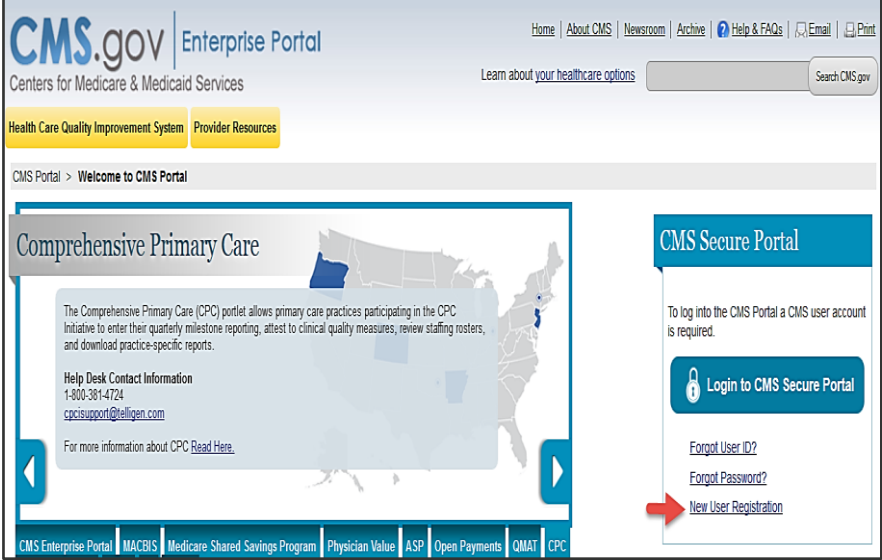
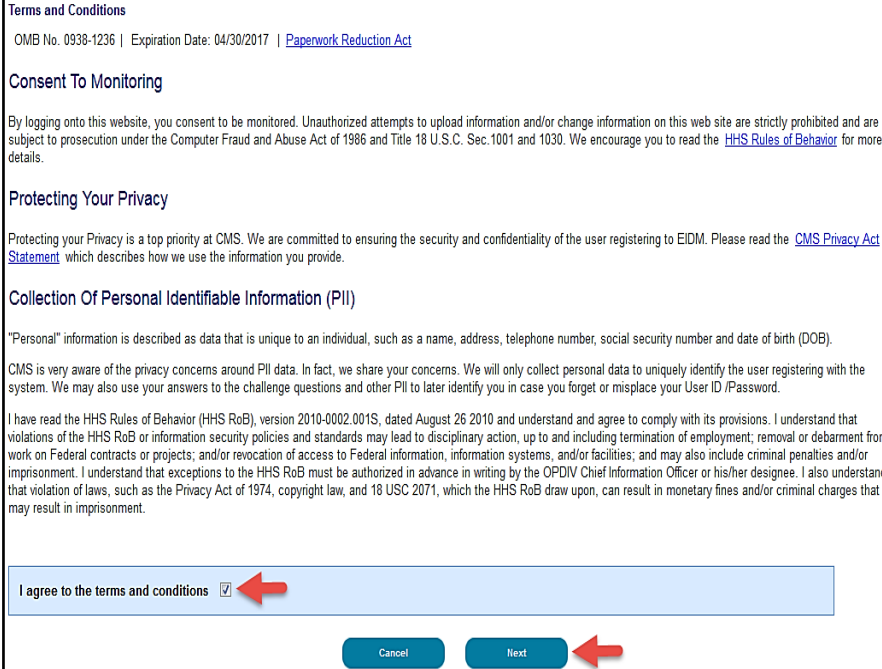
- Monday – Friday: 8:00 am – 8:00 pm EST
- Phone: 1-866-288-8292 or (TTY: 1-877-715-6222)
- Email: gpp@cms.hhs.gov

If you have questions or need assistance please contact the Quality Payment Program by phone at 866-288-8292 / TTY 877-715-6222 or e-mail at gpp@cms.hhs.gov. Normal business hours are Monday-Friday from 8:00am to 8:00pm ET.

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IV. New User Registration for an EIDM Account – Please follow each step listed below unless otherwise noted.

STEPS	SCREENSHOTS
<p>1. Go to https://portal.cms.gov/ and select New User Registration.</p> <p>Note: The CMS Enterprise Portal supports the following internet browsers:</p> <ul style="list-style-type: none"> Internet Explorer 9 (without compatibility mode) Internet Explorer 10 (without compatibility mode) Internet Explorer 11 (without Compatibility mode) Mozilla-Firefox Chrome Safari <p>Enable JavaScript and adjust any zoom features to ensure you are not seeing the screen in too wide of a view.</p>	
<p>2. Read the Terms and Conditions. Select the <i>I agree to the terms and conditions</i> checkbox and select Next.</p> <p>Note: Next will be enabled only after checking the <i>I agree to the terms and conditions</i> checkbox.</p>	

If you have questions or need assistance please contact the Quality Payment Program by phone at 866-288-8292 / TTY 877-715-6222 or e-mail at qpp@cms.hhs.gov. Normal business hours are Monday-Friday from 8:00am to 8:00pm ET.

3. Enter the following required information under **Your Information** section and select **Next**.

- First Name
- Last Name
- E-mail Address
- Confirm E-mail Address
- Social Security Number
- Date of Birth
- Home Address Line 1
- City
- State
- Zip Code
- Primary Phone Number

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:

Cancel

Next



4. (a) Create your EIDM **User ID** and **EIDM Password**.

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: 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.

(b) Select and provide the answer to three (3) challenge questions under **Select your Challenge Questions and Answers** section.

(c) Select **Next**.

CMS Portal > New User Registration

Screen reader mode Off | Accessibility Settings

Choose User ID and Password Create User Choose User ID and Password

Choose User ID And Password

* User ID

* Password

* Confirm Password

Select your Challenge Questions and Answers:

Your challenge questions and answers will be required for password and account management functions.

* Question:1 * Answer:1

* Question:2 * Answer:2

* Question:3 * Answer:3

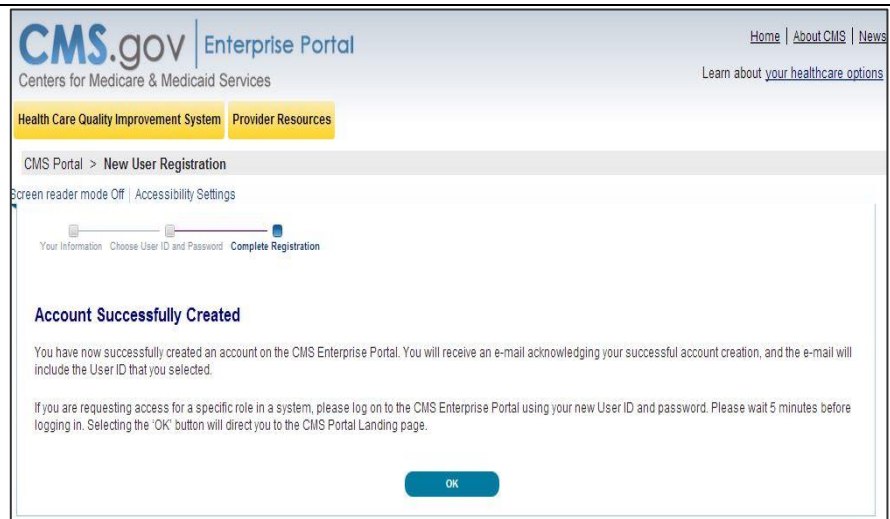
Cancel Next

Quality Payment Program

5. 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.

Select **OK** to navigate to the CMS Enterprise Portal in order to request a user role for the 'Physician Quality and Value Programs' application.

Note: Wait approximately five (5) minutes before logging in to the portal with your EIDM User ID and EIDM Password.



6. Select **Login to CMS Secure Portal** on the **CMS Enterprise Portal**.



If you have questions or need assistance please contact the Quality Payment Program by phone at 866-288-8292 / TTY 877-715-6222 or e-mail at qpp@cms.hhs.gov. Normal business hours are Monday-Friday from 8:00am to 8:00pm ET.

7. Read the **Terms and Conditions** and select ***I Accept*** to continue.

Health Care Quality Improvement System Provider Resources

Terms and Conditions

OMB No.0938-1236 | Expiration Date: 04/30/2017 | [Paperwork Reduction Act](#)

You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:
You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system.
At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.

Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

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

I Accept **Decline**

8. Enter **Your EIDM User ID** and select ***Next*** on the **Welcome to CMS Enterprise Portal** screen.

CMS.gov | Enterprise Portal
Centers for Medicare & Medicaid Services

Home | About CMS | Newsroom | Archive | [Help & FAQs](#) | [Email](#) | [Print](#)

Health Care Quality Improvement System Provider Resources

Welcome to CMS Enterprise Portal


User ID

Next **Cancel**

[Forgot User ID?](#)
Need an account? Click the link - [New user registration](#)

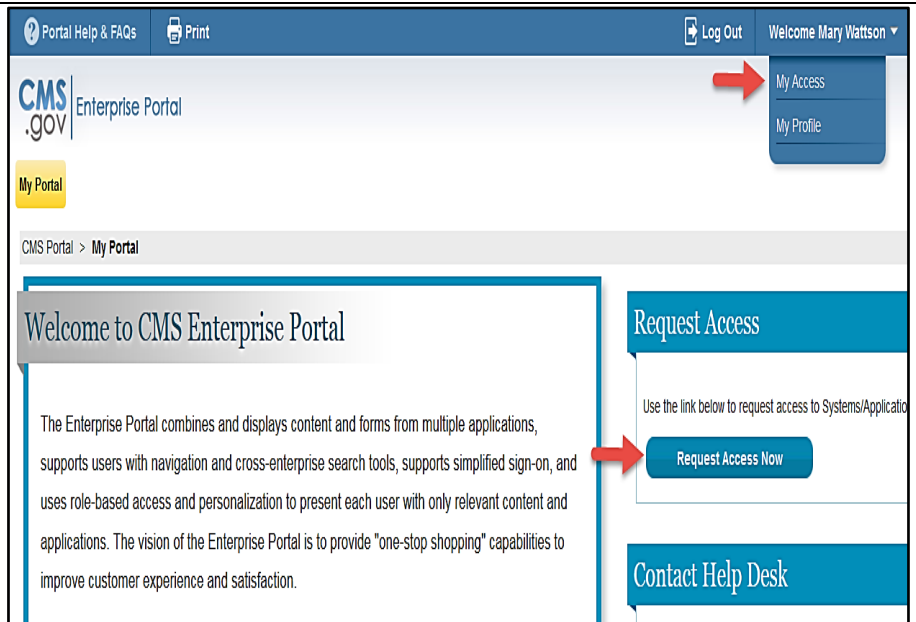
If you have questions or need assistance please contact the Quality Payment Program by phone at 866-288-8292 / TTY 877-715-6222 or e-mail at gpp@cms.hhs.gov. Normal business hours are Monday-Friday from 8:00am to 8:00pm ET.

9. Enter Your EIDM **Password** and select **Log In**.



10. Select **Request Access Now** under **Request Access** to begin the process of requesting a new user role.

Note: You may also select your username and then select **My Access** from the drop-down menu to begin the process of requesting a new user role.



Quality Payment Program

11. Select **Request Access** for the **Physician Quality and Value Programs** application within the **Access Catalog**.

Note: In order to access the registration system regarding the CMS Web Interface and the **CAHPS for MIPS survey**, you are required to have access to the **Physician Quality and Value Programs** application. 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.

Physician Quality and Value Programs Physician Value - Physician Quality Reporting System Program. This portal allows access to More... Help Desk Information 888-288-8912 Request Access	POLICYAPP POLICYAPP Help Desk Information TBD TBD Request Access	PS&R/STAR Provider Statistical and Reimbursement/System for Tracking Audit and Reimbursement. More... Help Desk Information 888-484-8049 tmtesting@yahoo.com Request Access
PV-PQRS RIDP/MFA Physician Value - Physician Quality Reporting System Program. This portal allows access to More... Help Desk Information 888-288-8912 tm.testing@yahoo.com Request Access	QMAT The Quality Measures Assessment Tool (QMAT) application allows users to submit clinical data More... Help Desk Information TBD TBD Request Access	SHIM SHIM is the Small Business Health Options Program Marketplace that helps businesses provide More... Help Desk Information TBD TBD Request Access
SPOT-First Coast Service Options Internet portal (FCSO) The SPOT offers an array of self-service resources to furnish essential Medicare processing More... Help Desk Information 855-418-4199 Request Access	TESTMACPRO TEST Medicaid and CHIP Program Help Desk Information TBD TBD Request Access	TESTMFA Test Application to test MFA Help Desk Information TBD TBD Request Access

12. (a) Under **Select a Group**, choose **Provider Approver**, if you are requesting **Security Official** role

OR

- (b) Choose **PV Provider**, if you are requesting **Group Representative**.

Note: The **Select a Role** option will be visible after making a selection for the **Select a Group** option. The **Next** button will be visible after making a selection for **Select a Role** option.

CMS.gov Enterprise Portal

My Portal

CMS Portal > EIDM user menu page > **My Access**

☒ **My Access** **Request New Application Access:** * Required Field

Modify Business Contact Information

View and Manage My Access

Request New Application Access

☒ **Requests**

My Pending Requests

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: ☒ CMS/Help Desk User
☒ **PV Provider**
☐ Provider Approver
☐ PQRS Provider

Cancel

If you have questions or need assistance please contact the Quality Payment Program by phone at 866-288-8292 / TTY 877-715-6222 or e-mail at gpp@cms.hhs.gov. Normal business hours are Monday-Friday from 8:00am to 8:00pm ET.

13. Select the appropriate role you want to request from the **Select a Role** drop-down menu.

Select **Next** to begin **Remote Identity Proofing (RIDP)** and **Multi-Factor Authentication (MFA)** processes.

My Portal

CMS Portal > EIDM user menu page > My Access

Request New Application Access * Required Field

My Access

- Modify Business Contact Information
- View and Manage My Access
- Request New Application Access

Requests

- My Pending Requests

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:

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

Select a Role: Individual Practitioner

Role Description: Role for an Individual Eligible Professional for PQRS and PV-PQRS to approve users with the Individual Practitioner Role. Within PV-PQRS can View PY2013 Registration and view QRURs Reports (drill down, dashboard). Within PQRS can submit data, view the Feedback Dashboard and Feedback reports.

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

Next **Cancel**

Remote Identity Proofing (RIDP) - Please follow steps 14 to 18 to begin the RIDP process. This process is used to verify your identity and is done by asking random questions based on your personal and financial history. Additional information on how the RIDP process works can be found at: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html>.

14. Select **Next** to complete the **Identity Verification** section.

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'.

Next **Cancel**

15. Read the **Terms and Conditions**. Select the ***I agree to the terms and conditions*** checkbox and then select ***Next***.

Note: **Next** 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 OPD/IV 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

16. Confirm your E-mail Address and enter your Social Security Number. Select **Next** after verifying the pre-populated information.

Your Information

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

• First Name:

John

Middle Name:

• Last Name:

Smith

Suffix:

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

• E-mail Address:

John.Smith@yahoo.com

Re-enter your E-mail address.

• Confirm E-mail Address:

John.Smith@yahoo.com

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:

12 / 11 / 1988

☒ 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:

2810 Lord Baltimore Dr

Home Address Line 2:

• City:

Baltimore

• State:

Maryland

• Zip Code:

21244

Zip Code Extension:

Country: USA

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

• Primary Phone Number:

301 / 121 / 1212

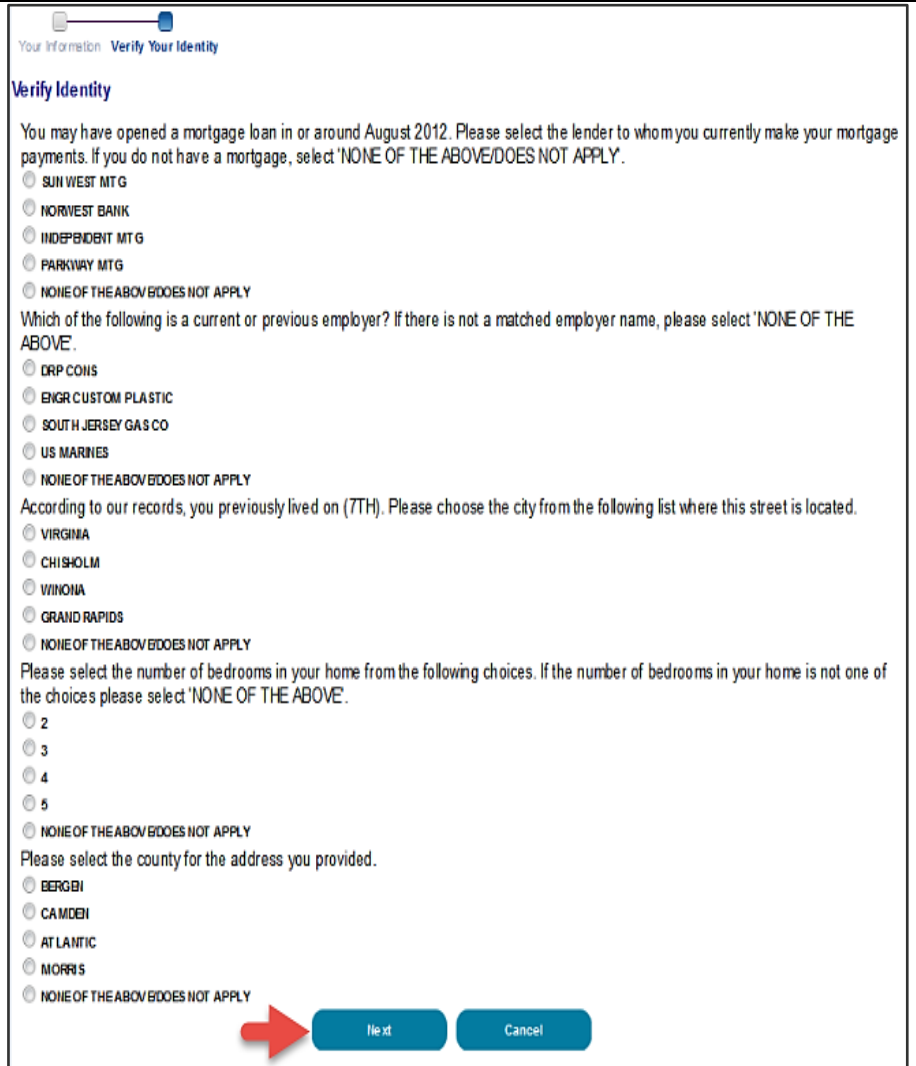
Cancel

Next

17. Provide an answer to each question under the **Verify Identity** section.

Select **Next** to continue.

Note: Verify Identity questions are provided from Experian based on the information provided in step 16.



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 CONS
- ☐ 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'.

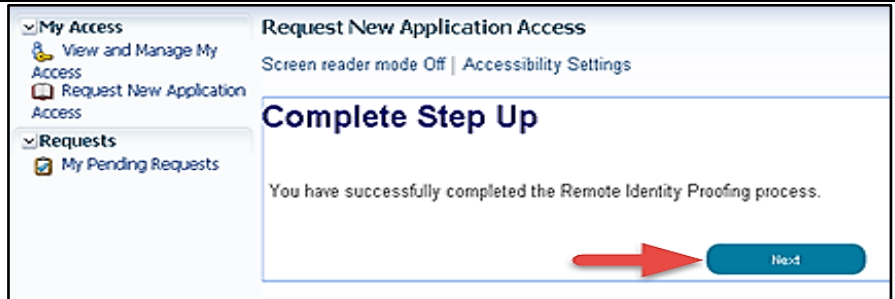
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ NONE OF THE ABOVE/DOES NOT APPLY

Please select the county for the address you provided.

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

Next **Cancel**

18. **Remote Identity Proofing** is now complete. Select **Next** to proceed to register for the **Multi-Factor Authentication** process.



Request New Application Access

Screen reader mode Off | Accessibility Settings

Complete Step Up

You have successfully completed the Remote Identity Proofing process.

Next

Multi-Factor Authentication (MFA)

Please follow steps 19 to 22 to register for MFA. MFA is an approach to security authentication which requires users to provide more than one form of verification in order to prove their identity. MFA registration is required only once when you are requesting a user role, but will be verified every time you log into the CMS Enterprise Portal. Additional information on how the MFA process works can be found at:

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

19. Select **Next** to begin registration for the **Multi-Factor Authentication** process.

Request New Application Access

Multi-Factor Authentication Information

To protect your privacy, you will need to add an additional level of security to your account. This will entail successfully registering your Phone, Computer or E-mail, before continuing the role request process.

To continue this process, please select 'Next'.



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

Note: If selecting phone/Tablet/PC/Laptop as **MFA Device Type**, you will first need to ensure you have the appropriate VIP Access software downloaded to your device. The VIP Access software can be downloaded via the Symantec Site (link is provided on your screen). Refer to the link on the screen to make selection. If the VIP Access software is not installed on your device, you will be unable to complete the Multi-Factor Authentication process.

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, you must download the VIP Access software to your phone, if you do not already have it. Select the following link <https://m.vip.symantec.com/home.v>

To use VIP access software on your computer, you must download the VIP Access software, if you do not already have it. Select the following link <https://idprotect.vip.symantec.com/desktop/download.v>

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. The 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.

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 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 the 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:

- Select MFA Device Type
- Phone/Tablet/PC/Laptop
- Text Message-Short Message Service (SMS)
- Interactive Voice Response (IVR)
- E-mail



21. (a) If selecting **Phone/Tablet/PC/Laptop** as **MFA Device Type**, enter the alphanumeric code that displays under the label Credential ID on your device. Enter the **MFA Device Description** which is a nick-name that can help you identify your device.

OR

(b) If selecting **E-mail** as **MFA Device Type**, the E-mail address on your profile will automatically be used for the E-mail option to obtain the security code. Enter the **MFA Device Description**.

OR

(c) If selecting **Text Message – Short Message service (SMS)** as a **MFA Device Type**, enter the **Phone Number** that will be used to obtain the Security Code and the **MFA Device Description**.

OR

(d) If selecting **Voice Message – Interactive Voice Response (IVR)** as **MFA Device Type**, enter the **Phone Number** and **Extension** that will be used to obtain the security code. Enter the **MFA Device Description**.

Select **Next** to continue.

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, you must download the VIP Access software to your phone, if you do not already have it. Select the following link -<https://m.vip.symantec.com/home.v>

To use VIP access software on your computer, you must download the VIP Access software, if you do not already have it. Select the following link -<https://idprotect.vip.symantec.com/desktop/download.v>

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. The 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.

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 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 the 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:

Cancel

Next

22. Your registration for the **Multi-Factor Authentication** is now complete. Select **Next** to proceed to request a user role in order to access the 'Physician Quality and Value Programs' application.

Note: You will receive an E-mail notification for successfully registering the MFA credential type.

Portal Help & FAQs Print Log Out We

CMS.gov Enterprise Portal

My Portal

CMS Portal > EIDM user menu page > My Access

My Access View and Manage My Access Request New Application Access

Requests My Pending Requests

Request New Application Access

Register Your Phone, Computer, or E-mail

You have successfully registered your Phone/Computer/E-mail to your user profile. Please select 'Next' to continue with your role request.

Next

23. Enter the required information under **Business Contact Information** and **Phone** sections and select **Next**.

Note: The information under the **Name** section will be pre-populated with the Remote Identity Proofing information from step 16.

- If you are requesting a Security Official role, go to step 24.
- If you are requesting a Group Representative role, go to step 30.

Request New Application Access:

* Required Field

Please update your profile to continue the request for an application access.

Name

Title: [v] First Name: John Middle Name: [] Last Name: mayer Suffix: [v]

Professional Credentials: []

Social Security Number: *****9999

Business Contact Information

* Company Name: []

* Address 1: []

Address 2: []

* City: []

* State/Territory: [v]

* Zip Code: [] Zip Code Extension: []

Phone

* Company Phone Number: [] Extension: []

* Office Phone Number: [] Extension: []

Next Cancel

Follow Steps 24 to 29 to Request a "Security Official" Role

If you have questions or need assistance please contact the Quality Payment Program by phone at 866-288-8292 / TTY 877-715-6222 or e-mail at gpp@cms.hhs.gov. Normal business hours are Monday-Friday from 8:00am to 8:00pm ET.


24. (a) If you are the first person in your group to sign up for the Security Official role and register your group in the EIDM, select **Create an Organization**. Then, proceed to Step 25.

OR

(b) If you are signing up for a Security Official role and your group already exists in the EIDM, select **Associate to an Existing Organization**. Then, proceed to Step 27.


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: ☐ CMS/Help Desk User
☐ PV Provider
☒ Provider Approver
☐ PQRS Provider

Select a Role: 

Role Description: Role for a Physician group to approve other users for that group for PQRS and PV-PQRS. To register in the PV-PQRS for PY 2014, view PY2013 registration data and view QRURs Reports (drill down, dashboard).

* Create/Associate: ☐ Associate to an Existing Organization ☒ Create an Organization 

* Reason for Request:

25. If selecting **Create an Organization** as the **Create/Associate** option, enter the following required information for the group:

- Medicare Billing TIN
- Legal Business Name
- NPI 1
- PTAN 1
- NPI 2
- PTAN 2
- Address
- City
- State
- Zip Code
- Phone Number
- Reason for Request

Select **Next**.

Note: In this section, enter your group's Medicare billing **TIN**; enter **rendering NPIs** for **two different** eligible clinicians who bill under the TIN (do not use the group NPI) and enter their corresponding **individual PTANs** (do not use the group PTAN); and enter the remaining required information.

Example: Healthy Clinic with Medicare billing TIN 74-7575757 has ten eligible clinicians 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.

The screenshot shows a web form for creating a new organization. At the top, 'Select a Role' is set to 'Security Official'. Below it, a 'Role Description' explains the role for a physician group. The 'Create/Associate' section has two radio buttons: 'Associate to an Existing Organization' and 'Create an Organization', with the latter selected and highlighted by a red box. The form contains numerous input fields for required information: TIN, Group Unique Identifier, ACO Parent TIN, Legal Business Name, NPI 1, PTAN 1, NPI 2, PTAN 2, NPI 3, PTAN 3, Address Line 1, Address Line 2, City, State (dropdown), Zip Code, Zip Code Extension, Country (set to United States), Phone Number, Extension, Fax Number, Email, Website, and a Reason for Request text area. At the bottom right, there are 'Next' and 'Cancel' buttons, with a large red arrow pointing to the 'Next' button.

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

Note: All leading zeros in the PTAN should be entered.


26. Verify the information on the **Verification** screen and select **Submit**.

Address 1: 1001 Test
 Address 2:
 City: Baltimore
 State/Territory: Maryland
 Zip Code: 21209 Zip Code Extension:

Phone

Company Phone Number: 301-977-2015 Extension:
 Office Phone Number: 301-977-2015 Extension:

Create/Associate: ☐ Associate to an Existing Organization ☒ Create an Organization
 TIN: 73-1579452
 Group Unique Identifier:
 ACO Parent TIN:
 Legal Business Name: MDM GSO 06252015
 NPI 1: 1003003831
 PTAN 1: 1316049141
 NPI 2: 1003003831
 PTAN 2: 731579452
 NPI 3:
 PTAN 3:
 Address Line 1: 10001 Address Line 2:
 City: Baltimore State: Maryland
 Zip Code: 21211 Zip Code Extension:
 Country: United States
 Phone Number: 312-345-4567 Extension:
 Fax Number:
 Email:
 Website:
 Reason for Request: PV



If you have questions or need assistance please contact the Quality Payment Program by phone at 866-288-8292 / TTY 877-715-6222 or e-mail at gpp@cms.hhs.gov. Normal business hours are Monday-Friday from 8:00am to 8:00pm ET.

27. (a) If selecting **Associate to an Existing Organization** as the **Create/Associate** option, enter **one** of the following information for the group:

- Medicare Billing TIN

OR

- Legal Business Name and State

OR

- Legal Business Name and Street Address

(b) Select **Search**.

(c) Select your group from the **Organization** drop-down menu. Enter **Reason for Request** and select **Next**.

Note: If your group cannot be found, please verify that your group already has a user with an approved Security Official role and you entered the group's Medicare billing TIN correctly. If you do not know the Security Official, contact the Quality Payment Program.

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: ☐ CMS/Help Desk User
☐ PV Provider
☒ Provider Approver
☐ PQRS Provider

Select a Role: Security Official

Role Description: Role for a Physician group to approve other users for that group for PQRS and PV-PQRS. To register in the PV-PQRS for PY 2014, view PY2013 registration data and view QRURs Reports (drill down, dashboard).

* 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: 20-8987815

Address Line 1: Address Line 2:

City: State:

Zip Code: Zip Code Extension:

* Organization: NGC SO RIDP/MFA TEST (2800 Lord Baltimore Dr, Baltimore, MD)

* Reason for Request: Requesting SO role.

28. Verify the information on the **Verification** screen and select **Submit**.

Request New Application Access Review * 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.


Group Selected: Provider Approver

Role Selected: Security Official
 Role Description: Role for a Physician group to approve other users for that group for PQRS and PV-PQRS. To register in the PV-PQRS for PY 2014, view PY2013 registration data and view QRURs Reports (drill down, dashboard).

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.

Organization:

Reason for Request:



29. (a) You have successfully applied for the Security Official role.

Note: Another Security Official from your group must approve your request within sixty (60) days after it is submitted; otherwise, the request will be canceled and need to be resubmitted.


(b) **After your role request is approved**, proceed to Step 33 to complete the Multi-Factor Authentication before you can access the 'Physician Quality and Value Programs' application, where you are able to complete the following, using your EIDM User ID and EIDM password in order to:

- 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;
- View the group's prior registration(s).

Request New Application Access Acknowledgement

Your EIDM request has been successfully submitted.
 The tracking number for your request is: **1689081**

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



Follow Steps 30 to 32 to Request a 'Group Representative' Role

30. (a) Enter one of the following information for the group.

- Medicare Billing TIN

OR

- Legal Business Name and State

OR

- Legal Business Name and Street Address

(b) Select **Search**.

(c) Select your group from the **Organization** drop-down menu. Enter **Reason for Request** and select **Next**.

Note: If your group cannot be found, please verify that your group already has a user with an approved Security Official role and you entered the group's Medicare billing TIN correctly. If you do not know your Security Official, contact the Quality Payment Program.

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:

☐ CMS/Help Desk User
 ☒ PV Provider
 ☐ Provider Approver
 ☐ PQRS Provider

Select a Role: Group Representative

Role Description: Role for Group Practice's Authorized User to register in PQRS-PV on their behalf.

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: 95-2789930

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Zip Code Extension:

Search

* Organization:

* Reason for Request:

Next

Cancel

Quality Payment Program

31. Verify the information on the **Verification** screen and select **Submit**.

Request New Application Access Review * 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.

Group Selected: PV Provider

Role Selected: Group Representative

Role Description: Role for Group Practice's Authorized User to register in PQRS-PV on their behalf.

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.

Organization: PhysicianValueTestingEidm2015 (2800 Lord Baltimore Dr, Baltimore, MD)

Reason for Request: Role selection GR


Edit Submit Cancel

32. (a) You have successfully applied for the Group Representative role.
Note: A Security Official from your group must approve your request within sixty (60) days after it is submitted; otherwise, the request will be canceled and need to be resubmitted.


(b) **After your role request is approved**, proceed to Step 33 to complete the Multi-Factor Authentication before you can access the 'Physician Quality and Value Programs' application, where you are able to completed the following, using your EIDM User ID and EIDM password in order to:

- 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;
- View the group's prior registration(s).

Request New Application Access Acknowledgement

Your EIDM request has been successfully submitted.
 The tracking number for your request is:
1689081

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


OK

V. Completing the Multi-Factor Authentication (MFA)

Note: Multi-Factor Authentication will need to be completed each time you log into the CMS Enterprise Portal. Additional information on how the MFA process works can be found at:

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

33. Log In to the **CMS Enterprise Portal** and then **Accept the Terms and Conditions**.

Note: Multi-Factor Authentication (MFA) is a new approach to security authentication which will help improve CMS' ability to reduce fraud and ensure system security. It requires users to provide more than one form of verification in order to prove their identity in order to access certain information provided via the 'Physician Quality and Value Programs' application. MFA registration is required only once when you are requesting a role but will be verified at every log-on.

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Terms and Conditions

OMB No.0938-1236 | Expiration Date: 04/30/2017 | [Paperwork Reduction Act](#)

You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:
 You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system.
 At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.

Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

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

[I Accept](#) [Decline](#)

34. Enter Your EIDM User ID and select **Next** on the **Welcome to CMS Enterprise Portal** screen.

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Welcome to CMS Enterprise Portal

User ID

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

[Forgot User ID?](#)
 Need an account? Click the link - [New user registration](#)

If you have questions or need assistance please contact the Quality Payment Program by phone at 866-288-8292 / TTY 877-715-6222 or e-mail at gpp@cms.hhs.gov. Normal business hours are Monday-Friday from 8:00am to 8:00pm ET.

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

- Enter Your EIDM **Password**.
- Select the **MFA Device Type** from the drop-down menu.

Note: You previously registered to complete the MFA process when setting-up your Physician Quality and Value Programs account. Please ensure that you select the same **MFA Device Type** you selected when registering for the MFA process during your initial account set-up.

- Select **Send** to retrieve the **Security Code**.

Note: The **Send** option will appear only when the following MFA Device Type is selected:

- Text Message-Short Message Service (SMS)
- Interactive Voice Response (IVR)
- Email

- Enter the **Security code** and select **Log In**.

Welcome to CMS Enterprise Portal

Enter Security Code

A Security Code is required to complete your login.

To retrieve a Security Code, please select the Phone, Computer, or E-mail that you registered as your Multi-Factor Authentication(MFA) device when you originally requested access, from the MFA Device Type dropdown menu below.

Security Codes expire, be sure to enter your Security Code promptly.

Unable to Access Security Code?

If you are unable to access a Security Code, you may use the "Unable To Access Security Code?" link. To use this link you will be directed away from this page. For security purposes, you will be prompted to answer your challenge questions before the Security Code is generated. The Security Code will be sent to the email address in your profile. You will be required to login again with your User ID, Password and Security Code.

You may also call your Application Help Desk to obtain a Security Code.

After you receive the Security Code using this link or from your Help Desk, you must select the 'One-Time Security Code' option from the MFA Device Type dropdown menu.

Need to Register an MFA Device?

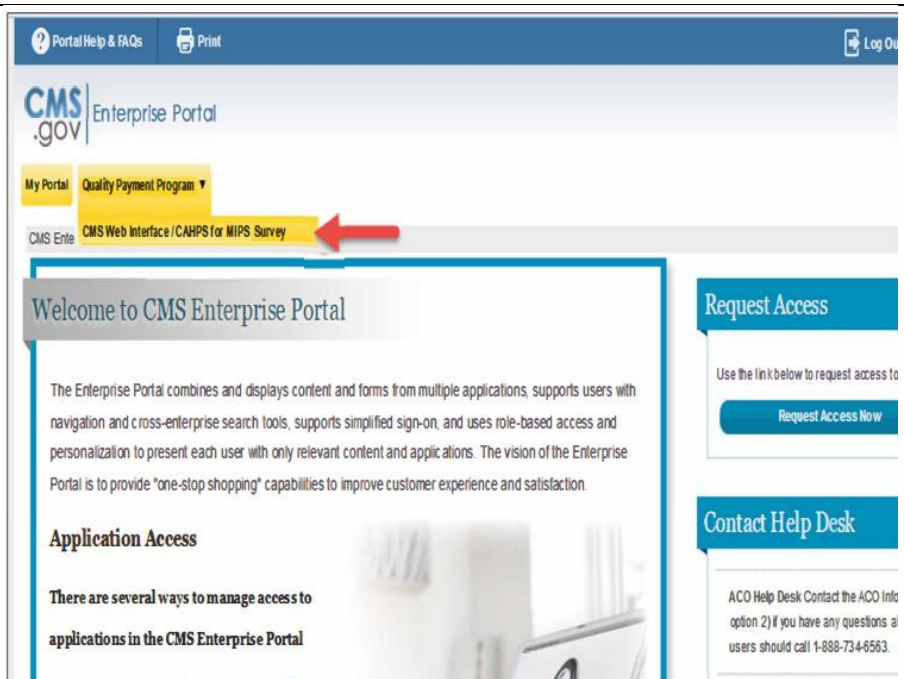
If you have not registered an MFA device and would like to do so now, you may use the "Register MFA Device" link. For security purposes you will be prompted to login again and answer your challenge questions before registering an MFA device.

Form fields and buttons shown in the screenshot:

- Password: [Redacted]
- MFA Device Type: Text Message- Short Message Service (SMS) [Dropdown arrow]
- Send [Button]
- Success
- Security Code: 764974
- Log In [Button]
- Cancel [Button]
- [Forgot Password?](#)
- [Unable to Access Security Code?](#)
- [Register MFA Device](#)

Quality Payment Program

36. You will be directed to **CMS Portal Homepage**. Select **Quality Payment Program** and then **CMS Web Interface/CAHPS for MIPS Survey** to register.



If you have questions or need assistance please contact the Quality Payment Program by phone at 866-288-8292 / TTY 877-715-6222 or e-mail at gpp@cms.hhs.gov. Normal business hours are Monday-Friday from 8:00am to 8:00pm ET.