

Enterprise Identity Management (EIDM)

MODULE 4: PROVIDER ROLE

GPRO Web Interface Key Dates

- **Sampled beneficiaries available in the Web Interface for viewing and download:**
 - January 3-6, 2017
- **Training version of the Web Interface available:**
 - January 9-13, 2017
- **Enter and submit 2016 quality data through the Web Interface:**
 - January 17 – March 17, 2017 (closes at 8:00pm Eastern Time)

Introduction

- The EIDM training modules are based on material in the EIDM Quick Reference Guides (QRG), available for download at https://qnpapp.qualitynet.org/pqrs/eidm_guide.htm.
- The Shared Savings Program ACO EIDM Account and Role Set-up Guide is available on the Shared Savings Program ACO Portal under the Program Announcement, “2016 Quality Measurement and Reporting Guides.”
 - Available for download after logging into the CMS Enterprise Portal at <https://portal.cms.gov>.
- For Next Generation ACO Model, please reference <https://app.innovation.cms.gov/NGACOConnect> for additional guidance.

A Note on Screenshots

- Please note that screenshots in this presentation are taken from the QRGs and/ or a test EIDM system. They may not match exactly what you see in the live EIDM system.

Introduction

- In order to submit data via the Web Interface, you must have **Web Interface Submitter** role for **your organization** (PQRS group practice or SSP/Pioneer/Next Generation ACO) in the EIDM.
- **Organization** must exist in EIDM prior to **Web Interface Submitter** role request.
- **Organization** is created by the user who requests **Provider Approver** role during this role's request process (**Security Official** for PQRS group practice or **ACO Security Official** for ACO organization).

Request Web Interface Submitter Role

- To request a role in EIDM, you must first have an EIDM account. If you do not have a user ID and password, please see Module 1.
- While there are numerous roles in EIDM, this module will focus on the **Web Interface Submitter** role, a **Provider** role that allows access to the **Web Interface** for data entry and submission and accessing submission reports via the Physician and Other Health Care Professionals Quality Reporting Portal (Portal).

Login

- To request the Web Interface Submitter role, first navigate to <https://portal.cms.gov>.
- Once on the page, select the **Login to CMS Secure Portal** link.

The screenshot shows the CMS.gov Enterprise Portal homepage. The header includes the CMS.gov logo, "Enterprise Portal", and navigation links: Home, About CMS, Newsroom, Archive, Help & FAQs, Email, and Print. Below the header is a search bar and a "Learn about your healthcare options" link. The main content area features a "Welcome to CMS Enterprise Portal" banner with a video player showing a doctor and a patient. To the right is a "CMS Secure Portal" section with a "Login to CMS Secure Portal" button and links for "Forgot User ID?", "Forgot Password?", and "New User Registration". At the bottom, there is a "CMS Provides Health Coverage for 100" banner and a "Get E-Mail Alerts Non-Production Environments" section.

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

Home | About CMS | Newsroom | Archive | ? Help & FAQs | Email | Print

Learn about [your healthcare options](#) Search CMS.gov

Health Care Quality Improvement System Provider Resources

CMS Portal > Welcome to CMS Portal

Welcome to CMS Enterprise Portal

The CMS Enterprise Portal is a gateway being offered to allow the public to access a number of systems related to Medicare Advantage, Prescription Drug, and other CMS programs.

CMS Secure Portal

To log into the CMS Portal a CMS user account is required.

Login to CMS Secure Portal

[Forgot User ID?](#)
[Forgot Password?](#)
[New User Registration](#)

[CMS Enterprise Portal](#) [MACBIS](#) [Medicare Shared Savings Program](#) [Physician Value](#) [ASP](#) [Open Payments](#) [QMAT](#) [CPC](#) [Innovation Center](#) [MLMS](#)
[MCU](#) [PECOS](#) [CBIC](#)

CMS Provides Health Coverage for 100

[Information for people with Medicare, Medicare open enrollment, and benefits.](#)

Get E-Mail Alerts Non-Production Environments

<https://portalval.cms.gov/wps/portal/unauthportal/home/#>

Terms and Conditions Screen

- This will take you to a screen showing the terms and conditions of using the EIDM.
 - You must agree to the terms and conditions in order to continue.
 - Read the **Terms and Conditions**, select **I Accept** to continue.

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.

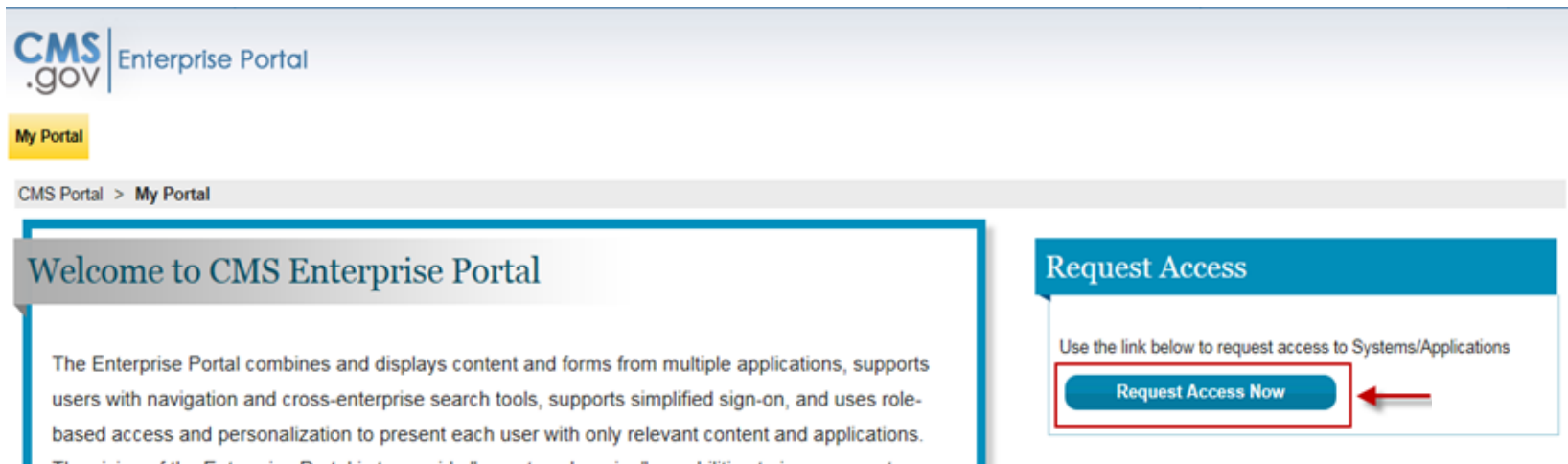
Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

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




Welcome to the CMS Portal

- The **Welcome to the CMS Enterprise Portal** page is displayed.
- Select the **Request Access Now** link.



Requesting Access

- Locate the **Physician Quality and Value Programs** domain on the left side of the screen and click on **Request Access** action button.
- Use two scroll bars located on the right side of the screen for navigating EIDM applications.

Novitasphere Internet Provider Portal for Novitas Solutions, Inc. Help Desk Information 855-880-8424 tmtesting@yahoo.com Request Access	OPENPAYEMENTS The Open Payments system satisfies the reporting requirement in Centers for Medicare & More... Help Desk Information 1-855-326-8366 Openpayments@cms.hhs.gov Request Access	Perf-PVPQRS Physician Value - Physician Quality Reporting System Program. This portal allows access to More... Help Desk Information 866-288-8912 tmtest@yahoo.com Request Access
Physician Quality and Value Programs Physician Value - Physician Quality Reporting System Program. This portal allows access to More...  Help Desk Information 866-288-8912 tmtest@yahoo.com 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 866-484-8049 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 866-288-8912 tm.testing@yahoo.com Request Access	QMAT The Quality Measures Assessment Tool (QMAT) application allows users to submit clinical da More... Help Desk Information TBD TBD Request Access	SHIM SHIM is the Small Business Health Options Program Marketplace that helps businesses provid More... Help Desk Information TBD TBD Request Access

Web Interface Submitter Role

- In the application description field, the **Physician Quality and Value Programs Domain** will be auto-populated.

Web Interface Submitter Role (cont'd)

- Under **Select a Group** field, select **PQRS Provider**.
- Then, select the **Web Interface Submitter** Role from the drop-down menu.

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 * 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:

- User Roles
- PQRS Submitter
- PQRS Representative
- Web Interface Submitter
- Individual Practitioner Representative
- Physician Quality Initiatives Portal (PQIP) Group Representative

Cancel

iHelp

Select a Role

Select a value from the options being displayed.

<https://eidmi.cms.gov/iacs/faces/pages/authenticated/main.jspx?action=addAccess&appId=37>

Identity Verification Screen

- Review the instructions and select **Next** to complete the **Identity Verification** section.

The screenshot shows a web interface for 'My Access'. At the top left is a yellow 'My Portal' button. Below it is a breadcrumb trail: 'CMS Portal > EIDM user menu page > My Access'. A link for 'Screen reader mode Off | Accessibility Settings' is also present. The main content area is titled 'My Access' and contains two links: 'Request New System Access' and 'View and Manage My Access'. The 'Identity Verification' section follows, containing a paragraph about privacy, a bulleted list of instructions, a paragraph about Terms and Conditions, and two buttons: 'Cancel' and 'Next'.

My Portal

CMS Portal > EIDM user menu page > My Access

Screen reader mode Off | Accessibility Settings

My Access

[Request New System Access](#)

[View and Manage My 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.

- 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.
- 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.
- 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'.

Cancel Next

Identity Verification

- 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 this step.

Terms and Conditions

- This will take you to a screen showing the terms and conditions of using the EIDM.
- You must agree to the terms and conditions in order to continue.
 - Click the box next to the statement **I agree to the terms and conditions.**
 - Then, click on the **Next** button.

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

Consent To Monitoring

By logging onto this website, you consent to be monitored. Unauthorized attempts to upload information and/or change information on this web site are strictly prohibited and are subject to prosecution under the Computer Fraud and Abuse Act of 1986 and Title 18 U.S.C. Sec.1001 and 1030. We encourage you to read the [HHS Rules of Behavior](#) for more details.

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.

Collection Of Personal Identifiable Information (PII)

"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 data to uniquely identify the user registering with the system. 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.

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.

☒ I agree to the terms and conditions

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

Your Information

- You will then be taken to the **Your Information** page.
- You will need to complete the information request on this page. Please note that fields with an asterisk (*) are required fields and have to be completed.
- After all required information has been provided, select **Next** to continue.

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:

Entering Your Information

- 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.

Identity Verification

- 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 Social Security Number provided.

[Request New System Access](#)

[View and Manage My Access](#)

Verify Identity

You may have opened an auto loan in or around July 2014. Please select the lender for this account. If you do not have such an auto loan, select 'NONE OF THE ABOVE/DOES NOT APPLY'.

- ☐ FIRST UNION
- ☐ WELLS FARGO BANK
- ☐ BANK ONE
- ☐ FORD MOTOR CREDIT CO
- ☐ NONE OF THE ABOVE/DOES NOT APPLY

You may have opened a student loan in or around May 2012. Please select the lender that you have previously or you are currently making payments to. If you have not received student loans with any of these lenders now or in the past, please select 'NONE OF THE ABOVE/DOES NOT APPLY'.

- ☐ US BANK
- ☐ PANHANDLE PLNS STUDNT
- ☐ SALLIE MAE
- ☐ COMMERCE BANK
- ☐ NONE OF THE ABOVE/DOES NOT APPLY

Please select the term of your auto loan (in months) from the following choices. If your auto loan or auto lease term is not one of the choices please select 'NONE OF THE ABOVE'.

- ☐ 24
- ☐ 36
- ☐ 48
- ☐ 60
- ☐ NONE OF THE ABOVE/DOES NOT APPLY

You may have opened a mortgage loan in or around March 2014. 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'.

- ☐ FREDDIE MAC
- ☐ SUN WEST MTG
- ☐ COLONIAL MORTGAGE
- ☐ LOAN AMERICA
- ☐ NONE OF THE ABOVE/DOES NOT APPLY

Multi-Factor Authentication

- Remote **Identity Verification** is now complete.
 - Select Next to proceed to the **Multi-Factor Authentication Registration** process.
- You are now at the screen to begin the multi-factor authentication step. Select **Next** to begin registration for **Multi-Factor Authentication Information** process.



Multi-Factor Authentication (cont'd)

- You will need to register either a phone, computer or email address.
- Read through the descriptions of each of these options on this screen and then select an option from the **MFA Device Type** drop-down menu.

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 adding a second factor to your user name and password.

You can associate the Security Code to your profile by registering your phone, computer or E-mail. Select one of the following options.

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

Please note that you are only allowed two attempts to register your MFA device. If you are unable to register, you will be locked out for 15 minutes. You can then return back in to try again.

Select the MFA Device Type that you want to register into your application.

* MFA Device Type:

E-mail Address:

* MFA Device Description:

The E-mail address on your profile will automatically be used for the E-mail option. You can also register a different E-mail address for your MFA registration. To change your E-mail, please select 'Change E-Mail Address' from the 'My Profile' page.

Multi-Factor Authentication (cont'd)

- If selecting **Phone/Tablet/PC/Laptop** as **MFA Device Type**, the following required information fields will be displayed:
 - Credential ID
 - MFA Device Description
 - NOTE: If you intend to use your mobile device or computer then you must download the VIP software.
- If selecting **E-mail** as **MFA Device Type**, the following required information fields will be displayed:
 - E-mail
 - MFA Device Description
- If selecting **Text Message – Short Message Service (SMS)** as **MFA Device Type**, the following required information fields will be displayed:
 - Phone Number
 - MFA Device Description
- If selecting **Interactive Voice Response (IVR)** as **MFA Device Type**, the following required information fields will be displayed:
 - Phone Number
 - MFA Device Description
- After providing the required information, select **Next**.

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 adding a second factor to your user name and password.

You can associate the Security Code to your profile by registering your phone, computer or E-mail. Select from the following options:

- **Phone/Tablet/PC/Laptop**
- **Text Message Short Message Service (SMS)**
- **Interactive Voice Response (IVR)**
- **E-mail**

Please note that you are only allowed two attempts to register your MFA device. If you are unable to register, please wait 24 hours and try again.

Select the MFA Device Type that you want to register:

• MFA Device Type:

E-mail Address:

• MFA Device Description:

Cancel **Next**

Select the MFA Device Type that you want to register into your application.

The E-mail address on your profile will automatically be used for the E-mail option. To change your E-mail, please select 'Change E-Mail Address' from the 'My Profile' page.

Entering Business Contact Information

- If you have successfully completed the identity verification steps and completed multi-factor authentication registration, you should arrive at the **Business Contact Information** screen.
- If the business contact information has not previously been entered, you will need to enter required **Business Contact Information**.
 - Once the required information has been entered, select **Next** to continue.

Searching for Business Contact Information

- If your business information has previously been entered, you can search for it.
 - Enter the specific criteria to search the existing Organization and select **Search**.
- When the desired Organization has been found, associate to it and enter a **Reason for Request** then select **Next**.

My Access
View and Manage My Access
Request New Application Access

Requests
My Pending Requests

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: Allows access to the PQRS Feedback reports and Feedback Dashboard.

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:

Search

* Reason for Request:

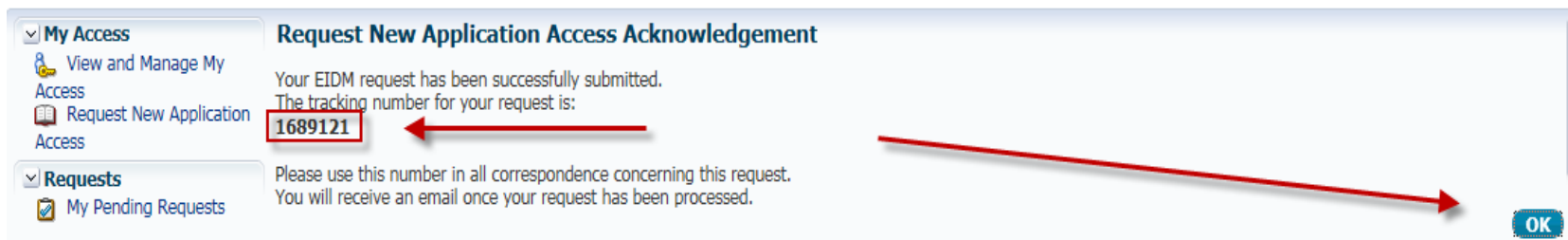
Next **Cancel**

Review Your Request

- Please review the request to confirm the accuracy of the role request and practice affiliation.
- Select **Submit** to complete the request or **Edit** to make any corrections.

Acknowledgement

- The role request acknowledgement provides the tracking number that will also be sent via email to the requestor.
 - This tracking number should be retained until the requested role has been applied to the account.
- Select **OK**.



Approving the Request

- The above role requests will be directed to the appropriate approver(s) for the organization to complete the process.
- The approver, who is the **Security Official** or **ACO Security Official**, 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.

Help with EIDM

QualityNet Helpdesk

Monday – Friday:

7:00 AM – 7:00 PM (Central Time)

E-mail: qnetsupport@hcqis.org

Phone: 866-288-8912

TTY: 877-715-6222

Fax: 888-329-7377