#### I. <u>Introduction</u>

This guide is for users who do not have an Enterprise Identity Data Management (EIDM) or an Individuals Authorized Access to the CMS Computer Services (IACS) 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.

**Note:** <u>Do not</u> use this guide (1) if you already have an EIDM account or (2) if you already have an active IACS account with a Physician Value – Physician Quality Reporting System (PV-PQRS) role. Please visit <u>http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html</u> to determine which guide you should use based on your needs.

- 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 four 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 practice:
  - Register the group practice to participate in the Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO);
  - Obtain the group practice's Mid-Year and Annual Quality and Resource User Report (QRUR), Supplemental QRUR, and PQRS Feedback Report;
  - o Submit an informal review request on behalf of the group practice; 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 practice:
  - Register the group practice to participate in the PQRS GPRO;
  - o Obtain the group practice's Mid-Year and Annual QRUR, Supplemental QRUR, and PQRS Feedback Report; and
  - Submit an informal review request on behalf of the group practice.

**Note:** Group practices are identified in the EIDM by their Medicare billing Taxpayer Identification Number (TIN). A group practice consists of <u>two or more eligible professionals</u> (as identified by their National Provider Identifier [NPI]) that bill under the TIN. To find out if a group practice is already registered in the EIDM and who is the group practice's Security Official, please contact the QualityNet Help Desk and provide the group practice's TIN and the name of the group practice.

- **Individual Practitioner role:** The Individual Practitioner role allows the user to perform the following tasks on behalf of a solo practitioner:
  - Obtain the solo practitioner's Mid-Year and Annual QRUR, Supplemental QRUR, and PQRS Feedback Report; and
  - o Approve requests for the 'Individual Practitioner Representative' role in the EIDM.
- **Individual Practitioner Representative role:** The Individual Representative role allows the user to perform the following task on behalf of the solo practitioner:
  - o Obtain a solo practitioner's Mid-Year and Annual QRUR, Supplemental QRUR and PQRS Feedback Report.

**Note:** Solo Practitioners are identified in the EIDM by their Medicare billing TIN and rendering NPI. A solo practitioner consists of <u>only one eligible professional</u> (as identified by the NPI) that bills under the TIN. To find out if a solo practitioner is already registered in the EIDM and who is the solo practitioner's Individual Practitioner, please contact the QualityNet Help Desk and provide the solo practitioner's TIN and the name of the solo practitioner.

Information about registering to participate in the PQRS GPRO and obtaining QRURs is available at <u>http://www.cms.gov/PhysicianFeedbackProgram</u>.

- 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 practice's Medicare billing TIN, Legal Business Name, Rendering NPIs for two different eligible professionals 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 practice's Medicare billing TIN; or the Legal Business Name and the State; or the Legal Business Name and the Street Address.

#### • Individual Practitioner:

- **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.
- Professional Information: Solo practitioner's First Name, Solo practitioner's Last Name, Legal Business Name, Solo practitioner's Medicare billing TIN, Solo practitioner's rendering NPI and the corresponding individual PTAN (*do not use the GROUP NPI or GROUP PTAN*), Address, City, State, Zip Code and Phone Number.

#### • Individual Practitioner 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.
- **Professional Information:** Solo practitioner's Medicare billing TIN; or the Legal Business Name and the State; or the Legal Business Name and the Street Address.

C. <u>Step-by-Step Instructions:</u> 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. <u>Questions</u>

For questions related to setting up an EIDM account, please contact the QualityNet Help Desk at:

- Monday Friday: 8:00 am 8:00 pm EST
- Phone: (866) 288-8912 (TTY 1-877-715-6222)
- Email: <u>qnetsupport@hcqis.org</u>

For additional information on how to sign up for a new EIDM account and how to request a role to access the 'Physician Quality and Value Programs' application using the EIDM, please visit <u>http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html</u>.

#### III. <u>Table of Content</u>

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#### IV. <u>New User Registration for an EIDM Account – Please follow each step listed below unless</u> <u>otherwise noted.</u>

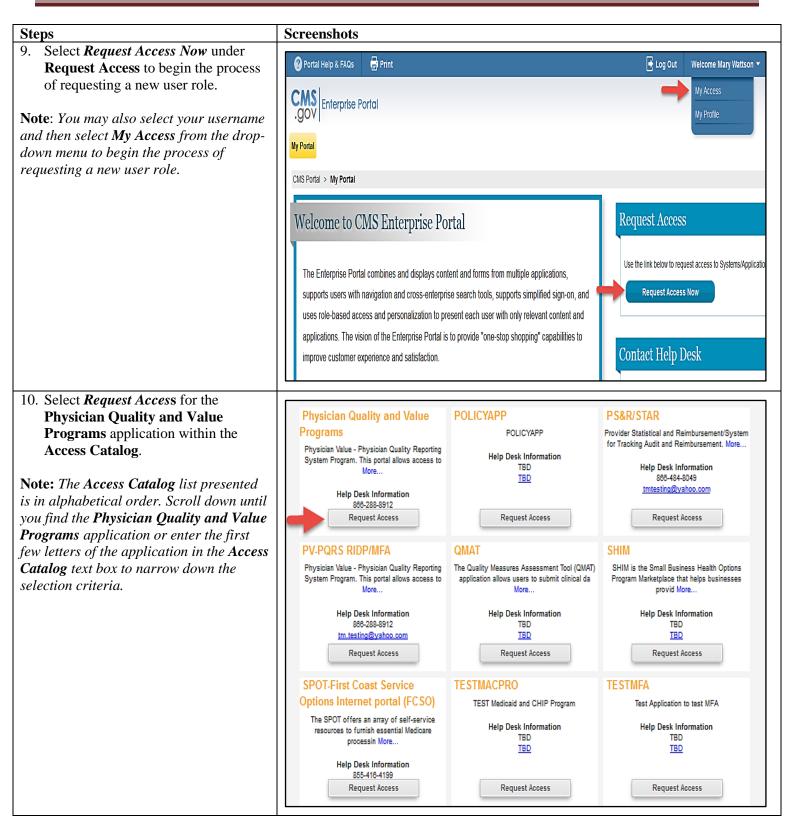
Steps	Screenshots
1. Go to <u>https://portal.cms.gov/</u> and	
select New User Registration.	
Note: The CMS Enterprise Portal	Centers for Medicaid Services  Learn about your healthcare options  Search CMS gov
supports the following internet browsers:	Health Care Quality Improvement System Provider Resources
• Internet Explorer 8 (without	
compatibility mode)	CMS Portal > Welcome to CMS Portal
• Internet Explorer 9 (without	
compatibility mode)	Comprehensive Primary Care CMS Secure Portal
• Internet Explorer 10 (without	
compatibility mode)	The Comprehensive Primary Care (CPC) portlet allows primary care practices participating in the CPC Io log into the CMIS Portal a CMIS user account Initiative to enter their quarterly milestone reporting, attest to clinical quality measures, review staffing rosters, is required.
<ul> <li>Mozilla-Firefox</li> <li>Chrome</li> </ul>	and download practice specific reports.
	Help Desk Contact Information 1800-3814724 Contact Information
• Safari	<u>cpcisupport@tellgen.com</u>
Enable JavaScript and adjust any zoom	For more information about CPC Read Here. Forgot User ID?
features to ensure you are not seeing the	Forgot Password?
screen in too wide of a view.	New User Registration
	CMS Enterprise Portal MACBIS Medicare Shared Savings Program Physician Value ASP Open Payments QMAT CPC
2. Read the <b>Terms and Conditions</b> .	
Select the <i>I agree to the terms and</i>	Terms and Conditions
conditions checkbox and select Next.	OMB No. 0938-1236   Expiration Date: 04/30/2017   Paperwork Reduction Act
	Consent To Monitoring
<b>Note:</b> Next will be enabled only after checking the I agree to the terms and conditions checkbox.	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.
conditions checkbox.	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. Lunderstand that exceptions to the HHS RoB must be authorized in advance in writing by the OPDIV Chief Information Orisher 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

Steps	Screenshots
<ul> <li>3. Enter the following required information under Your Information section and select Next.</li> <li>First Name</li> <li>Last Name</li> <li>E-mail Address</li> <li>Confirm E-mail Address</li> <li>Social Security Number</li> <li>Date of Birth</li> </ul>	Your Information         Enter your legal first name and last name, as it may be required for Identity Verification.         • First Name:         • Last Name:         Suffix:
<ul> <li>Home Address Line 1</li> <li>City</li> <li>State</li> <li>Zip Code</li> <li>Primary Phone Number</li> </ul>	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: OU.S. Home Address O 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:       • Other state       • Other state         • Primary Phone Number:       • Other state       • Other state       • Other state       • Other state         • Other state       • Other state       • Other state       • Other state       • Other state         • Other state       • Other state       • Other state       • Other state       • Other state         • Other state       • Other state       • Other state       • Other state       • Other state         • Other state       • Other state       • Other state       • Other state       • Other state         • Other state       • Other state       • Other state       • Other state       • Other state         • Other state       • Other state       • Other state       • Other state       • Other state       • Other state         • Other state       • Other state       • Other state       • Other state       • Other state       • Other state         • Other state       • Other state       • Other state       • Other state       • Other state       • Other state       • Other state       • Others

Steps	Screenshots
<ul> <li>4. (a) Create your EIDM User ID and EIDM Password.</li> <li>Note: Your EIDM User ID must be a minimum of six (6) and a maximum of seventy four (74) alphanumeric</li> </ul>	Screenshots         CMS Portal > New User Registration         Screen reader mode Off   Accessibility Settings         Choose User ID and Password         Choose User ID and Password         Create User ID and Password
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.	Choose User ID And Password  User ID  Password  Confirm Password
<ul> <li>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: ?, &lt;, &gt;, (, ), ', ", /, and &amp;. Your password must be changed at least every 60 days and can only be changed once a day.</li> <li>(b) Select and provide the answer to three (3) challenge questions under Select your Challenge Questions and Answers section.</li> <li>(c) Select Next.</li> </ul>	Select your Challenge Questions and Answers: Your challenge questions and answers will be required for password and account management functions. * Question:1 * Answer:1 Please choose one Question * Question:3 * Answer:3 Please choose one Question Cancel Next

Steps	Screenshots
<ul> <li>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.</li> <li>Select <i>OK</i> to navigate to the CMS Enterprise Portal in order to request a user role for the 'Physician Quality and Value Programs' application.</li> <li>Note: Wait approximately five (5) minutes before logging in to the portal with your EIDM User ID and EIDM Password.</li> </ul>	CMS Portal > New User Registration Screen reader mode Off   Accessibility Settings Vour Information: Choose User ID and Passoord: Complete Registration Account Successfully Created You have now successfully created an account on the CMS Enterprise Portal. You will receive an e-mail acknowledging your successful account creation, and the e-mail will include the User ID that you selected. If you are requesting access for a specific role in a system, please log on to the CMS Enterprise Portal using your new User ID and password. Please wait 5 minutes before logging in. Selecting the 'OK' button will direct you to the CMS Portal Landing page.
6. Select Login to CMS Secure Portal on the CMS Enterprise Portal.	Hune       About CMS       Newscom       Active       @ Heb & FADE

Steps Scree		Screenshots
7. Read <b>Terms and Conditions</b> and		
	select <i>I Accept</i> 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.
8.	<ul> <li>Enter the following information and select <i>Log In</i>:</li> <li>EIDM User ID</li> <li>EIDM Password</li> </ul>	Incent     Incent
		Password Log In Cancel
		Forgot Password? Forgot User ID?
		Need an account? Click the link - <u>New user registration</u>



Steps	creenshots	
<ul> <li>11. (a) Under Select a Group, choose <i>Provider Approver</i>, if you are requesting <i>Security Official</i> or <i>Individual Practitioner</i> role OR</li> <li>(b) Choose <i>PV Provider</i>, if you are</li> </ul>	CMS GOV Enterprise Portal My Portal	
requesting Group Representative or Individual Practitioner Representative role. 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 Portal > EIDM user menu page > My Access My Access Modify Business Contact Information View and Manage My Access Request New Application Access Request New Application Request New Application Request New Application Select a Group:  OMS/Help Desk User Physician Value - Physician Select a Group:  OMS/Help Desk User Provider Provider PORS Provider Select a Group:  OMS/Help Desk User Provider PORS Provider Select a Group:  OMS/Help Desk User Provider Approver PORS Provider Select a Group:  OMS/Help Desk User Provider Approver PORS Provider Select a Group:  OMS/Help Desk User PORS Provider PORS Provider Select a Group:  OMS/Help Desk User PORS Provider Select a Group:  PORS Provider PORS POR	quired Field ace, C <u>ancel</u>
12. Select the appropriate role you want to request from the <b>Select a Role</b> drop-down menu.	I <mark>ly Portal</mark> CMS Portal > EIDM user menu page > <b>My Access</b>	
Select <i>Next</i> to begin <b>Remote Identity</b> <b>Proofing (RIDP)</b> and <b>Multi-Factor</b> <b>Authentication (MFA)</b> processes.	Information ↓ View and Manage My Access ↓ Request New Application Access ↓ Requests ↓ Request Approver ↓ PQRS can View PY2013 Registration and view QRURs Reports (dril down, dashboard). Within PQRS can 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 Assurance has not been met for this role, you will be asked to provide additional information to verify your identity applicable, register a device for multi-factor authentication. Please select 'Next' to continue	Role. n submit

Steps	Screenshots	
Remote Identity Proofing (RIDP) - Please follow steps 13 to 17 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 <u>http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-ORUR.html</u> .		
13. Select <i>Next</i> to complete the <b>Identity</b>		
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.	
	<ol> <li>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.</li> <li>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.</li> <li>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</li> </ol>	
	-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	

Steps	Screenshots
14. Read the <b>Terms and Conditions</b> .	
Select the <i>I agree to the terms and</i>	Request New Application Access
<i>conditions</i> checkbox and then select <i>Next</i> .	Terms and Conditions
Note: Next will be enabled only after	OMB No. 0938-1238   Expiration Date: 04/30/2017   Paperwork Reduction Act
checking the <b>I agree to the terms and</b> conditions checkbox.	Protecting Your Privacy
containons checkbox.	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 <u>CMS Privacy Act Statement</u> , 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 <u>HHS Rules of Behavior</u> , 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 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

Steps	Screenshots
15. Confirm your E-mail Address and	
enter your Social Security Number. Select <i>Next</i> after verifying the pre-	Your Information
populated information.	Enter your legal first name and last name, as it may be required for Identity Verification.  • First Name: John
	Last Name: Suffix: Smith
	Enter your E-mail address, as it will be used for account related communications. • E-mail Address: John.Smith@yahoo.com
	on non integration of the
	Re-enter your E-mail address.
	Confirm E-mail Address:
	John.Smith@yahoo.com
	••••       ••••         Enter your date of birth in MM/DD/YYYY format, as it may be required for Identity Verification.         • Date of Birth:         12       11         12
	<ul> <li>U.S. Home Address O Foreign address</li> <li>Enter your current or most recent home address, as it may be required for Identity Verification.</li> <li>Home Address Line 1:</li> </ul>
	2810 Lord Baltimore Dr
	Home Address Line 2:
	Enter your primary phone number, as it may be required for Identity Verification.   Primary Phone Number: 301 121 1212
	Cancel Next

Steps	Screenshots
16. Provide an answer to each question	
under the Verify Identity section.	Your Information Verity Your Identity
Select <i>Next</i> to continue.	Verify Identity
Note: Verify Identity questions are provided from Experian based on the information provided in step 15.	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.  Built were minimized and the select the select 'NONE OF THE ABOVE/DOES NOT APPLY.  Nomere THE ABOVE BAIK  Nomere THE ABOVE BOOKS 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.  Core Cous  Built users of as co US MARNES  NONE OF THE ABOVE MORE SHOT 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.  Core Cous Built users of as co US MARNES NONE OF THE ABOVE MORE SHOT APPLY According to our records, you previously lived on (7TH). Please choose the city from the following list where this street is located.  NINKINA CONTINUES NONE OF THE ABOVE MORE SHOT APPLY Please select 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 MORE SHOT APPLY Please select the county for the address you provided.  BERGEI CAMEEI CAMEEI NONE OF THE ABOVE MORE SHOT APPLY NONE OF THE ABOVE MORE SHOT APPLY Please select the county for the address you provided.  BERGEI CAMEEI NONE OF THE ABOVE MORE SHOT APPLY NONE OF THE ABOVE MORE SHOT APPLY Please select the county for the address you provided. BERGEI CAMEEI NONE OF THE ABOVE MORE SHOT APPLY NONE OF THE ABOVE MORE SHOT APPLY NONE OF THE ABOVE MORE SHOT APPLY Please select the county for the address you provided. BERGEI CAMEEI NONE OF THE ABOVE MORE SHOT APPLY NONE
17. <b>Remote Identity Proofing</b> is now complete. Select <i>Next</i> to proceed to register for the <b>Multi-Factor Authentication</b> process.	My Access View and Manage My Access Request New Application Access Screen reader mode Off   Accessibility Settings Complete Step Up Requests
	My Pending Requests You have successfully completed the Remote Identity Proofing process. Next

Steps	Screenshots	
	Multi-Factor Authentication (MFA)	
Please follow steps 18 to 21 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 <u>http://www.cms.gov/Medicare/Medicare- Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html</u> .		
18. Select <i>Next</i> to begin registration for the <b>Multi-Factor Authentication</b> 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'.	
19. Read the <b>Register Your Phone</b> ,		
Computer, or E-mail notification	Request New Application Access	
and then select an option from the <i>Credential Type</i> drop-down menu.	Register Your Phone, Computer, or E-mail	
Note: Regardless of the mechanism you choose, you will have 30 minutes to retrieve and enter the Security Code. If you are unable to enter the code within 30 minutes, then the code will expire and you need to request a new Security Code. If selecting Phone/Tablet/PC/Laptop as Credential Type, you will first need to ensure you have the VIP Client and appropriate VIP Access software downloaded to your device. The VIP Client and VIP Access software can be downloaded via the Symantec Site (direct link is provided on your screen). Refer to the hyper link on the right screen to make selection. If the VIP Client and VIP Access software is not installed on your	You have selected to register another phone, computer or e-mail with your user profile. Select one of the options below to make your account more secure. If you intend to use 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 - <u>https://m.vip.symantec.com/home.v</u> If you intend 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 - <u>https://idprotect.vip.symantec.com/desktop/download.v</u> 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 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 phone number. The number that you supplied will be called whenever you attempt to access secure application, and you will be provided with a security code. To access the application you must enter the provided security code on the login page.Carrier service charges may apply for this option. <b>E-mail One Time Password (OTP)</b> : The E-mail address on your profile will be used when registering for Multi-Factor Authentication (MFA) using E-mail OTP option. When logging into a secure application, your One Time Password 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.	
device, you will be unable to complete the Multi-Factor Authentication process.	Select the credential type that you want to use for logging into your application.     Select Credential type     Select Cre	

#### Steps Screenshots 20. (a) If selecting Request New Application Access **Phone/Tablet/PC/Laptop** as Credential Type, enter the Register Your Phone, Computer, or E-mail alphanumeric code that displays under the field label Credential ID as You have selected to register another phone, computer or e-mail with your user profile. Select one of the options below to make your account Credential ID and *Device ID* as the more secure. **Credential Description.** If you intend to use VIP access software on your phone, you must download the VIP Access software to your phone, if you do not already OR have it. Select the following link -https://m.vip.symantec.com/home.v (b) If selecting *E-mail – One Time* If you intend to use VIP access software on your computer, you must download the VIP Access software, if you do not already have it. Select Password (OTP) as Credential Type, the following link -https://idprotect.vip.symantec.com/desktop/download.v the email associated with the EIDM Text Message Short Message Service (SMS): The SMS option will send your security code directly to your mobile device via text account will be entered as E-mail message. This option requires you to provide a phone number for a mobile device that is capable of receiving text messages. Carrier service Address to obtain the security code. charges may apply for this option. Enter *E-mail* as the **Credential** Interactive Voice Response (IVR): The IVR option will communicate your security code through a voice message that will be sent directly to **Description**. your phone. This option requires you to provide a valid phone number. OR The number that you supplied will be called whenever you attempt to access secure application, and you will be provided with a security code. (C) If selecting Text Message - Short To access the Message service (SMS) as application you must enter the provided security code on the login page. Carrier service charges may apply for this option. Credential Type, enter the *Phone* E-mail One Time Password (OTP): The E-mail address on your profile will be used when registering for Multi-Factor Authentication (MFA) *Number* that will be used to obtain using E-mail OTP option. When logging into a secure application, your One Time Password that is required at the login page will be e-mailed to the e-mail address on the profile. the security code as **Phone Number** and *Text* as the Credential 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 Description. please log out, then log back in to try again. OR (D) If selecting Voice Message -Select the credential type that you want to use to login to secure applications from the dropdown menu below. Interactive Voice Response (IVR) as \* Credential Type : Phone/Tablet/PC/Laptop V Credential Type, enter the *Phone* Enter the alphanumeric code that displays under the label Credential ID on your device. *Number* that will be used to obtain Credential ID : the security code as Phone Number and IVR as Credential Description. \* Credential Description : Select *Next* to continue. Next Cancel

Steps	Screenshots
<ul> <li>21. Your registration for the Multi- Factor Authentication is now complete. Select <i>Next</i> to proceed to request a user role in order to access the 'Physician Quality and Value Programs' application.</li> <li>Note: You will receive an E-mail notification for successfully registering the MFA credential type.</li> </ul>	Portal Help & FAQs Print     CMS Enterprise Portal     My Portal     CMS Portal > EIDM user menu page > My Access     My Access     Request New Application Access
	<ul> <li>View and Manage My Access</li> <li>Request New Application Access</li> <li>Requests</li> <li>My Pending Requests</li> <li>Next</li> </ul>
22. Enter the required information under <b>Business Contact Information</b> and	Request New Application Acces:
Phone sections and select <i>Next</i> .	* Required Field
<ul> <li>Note: The information under the Name section will be pre-populated with the Remote Identity Proofing information from step 15.</li> <li>If you are requesting a Security</li> </ul>	Please update your profile to continue the request for an application access.          Name         Title: <ul> <li>First Name:</li> <li>john</li> <li>Middle Name:</li> <li>Last Name:</li> <li>mayer</li> <li>Suffix:</li> <li>Professional Credentials:</li> <li> </li></ul>
<ul> <li>Official role, go to step 23.</li> <li>If you are requesting a Group Representative role, go to step 30.</li> </ul>	Social Security Number: *******9999 Business Contact Informatio
<ul> <li>If you are requesting an Individual Practitioner role, go to step 33.</li> <li>If you are requesting an Individual Practitioner Representative role, go to step 40.</li> </ul>	* Company Name:     * Address 1:     Address 2:     * City:     * State/Territory:     Zip Code:     Zip Code Extension:
	Phone
	* Company Phone Number: Extension: Exte
	Next Cancel

Steps	Screenshots	
Follow Steps 23 to 29 to Request a 'Security Official' Role		
<ul> <li>23. a) If you are the first person in your group practice to sign up for the Security Official role and register your group practice in the EIDM, select <i>Create an Organization</i>. Then, proceed to Step 24.</li> <li><i>OR</i></li> <li>(b) If you are signing up for a Security Official role and your group practice already exists in the EIDM, select <i>Associate to an Existing Organization</i>. Then, proceed to Step 27.</li> </ul>	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       ●         Ø Porovider       •         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 (dril down, dashboard).         * Create/Associate to an Existing Organization © Create an Organization         * Reason for Request:	

Steps	Screenshots
24. If selecting <i>Create an Organization</i> as the <b>Create/Associate</b> option, enter the following required information for the group practice:	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).
<ul> <li>Medicare Billing TIN</li> <li>Legal Business Name</li> <li>NPI 1</li> <li>PTAN 1</li> <li>NPI 2</li> <li>PTAN 2</li> <li>Address</li> <li>City</li> <li>State</li> <li>Zip Code</li> </ul>	* Create/Associate:   Associate to an Existing Organization   * TIN:   Group Unique Identifier:   ACO Parent TIN:   * Legal Business Name:   * NPI 1:   * NPI 1:   * NPI 2:   * PTAN 2:
<ul><li> Phone Number</li><li> Reason for Request</li></ul>	NPI 3:
Select Next.	PTAN 3:
Note: In this section, enter your group practice's Medicare billing TIN; enter rendering NPIs for two different eligible professionals 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 professionals in the group. Enter the rendering NPI and individual PTAN combinations for two of the eligible professionals: Dr. Smith and Dr. Beaver.	* Address Line 1:   * City:   * Zip Code:   Country:   United States   * Phone Number:   Extension:   Fax Number:   Email:   Website:   * Reason for Request:
<ul> <li>Dr. Smith's rendering NPI is 4545454545 and the corresponding individual PTAN is G676767676.</li> <li>Note: PTANs are alphanumeric therefore, enter the alpha characters.</li> <li>Dr. Beaver's rendering NPI is 2525252525 and the corresponding individual PTAN is 0012789456.</li> <li>Note: All leading zeros in the PTAN</li> </ul>	

Steps	Screenshots
should be entered.	
	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         TN: 73-1579452         Group Unique Identifier:         ACO Parent TIN:         Legal Business Name:
	NPI 1:       1003003831         PTAN 1:       1316049141         NPI 2:       1003003831         PTAN 2:       731579452         NPI 3:

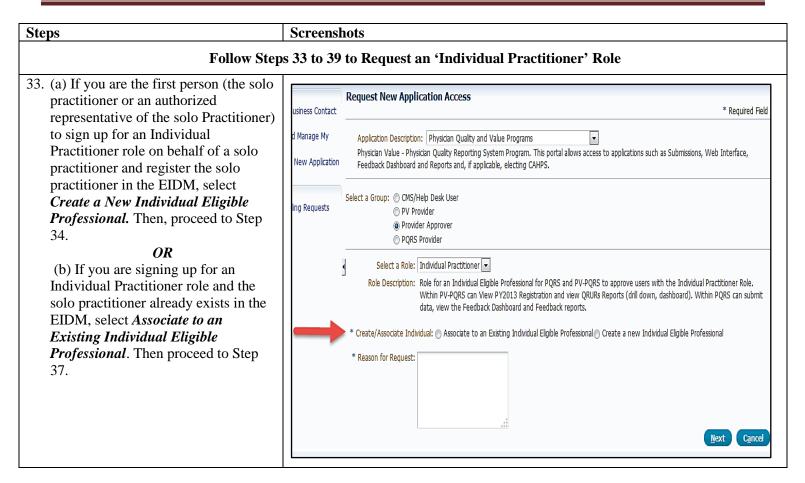
Steps	Screenshots
<ul> <li>26. (a) You have successfully applied for the Security Official role.</li> <li>(b) If your role request is automatically approved, proceed to Step 43 to complete the Multi-Factor Authentication before you can access the 'Physician Quality and Value Programs' application using your EIDM User ID and EIDM password in order to: <ul> <li>Register the group practice to participate in the PQRS GPRO;</li> <li>Obtain the group practice's Mid-Year and Annual QRUR, Supplemental QRUR, and PQRS Feedback Report; and</li> <li>Submit an informal review request on behalf of the group practice.</li> </ul> </li> <li>A confirmation E-mail will be sent shortly after the submission confirmation message.</li> </ul>	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.
Note: You have three (3) attempts to enter two valid NPI/PTAN combinations for two different eligible professionals who bill under the TIN. If the information is a confirmed match, the request will be automatically approved. If you exceed these attempts, your request will be sent to the QualityNet Help Desk for manual approval. The QualityNet Help Desk will contact you for further assistance within two (2) business days.	

Steps	Screenshots
27. (a) If selecting Associate to an	
Existing Organization as the	Request New Application Access
Create/Associate option, enter one of	* Required Field
the following information for the	
group practice:	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,
	Freedback Dashboard and Reports and, if applicable, electing CAHPS.
i. Medicare Billing TIN	
OR	Select a Group: 🔘 CMS/Help Desk User
ii. Legal Business Name and State	O PV Provider
OR	Provider Approver
iii. Legal Business Name and Street	PQRS Provider
Address	
	Select a Role: Security Official
(b) Select <i>Search</i> .	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).
(c) Select your group practice from	* Create/Associate:  Associate to an Existing Organization Create an Organization
the Organization drop-down menu.	Please provide the complete Medicare billing Tax Identification Number (TIN); or the Legal Business Name (LBN) and State; or
Enter <i>Reason for Request</i> and select	the LBN and Street Address to perform the organization search.
Next.	Legal Business Name:
	TIN: 20-8987815
Note: If your group practice cannot be	
found, please verify that your group	Address Line 1: Address Line 2:
practice already has a user with an	City: State:
approved Security Official role and you	Zip Code: Zip Code Extension:
entered the group practice's Medicare	Search
billing TIN correctly. If you do not know	
the Security Official, contact the	* Organization: NGC SO RIDP/MFA TEST (2800 Lord Baltimore Dr, Baltimore, MD)
QualityNet Help Desk.	* Reason for Requesting SO role.
	<u>Next</u> <u>Cancel</u>

Steps	Screenshots
28. 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:       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:
<ul> <li>29. (a) You have successfully applied for the Security Official role.</li> <li>Note: Another Security Official from your group practice must approve your request within sixty (60) days after it is submitted; otherwise, the request will be canceled and need to be resubmitted.</li> <li>(b) After your role request is approved, proceed to Step 43 to complete the Multi-Factor Authentication before you can access the 'Physician Quality and Value Programs' application using your EIDM User ID and EIDM password in order to:</li> <li>Register the group practice to participate in the PQRS GPRO;</li> <li>Obtain the group practice's Mid-Year and Annual QRUR, Supplemental QRUR, and PQRS Feedback Report; and</li> <li>Submit an informal review request on behalf of the group practice.</li> </ul>	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.

Steps	Screenshots
	teps 30 to 32 to Request a 'Group Representative' Role
30. (a) Enter one of the following	Request New Application Access
information for the group practice.	* Required Field
<ul> <li>Medicare Billing TIN</li> <li>OR</li> <li>Legal Business Name and State</li> <li>OR</li> </ul>	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.
iii. Legal Business Name and Street Address	Select a Group:   CMS/Help Desk User
(b) Select <i>Search</i> .	PV Provider     Provider Approver     PQRS Provider
(c) Select your group practice from the <b>Organization</b> drop-down menu.	
Enter <i>Reason for Request</i> and select <i>Next</i> .	Select a Role: Group Representative           Role Description:         Role for Group Practice's Authorized User to register in PQRS-PV on their behalf.
<b>Note</b> : 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	Please provide the complete Medicare biling 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
entered the group practice's Medicare	Address Line 1: Address Line 2:
billing TIN correctly. If you do not know	Cty: State:
your Security Official, contact the QualityNet Help Desk.	Zip Code: Zip Code Extension:
	* Organization:
	* Reason for Request:

Steps	Screenshots
31. Verify the information on the <b>Verification</b> screen and select <i>Submit</i> .	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:       PhysicanValue TestingEidm2015 (2800 Lord Baltimore Dr, Baltimore, MD) v         Reason for Request:       Role selection GR
32. (a) You have successfully applied for	
the Group Representative role.	Request New Application Access Acknowledgement
<ul> <li>Note: A Security Official from your group practice must approve your request within sixty (60) days after it is submitted; otherwise, the request will be canceled and need to be resubmitted.</li> <li>(b) After your role request is approved, proceed to Step 43 to complete the Multi-Factor Authentication before you can access the 'Physician Quality and Value Programs' application using your EIDM User ID and EIDM password in order to:</li> <li>Register the group practice to participate in the PQRS GPRO;</li> <li>Obtain the group practice's Mid-Year and Annual QRUR, Supplemental QRUR, and PQRS Feedback Report; and</li> <li>Submit an informal review request on behalf of the group practice.</li> </ul>	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.

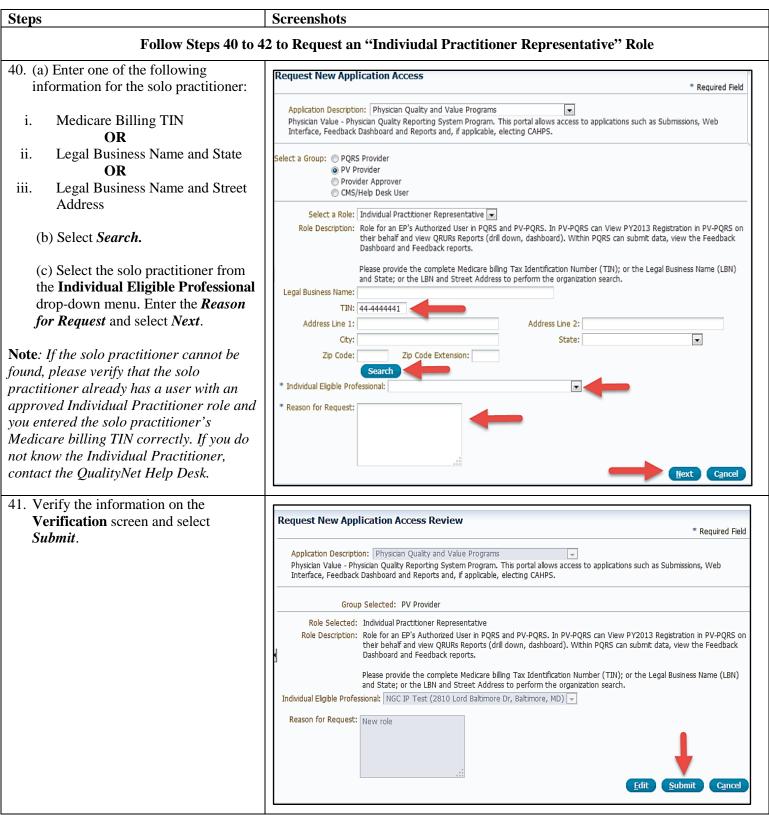


Steps	Screenshots	
Steps         35. Verify the information on the Verification screen and select Submit.	TIN: 04-3616899 NPI: 1033175922 PTAN: GO999A Address Line 1: 15 Main St Cty: Columbia Zp Code: 21055 Country: United States	N. N
	Phone Number: 345-675-6786 Extension: Fax Number: Errai: Webste: Reason for Request: EIDM testing Edit Submit Car	ncel

Steps	Screenshots
<ul> <li>36. (a) You have successfully applied for the Individual Practitioner role.</li> <li>(b) After your role request is automatically approved, proceed to Step 43 to complete the Multi-Factor</li> </ul>	Request New Application Access Acknowledgement Your EIDM request has been successfully submitted. The tracking number for your request is:
Authentication before you can access the 'Physician Quality and Value Programs' application using your EIDM User ID and EIDM password in order to:	1689081 Please use this number in all correspondence concerning this request. You will receive an email once your request has been processed.
<ul> <li>Obtain the solo practitioner's Mid-Year and Annual QRUR, Supplemental QRUR, and PQRS Feedback Report; and</li> <li>Approve request for the Individual Practitioner Representative role in the EIDM.</li> </ul>	ОК
A confirmation E-mail will be sent shortly after the submission confirmation message.	
<b>Note</b> : You have three (3) attempts to enter the valid NPI/PTAN combinations for eligible professionals who bill under the TIN. If the information is a confirmed match, the request will be automatically approved. If you exceed these attempts, your request will be sent to the QualityNet Help Desk for manual approval. The QualityNet Help Desk will contact you for further assistance within two (2) business days.	

Steps	Screenshots
Steps         37. (a) If selecting Associate to an Existing Individual Eligible Professional as the Create/Associate Individual, enter one of the following information for the solo practitioner:         i. Medicare Billing TIN OR         ii. Legal Business Name and State OR         iii. Legal Business Name and Street Address         (b) Select Search.         (c) Select the solo practitioner from the Individual Eligible Professional drop-down menu. Enter Reason for Request and select Next.         Note: If the solo practitioner cannot be found, please verify that the solo practitioner role and you entered the solo practitioner 's Medicare billing TIN correctly. If you do not know the Individual Practitioner, contact the QualityNet Help Desk.	Screenshots         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 Povider       @ PV Povider         @ PV Povider       @ PV Povider         @ DV Povider       @ CMS/Help Desk User         Select a Role:       Individual Practitioner         Role Description:       Role for an Individual Eligble Professional for PQRS and PV-PQRS to approve users with the Individual Practitioner Role. Within PV-PQRS can Vew PV2013 Registration and view QRURs Reports (drill down, dashboard). Within PQRS can submit data, view the Feedback Dashboard and Feedback reports.         * Create/Associate Individual @ Associate to an Existing Individual Eligble Professional       Create a new Individual Eligble 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:
Medicare billing TIN correctly. If you do not know the Individual Practitioner,	* Individual Eligible Professional:

Steps	Screenshots
38. Verify the information on the <b>Verification</b> screen and select <i>Submit</i> .	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: Provider Approver
	Role Selected:       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.         Create/Associate Individual: <ul> <li>Associate to an Existing Individual Eligible Professional</li> <li>Create a new Individual Eligible Professional</li> <li>Please provide the complete Medicare billing Tax Identification Number (TIN); or the Legal Business Name (LBN)</li> </ul>
	and State; or the LBN and Street Address to perform the organization search.
	Individual Eligible Professional: NGC IP Test (2810 Lord Baltimore Dr, Baltimore, MD) - Reason for Request: New IP
39. (a) You have successfully applied for	
the Individual Practitioner role.	Request New Application Access Acknowledgement
Note: Another Individual Practitioner on	Your EIDM request has been successfully submitted.
behalf of the solo practitioners must approve your request within sixty (60)	The tracking number for your request is: 1689081
days after it is submitted; otherwise, the	
request will be canceled and need to be resubmitted.	Please use this number in all correspondence concerning this request You will receive an email once your request has been processed.
<ul> <li>(b) After your role request is approved, proceed to Step 43 to complete the Multi-Factor Authentication before you can access the 'Physician Quality and Value Programs' application using your EIDM User ID and EIDM password in order to:</li> <li>Obtain the solo practitioner's Mid-Year and Annual QRUR, Supplemental QRUR, and PQRS Feedback Report.</li> </ul>	You will receive an email once your request has been processed.



Steps	Screenshots
42. (a) You have successfully applied for the Individual Practitioner Representative role.	Request New Application Access Acknowledgement
<b>Note</b> : An Individual Practitioner on behalf of the solo practitioner must approve your request within sixty (60) days after it is submitted; otherwise, the request will be canceled and need to be resubmitted.	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.
<ul> <li>(b) After your role request is approved, proceed to next step to complete the Multi-Factor Authentication before you can access the 'Physician Quality and Value Programs' application using your EIDM User ID and EIDM password in order to:</li> <li>Obtain the solo practitioner's Mid-Year and Annual QRUR, Supplemental QRUR, and PQRS Feedback Report.</li> </ul>	

#### V. <u>Completing the Multi-Factor Authentication(MFA) – Multi-Factor Authentication will need to be</u> <u>completed each time you log into the CMS Enterprise Portal. Additional information on how the</u> <u>MFA process works can be found at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-</u> <u>Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html.</u>

Steps	Screenshots
<ul> <li>43. Log In to the CMS Enterprise Portal. Enter the following information and select <i>Log In</i>:</li> <li>a. EIDM User ID</li> <li>b. EIDM Password</li> </ul>	Home About CMS Newsroom Archive 2 Centers for Medicare & Medicaid Services Health Care Quality Improvement System Provider Resources
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 logon.	Provide Resources         Welcome to CMS Enterprise Portal         User ID         Password
<ul> <li>44. Select <i>Registration</i> (to register for the PQRS GPRO), <i>Feedback Reports</i> (to obtain a Mid-Year or Annual QRUR, Supplemental QRUR, or PQRS Feedback Report), or <i>VM Informal Review</i> (to submit an informal review request on behalf of a group practice) from the PV-PQRS drop-down menu.</li> <li>Note: You will be re-directed to the <i>Multi-Factor Terms and Conditions</i> screen in order to complete the second portion of the Multi-Factor Authentication process.</li> </ul>	Portal Help & FAQs       Print         CMS       Enterprise Portal         My Portal       PV.PQRS ▼         Overview       Registration         Feedback Reports       Print         Welc       Portal Review       Print         The Enterprise Portal combines and displays content and forms from multiple applications, supports users with navigation and cross-enterprise search tools, supports simplified sign-on, and uses role-based access and personalization to present each user with only relevant content and applications. The vision of the Enterprise Portal is to provide "one-stop shopping" capabilities to improve customer experience and satisfaction.

Steps	Screenshots
<ul> <li>47. (a) Select the <i>Credential Type</i> for the drop-down menu and then select <i>Send</i> to receive a <i>Security Code</i>.</li> <li>Note 1: You previously registered to complete the MFA process. Please ensure that you select the same <i>Credential Type</i> you selected when registering for the MFA process in Step 20. If you select a different <i>Credential Type</i>, you will receive an error message stating you did not register to complete MFA using the selected option and you will be unable to proceed. If you may have forgotten the <i>Credential Type</i> you selected, you may (1) retrieve the E-mail received upon successfully registering for MFA or (2) navigate to My Profile and select Remove Your Phone or Computer for this information. Selecting Remove Your Phone or Computer will display the Credential Type you selected to complete the MFA process.</li> <li>(b) Enter the Security Code (VIP Token) and then select Log In.</li> </ul>	<image/>
retrieve and enter the Security Code. If you are unable to enter the code within 30 minutes, then the code will expire and you will need to request a new Security Code.	
48. The <b>Multi-Factor Authentication</b> process is now complete. You will be redirected to your initial selection (Registration, Feedback Reports, or VM Informal Review [for group practices only]) within the PV-PQRS drop-down menu.	