Guide for Obtaining a New EIDM Account with a 'Physician Quality and Value Programs' Role

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If you have questions about the or need assistance accessing any of the reports, please contact the QualityNet Help Desk by phone at 866-288-8912. Normal business hours are Monday-Friday from 8 am to 8 pm Eastern Time Zone.

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Guide for Obtaining a New EIDM Account with a 'Physician Quality and Value Programs' 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.

> *Note*: If you already have an EIDM account, but not a role to access the 'Physician Quality and Value Programs' application, then please use the guide titled "Existing EIDM User: Guide for Obtaining a Role in EIDM" located at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html.

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 within the PV-PQRS application on behalf of a group practice:
  o View the group practice's Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO) registration status from prior years;
  o Obtain the group practice's Annual Quality and Resource User Report (QRUR) and PQRS Feedback Report;
  o Obtain the group practice's Mid-Year QRUR, Annual QRUR, PQRS Feedback Report, and Supplemental QRUR from prior years;
  o Submit a Value Modifier Informal Review Request on behalf of the group practice; and
  o 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 within the PV-PQRS application on behalf of a group practice:
  o View the group practice's PQRS GPRO registration status from prior years;
  o Obtain the group practice's Annual QRUR and PQRS Feedback Report;
  o Obtain the group practice's Mid-Year QRUR, Annual QRUR, PQRS Feedback Report, and Supplemental QRUR from prior years; and
  o Submit a Value Modifier 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 **two or more eligible professionals** (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 within the PV-PQRS application on behalf of a solo practitioner:
  o Obtain the solo practitioner's Annual QRUR and PQRS Feedback Report;
  o Obtain the solo practitioner's Mid-Year QRUR, Annual QRUR, PQRS Feedback Report, and Supplemental QRUR from prior years;
  o Submit a Value Modifier Informal Review Request on behalf of a solo practitioner; 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 within the PV-PQRS application on behalf of the solo practitioner:
  o Obtain the solo practitioner's Annual QRUR and PQRS Feedback Report;

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- o Obtain the solo practitioner's Mid-Year QRUR, Annual QRUR, PQRS Feedback Report, and Supplemental QRUR from prior years; and
- o Submit a Value Modifier Informal Review Request on behalf of a solo practitioner.

  Note: *Solo Practitioners are identified in the EIDM by their Medicare billing TIN and rendering NPI. A solo practitioner consists of **only one eligible professional** (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 obtaining QRURs and PQRS Feedback Reports is available at
  https://www.cms.gov/PhysicianFeedbackProgram.

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:**
  - o **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.
  - o **Business Contact Information:** Company Name, Address, City, State, Zip Code, Company Phone Number, and Office Phone Number.
  - o **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:**
  - o **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.
  - o **Business Contact Information:** Company Name, Address, City, State, Zip Code, Company Phone Number, and Office Phone Number.
  - o **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:**
  - o **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.
  - o **Business Contact Information:** Company Name, Address, City, State, Zip Code, Company Phone Number, and Office Phone Number.
  - o **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:**
  - o **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.
  - o **Business Contact Information:** Company Name, Address, City, State, Zip Code, Company Phone Number, and Office Phone Number.
  - o **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.

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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>

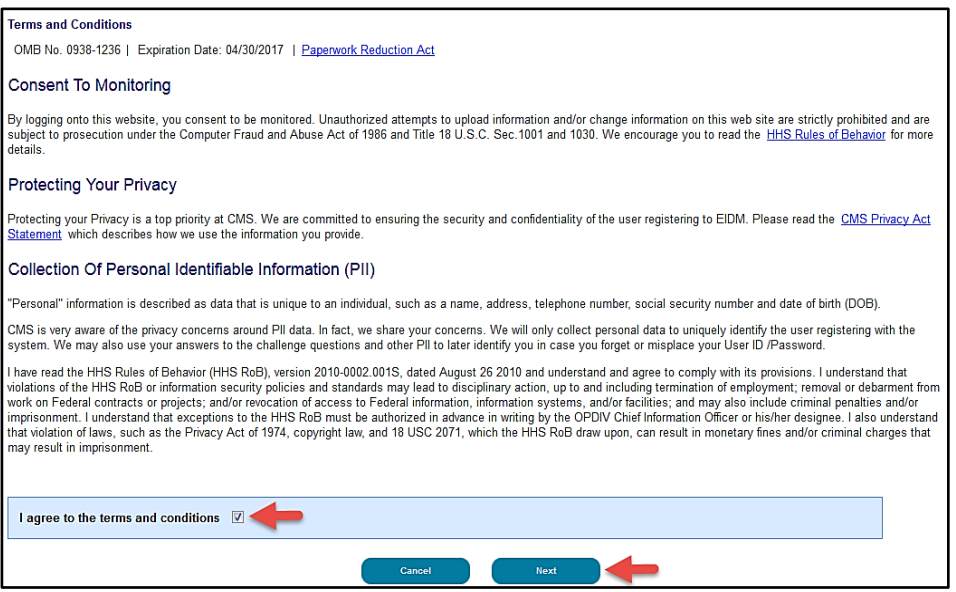For questions about setting up an EIDM account, please contact the QualityNet Help Desk at:
- Monday – Friday: 8:00 am – 8:00 pm Eastern Time Zone
- Phone: (866) 288-8912 (TTY 1-877-715-6222)
- Email: qnetsupport@hcqis.org

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

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III. New User Registration for an EIDM Account

Please follow each step listed below unless otherwise noted.

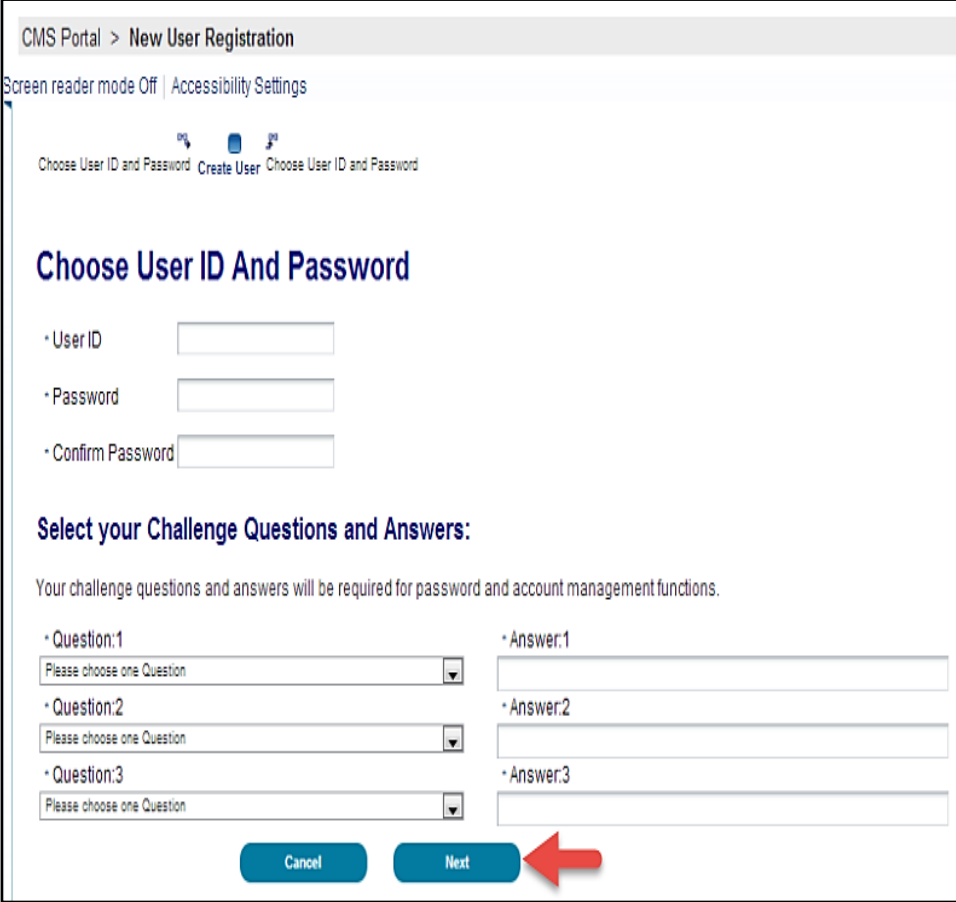| Steps	Screenshots
1. Go to https://portal.cms.gov/ and select **New User Registration**. *Note: The CMS Enterprise Portal supports the following internet browsers:* *Internet Explorer 11 (without compatibility mode)* *Firefox* *Chrome* *Safari* *Enable JavaScript and adjust any zoom features to ensure you are not seeing the screen in too wide of a view.*	
2. Read the **Terms and Conditions**. Select *I agree to the terms and conditions* checkbox and select *Next*. **Note**: *Next will be enabled only after checking I agree to the terms and conditions checkbox.*	

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Steps	Screenshots
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

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Steps	Screenshots
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 Please choose one Question * Answer:1 * Question:2 Please choose one Question * Answer:2 * Question:3 Please choose one Question * Answer:3 Cancel Next

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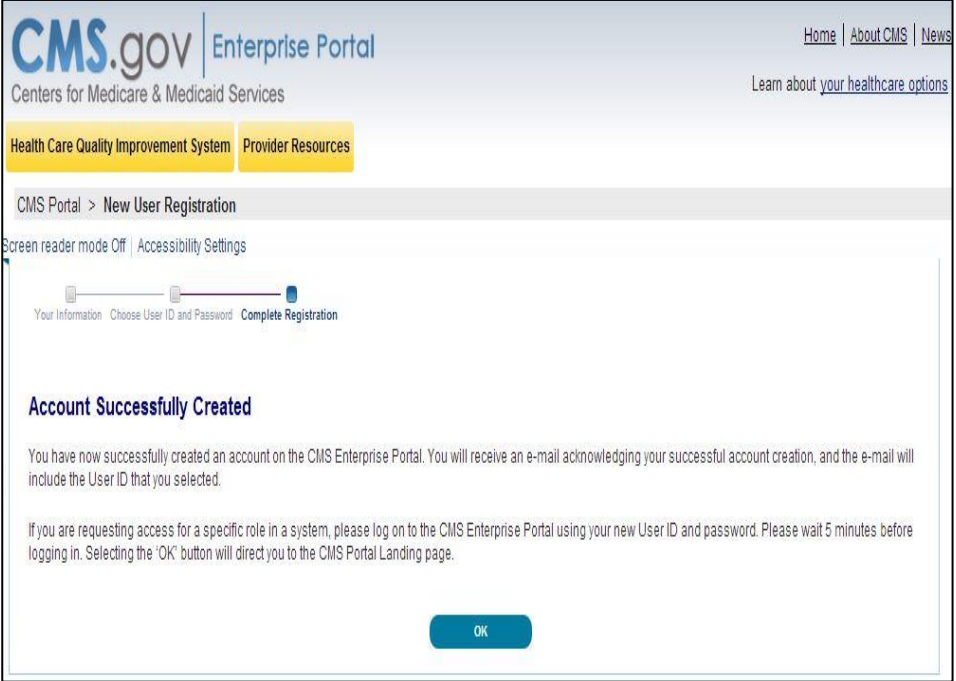
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Steps	Screenshots
5. Your registration for an EIDM account is now complete. You will receive an E-mail acknowledging your successful account creation with your EIDM User ID. Select **OK** to navigate to the CMS Enterprise Portal in order to request 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**.	

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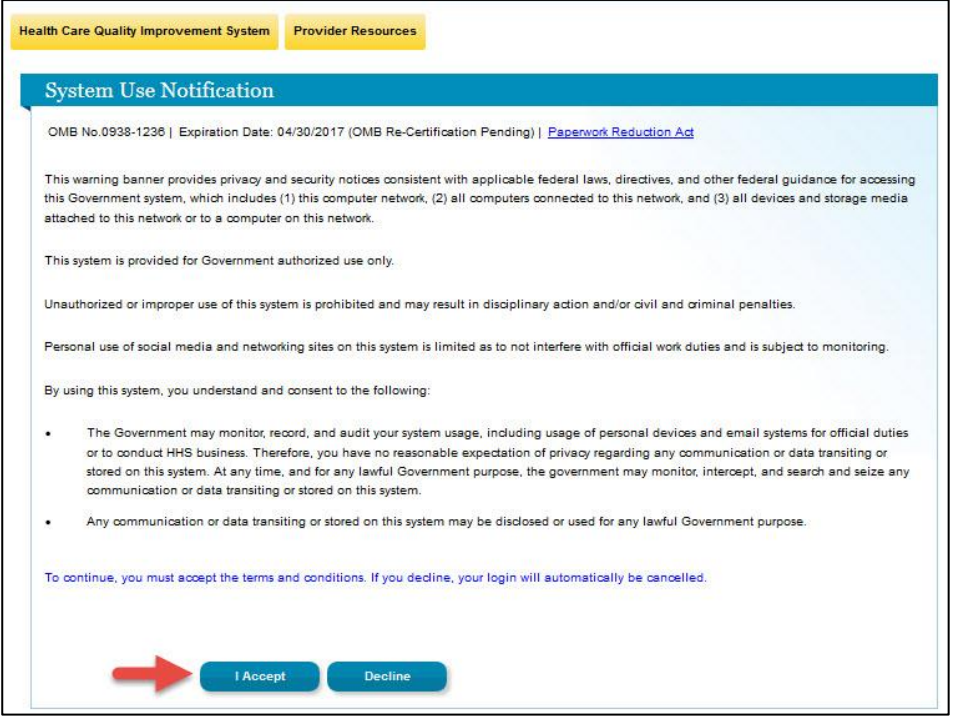
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Steps	Screenshots
7. Read the terms and conditions on the **System Use Notification** and select *I Accept* to continue.	
8. Enter Your EIDM **User ID** and select *Next* on the **Welcome to CMS Enterprise Portal** screen.	

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Steps	Screenshots
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.*	

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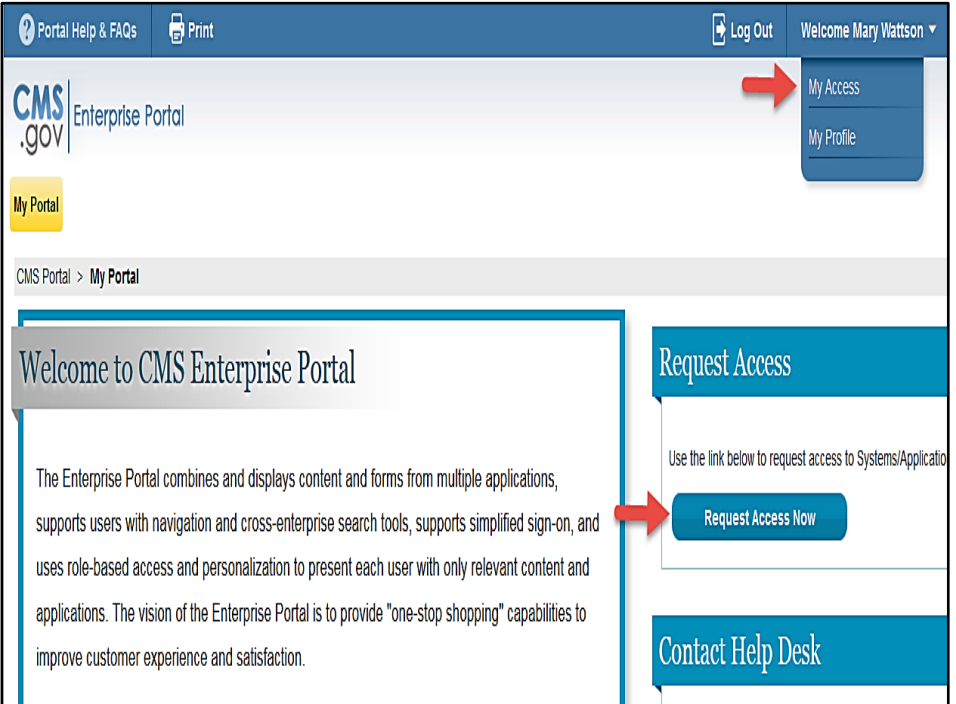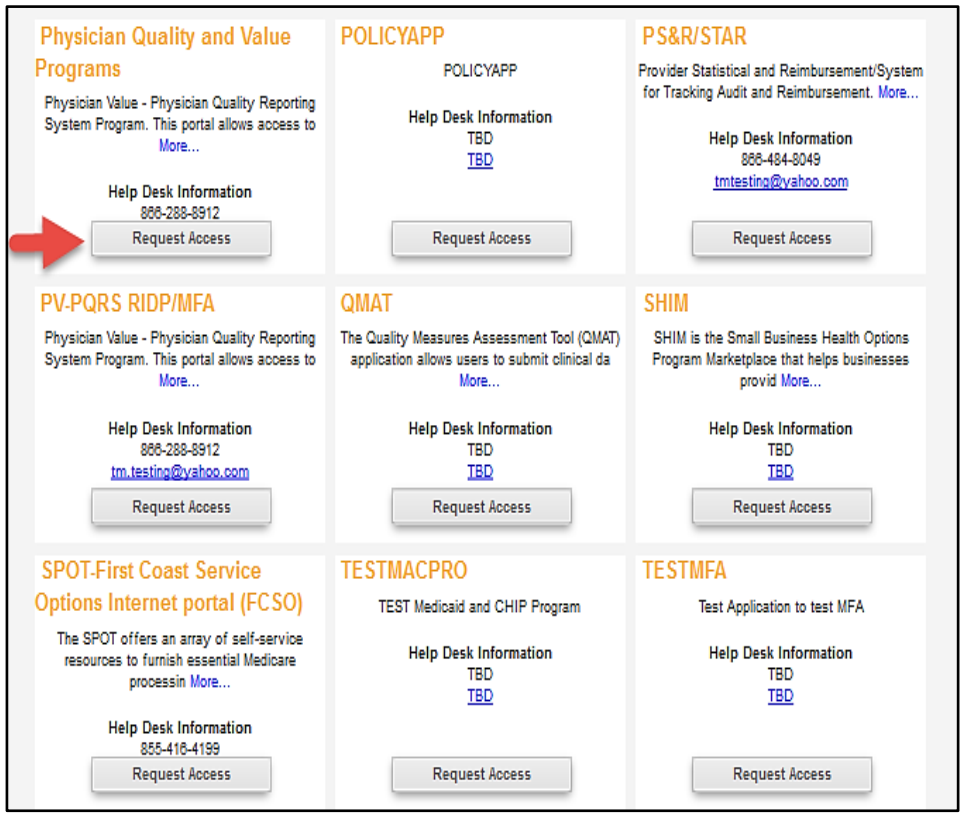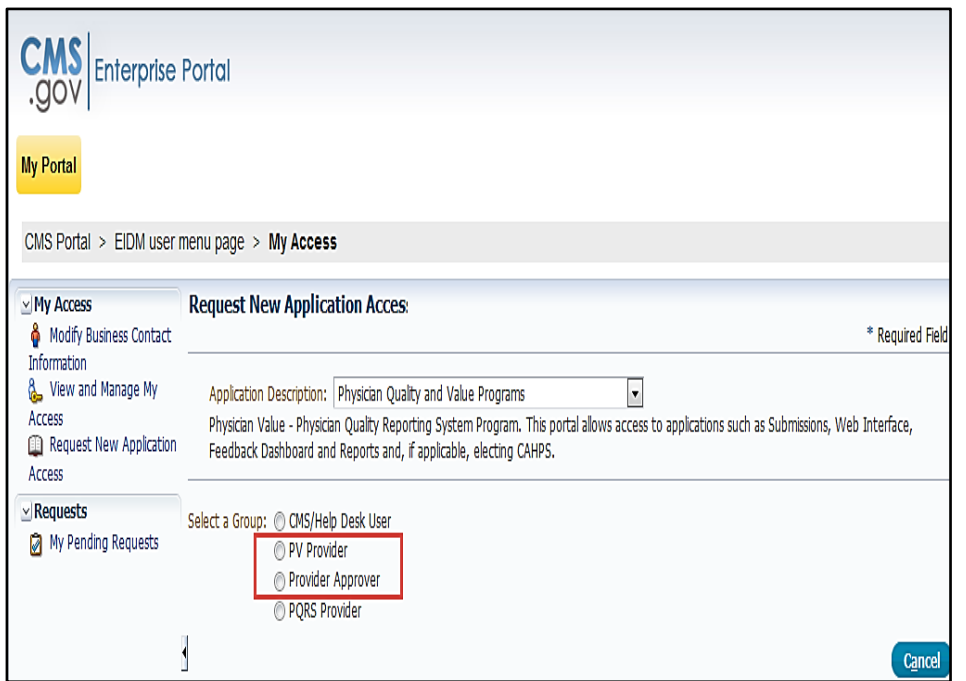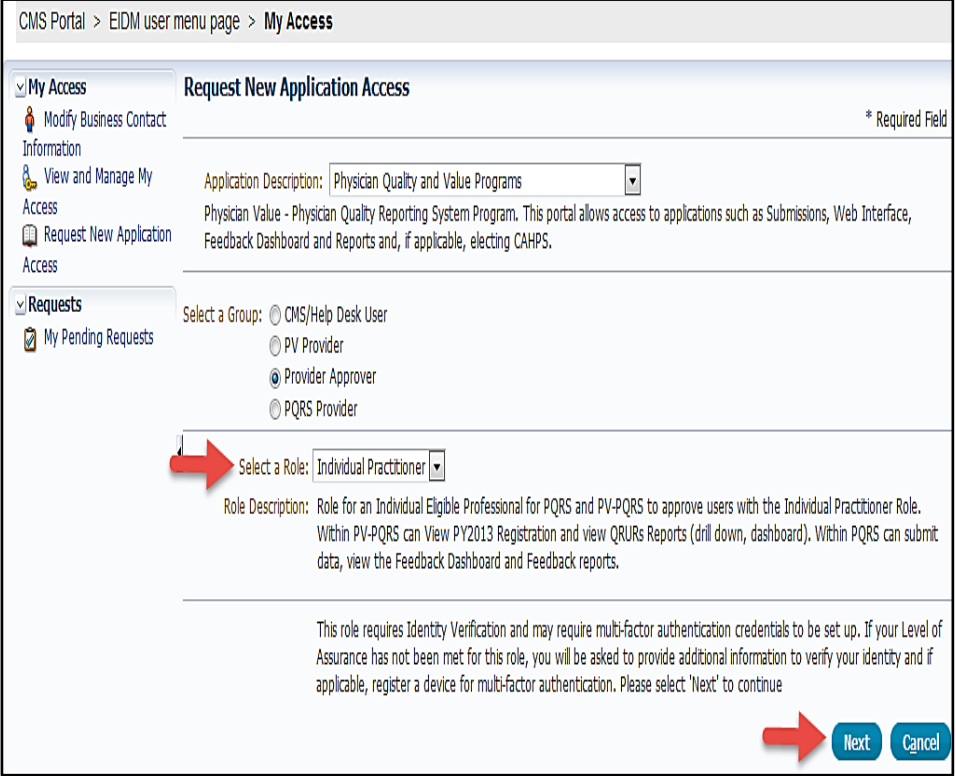
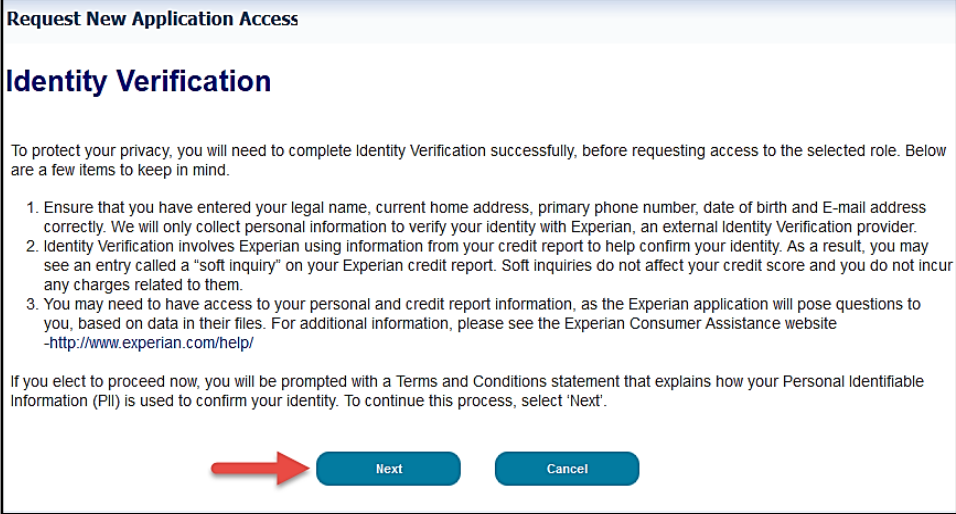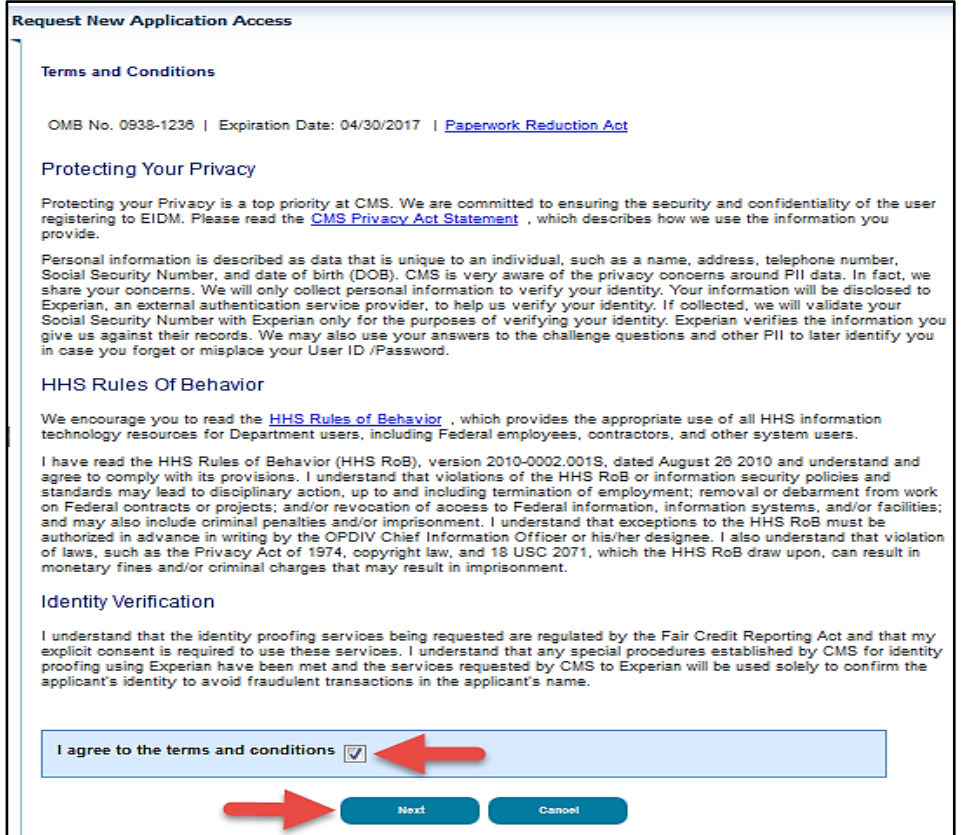| Steps	Screenshots
11. Select *Request Access* for the **Physician Quality and Value Programs** application within the **Access Catalog**. *Note: The* **Access Catalog** *list presented is in alphabetical order. Scroll down until you find the* **Physician Quality and Value Programs** *application or enter the first few letters of the application in the* **Access Catalog** *text box to narrow down the selection criteria.*	**Physician Quality and Value Programs** — Physician Value - Physician Quality Reporting System Program. This portal allows access to More... Help Desk Information 866-288-8912 [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 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] **SPOT-First Coast Service Options Internet portal (FCSO)** — The SPOT offers an array of self-service resources to furnish essential Medicare processin More... Help Desk Information 855-416-4199 [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* or *Individual Practitioner* role OR (b) Choose *PV Provider*, if you are 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.gov** Enterprise Portal My Portal CMS Portal > EIDM user menu page > **My Access** My Access — Modify Business Contact Information — View and Manage My Access — Request New Application Access Requests — My Pending Requests **Request New Application Acces:** * 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 Cancel

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Steps	Screenshots
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.	

<div align="center">Remote Identity Proofing (RIDP)</div>

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

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

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Steps	Screenshots
15. Read the **Terms and Conditions**. Select *I agree to the terms and conditions* checkbox and then select *Next*. *Note: Next will be enabled only after checking I agree to the terms and conditions checkbox.*	**Request New Application Access** **Terms and Conditions** OMB No. 0938-1236 | Expiration Date: 04/30/2017 | Paperwork Reduction Act **Protecting Your Privacy** Protecting your Privacy is a top priority at CMS. We are committed to ensuring the security and confidentiality of the user registering to EIDM. Please read the CMS Privacy Act Statement , which describes how we use the information you provide. Personal information is described as data that is unique to an individual, such as a name, address, telephone number, Social Security Number, and date of birth (DOB). CMS is very aware of the privacy concerns around PII data. In fact, we share your concerns. We will only collect personal information to verify your identity. Your information will be disclosed to Experian, an external authentication service provider, to help us verify your identity. If collected, we will validate your Social Security Number with Experian only for the purposes of verifying your identity. Experian verifies the information you give us against their records. We may also use your answers to the challenge questions and other PII to later identify you in case you forget or misplace your User ID /Password. **HHS Rules Of Behavior** We encourage you to read the HHS Rules of Behavior , which provides the appropriate use of all HHS information technology resources for Department users, including Federal employees, contractors, and other system users. I have read the HHS Rules of Behavior (HHS RoB), version 2010-0002.001S, dated August 26 2010 and understand and agree to comply with its provisions. I understand that violations of the HHS RoB or information security policies and standards may lead to disciplinary action, up to and including termination of employment; removal or debarment from work on Federal contracts or projects; and/or revocation of access to Federal information, information systems, and/or facilities; and may also include criminal penalties and/or imprisonment. I understand that exceptions to the HHS RoB must be authorized in advance in writing by the OPDIV Chief Information Officer or his/her designee. I also understand that violation of laws, such as the Privacy Act of 1974, copyright law, and 18 USC 2071, which the HHS RoB draw upon, can result in monetary fines and/or criminal charges that may result in imprisonment. **Identity Verification** I understand that the identity proofing services being requested are regulated by the Fair Credit Reporting Act and that my explicit consent is required to use these services. I understand that any special procedures established by CMS for identity proofing using Experian have been met and the services requested by CMS to Experian will be used solely to confirm the applicant's identity to avoid fraudulent transactions in the applicant's name. I agree to the terms and conditions ☑ Next Cancel

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Steps	Screenshots
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

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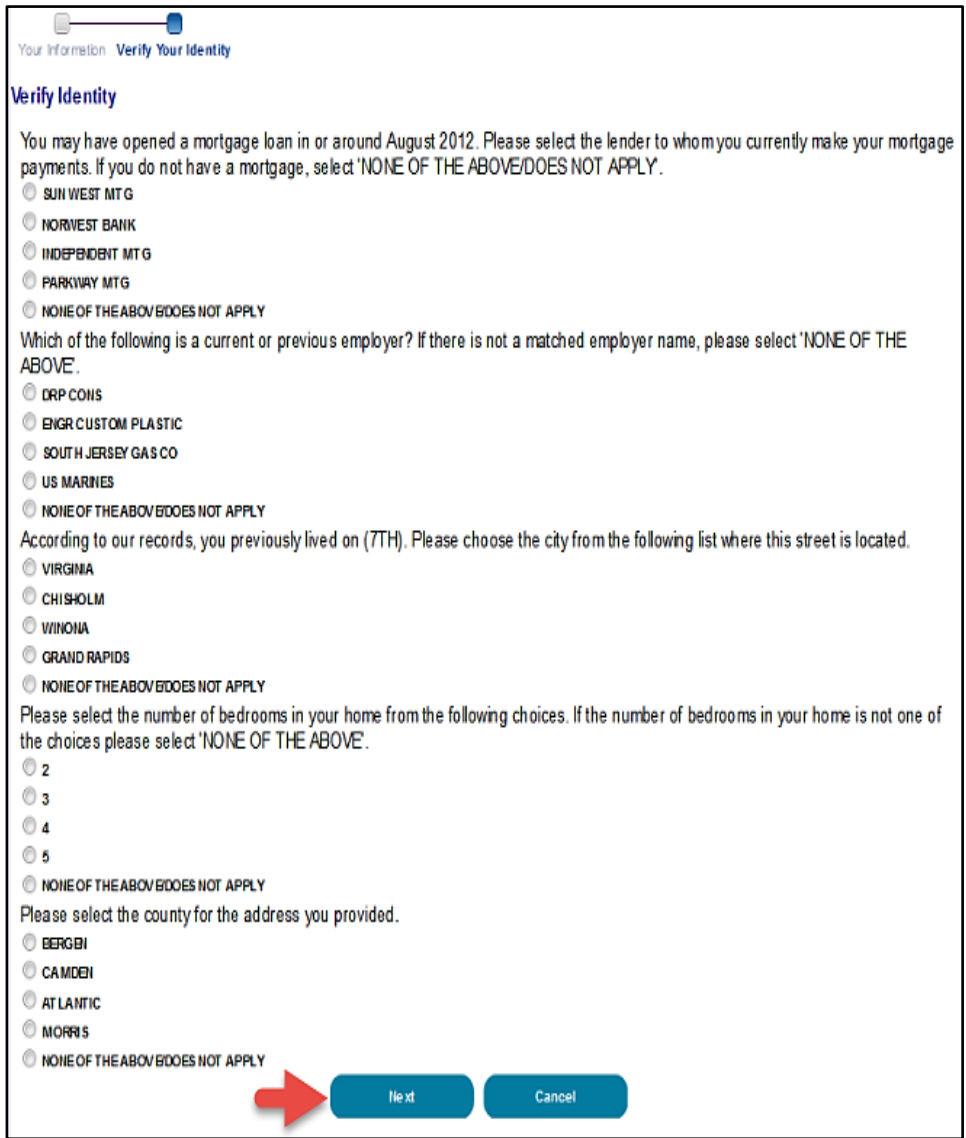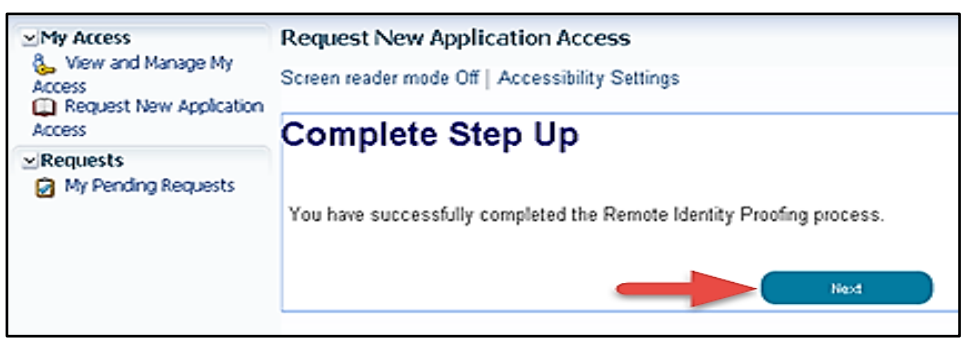
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Steps	Screenshots
17. Provide an answer to each question under the **Verify Identity** section. Select **Next** to continue. *Note: Verify Identity questions are provided from Experian based on the information provided in step 16.*	Your Information Verify Your Identity **Verify Identity** You may have opened a mortgage loan in or around August 2012. Please select the lender to whom you currently make your mortgage payments. If you do not have a mortgage, select 'NONE OF THE ABOVE/DOES NOT APPLY'. ○ SUN WEST MTG ○ NORWEST BANK ○ INDEPENDENT MTG ○ PARKWAY MTG ○ NONE OF THE ABOVE/DOES NOT APPLY Which of the following is a current or previous employer? If there is not a matched employer name, please select 'NONE OF THE ABOVE'. ○ DRP 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.	**My Access** View and Manage My Access Request New Application Access **Requests** My Pending Requests **Request New Application Access** Screen reader mode Off | Accessibility Settings **Complete Step Up** You have successfully completed the Remote Identity Proofing process. [Next]

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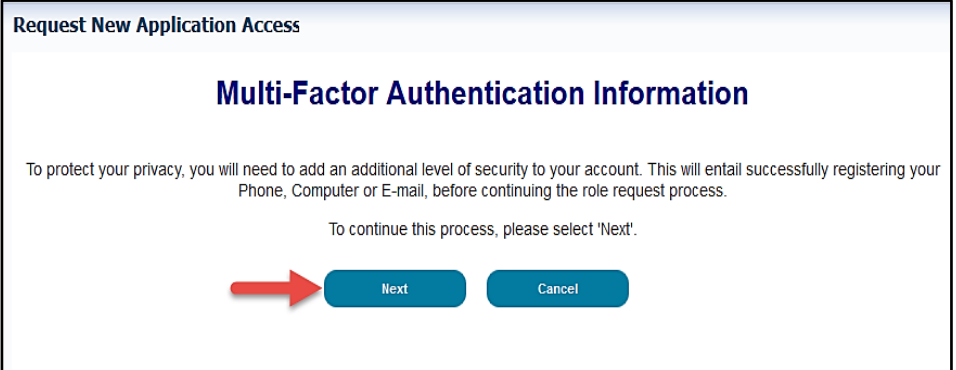
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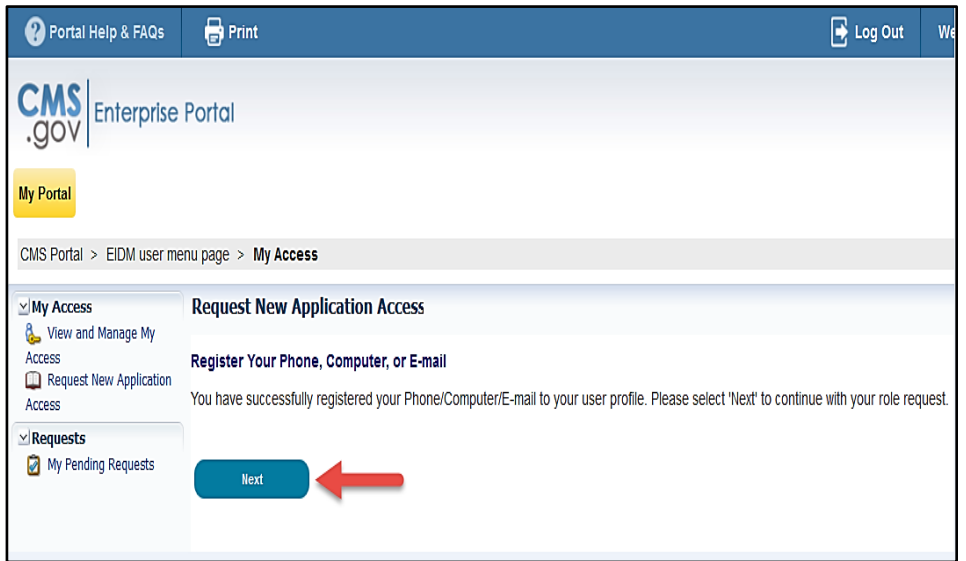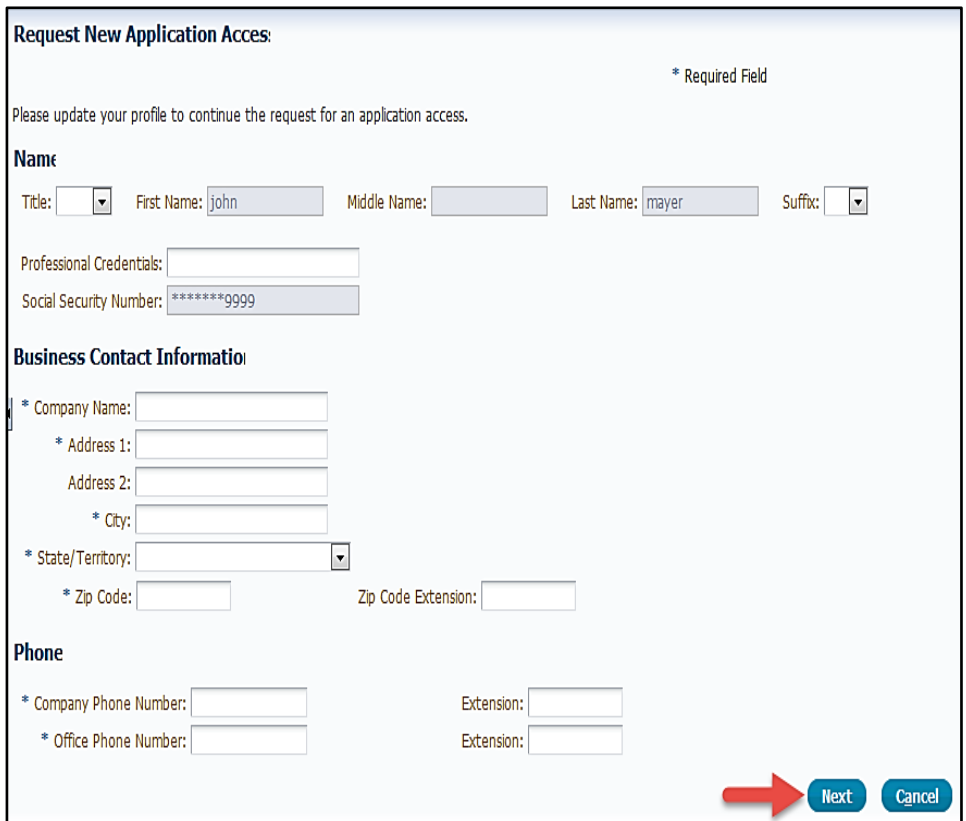| Steps	Screenshots
Multi-Factor Authentication (MFA)	
Please follow steps 19 to 22 to register for MFA. MFA is an approach to security authentication which requires users to provide more than one form of verification in order to prove their identity. MFA registration is required only once when you are 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: https://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'. [Next] [Cancel]
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 [Cancel] Select MFA Device Type Phone/Tablet/PC/Laptop Text Message-Short Message Service (SMS) Interactive Voice Response (IVR) E-mail

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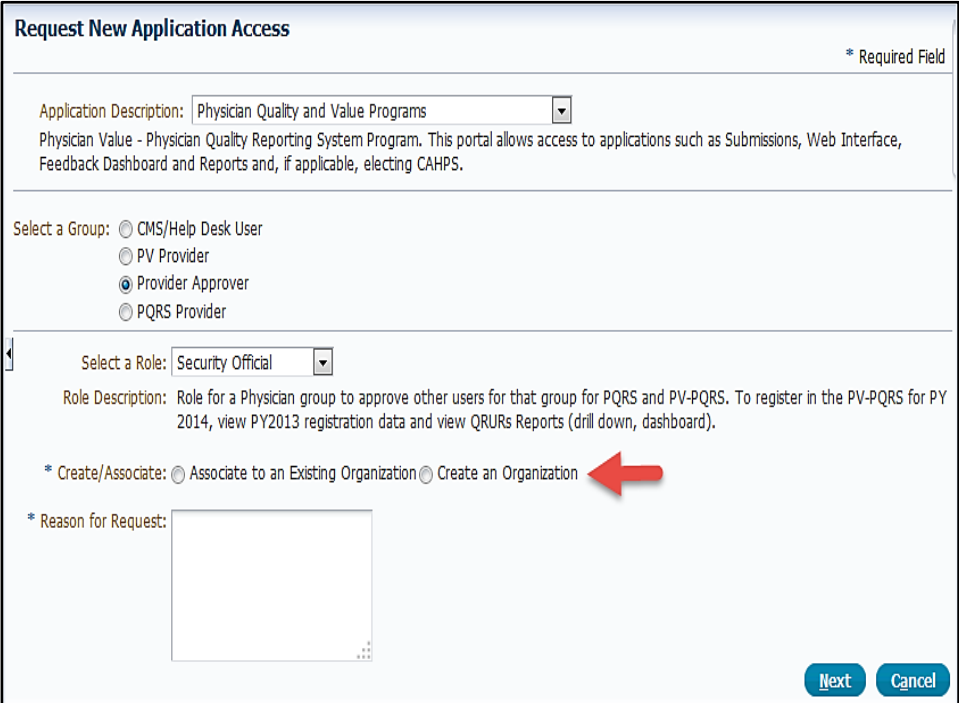| Steps	Screenshots
21. (a) If selecting ***Phone/Tablet/PC/Laptop*** as **MFA Device Type**, enter the alphanumeric code that displays under the label Credential ID on your device. Enter the **MFA Device Description** which is a nick-name that can help you identify your device**.** **OR** (b) If selecting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

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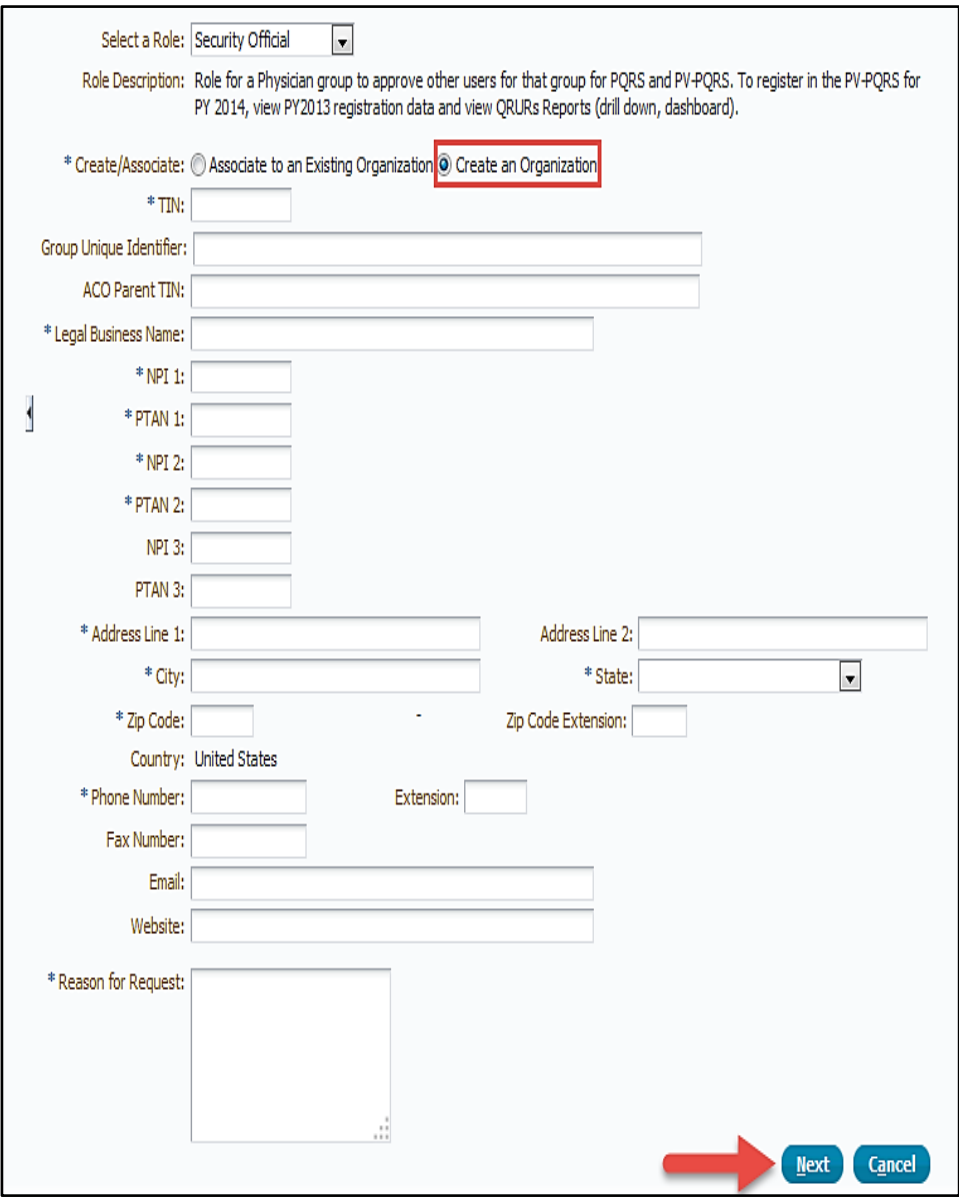| Steps	Screenshots
22. Your registration for the **Multi-Factor Authentication** is now complete. Select *Next* to proceed to request a user role in order to access the 'Physician Quality and Value Programs' application. ***Note***: *You will receive an E-mail notification for successfully registering the MFA credential type.*	
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 31. • If you are requesting an Individual Practitioner role, go to step 34. • If you are requesting an Individual Practitioner Representative role, go to step 41.	

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Guide for Obtaining a New EIDM Account with a 'Physician Quality and Value Programs' Role

Steps	Screenshots
	a. Security Official Role Follow Steps 24 to 30 to request a Security Official Role.
24. (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 **Create an Organization.** Then, proceed to Step 25. **OR** (b) If you are signing up for a Security Official role and your group practice already exists in the EIDM, select **Associate to an Existing Organization.** Then, proceed to Step 28.	**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 * Reason for Request: Next Cancel

If you have questions about the or need assistance accessing any of the reports, please contact the QualityNet Help Desk by phone at 866-288-8912. Normal business hours are Monday-Friday from 8 am to 8 pm Eastern Time Zone.
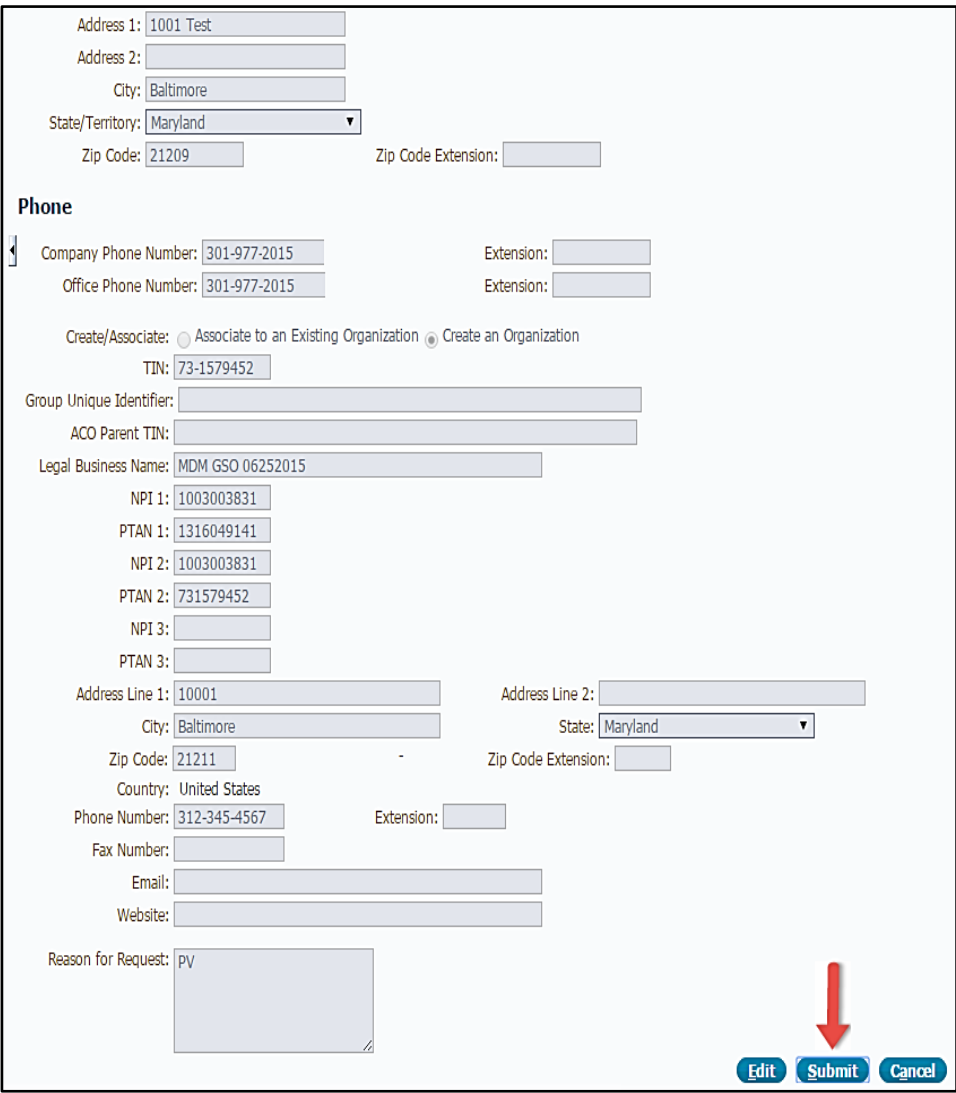
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Steps	Screenshots
25. If selecting ***Create an Organization*** as the **Create/Associate** option, enter the following required information for the group practice: • Medicare Billing TIN • Legal Business Name • NPI 1 • PTAN 1 • NPI 2 • PTAN 2 • Address Line 1 • City • State • Zip Code • Phone Number • Reason for Request Select ***Next***. ***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. • Dr. Smith's **rendering NPI** is 4545454545 and the corresponding **individual PTAN** is G676767676. ***Note***: PTANs are alphanumeric therefore, enter the alpha characters. • Dr. Beaver's **rendering NPI** is 2525252525 and the corresponding **individual PTAN** is **00**12789456. ***Note***: All leading zeroes in the PTAN should be entered.	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** * 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: [ ] * Zip Code: [ ] - Zip Code Extension: [ ] Country: United States * Phone Number: [ ] Extension: [ ] Fax Number: [ ] Email: [ ] Website: [ ] * Reason for Request: [ ] [Next] [Cancel]

If you have questions about the or need assistance accessing any of the reports, please contact the QualityNet Help Desk by phone at 866-288-8912. Normal business hours are Monday-Friday from 8 am to 8 pm Eastern Time Zone.

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Steps	Screenshots
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 [Edit] [Submit] [Cancel]

If you have questions about the or need assistance accessing any of the reports, please contact the QualityNet Help Desk by phone at 866-288-8912. Normal business hours are Monday-Friday from 8 am to 8 pm Eastern Time Zone.

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27. (a) You have successfully applied for the Security Official role. (b) If your role request is automatically approved, proceed to Step 44 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: • View the group practice's PQRS GPRO registration status from prior years; • Obtain the group practice's Annual QRUR and PQRS Feedback Report; • Obtain the group practice's Mid-Year QRUR, Annual QRUR, PQRS Feedback Report, and Supplemental QRUR from prior years; • Submit a Value Modifier Informal Review request on behalf of the group practice; and • Approve requests for the 'Group Representative' role in the EIDM. A confirmation E-mail will be sent shortly after the submission confirmation message. ***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.*	**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

If you have questions about the or need assistance accessing any of the reports, please contact the QualityNet Help Desk by phone at 866-288-8912. Normal business hours are Monday-Friday from 8 am to 8 pm Eastern Time Zone.

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

    i.   Medicare Billing TIN
            OR
    ii.   Legal Business Name and State
            OR
   iii. Legal Business Name and Street Address

(b) Select ***Search***.

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

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

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:

[Search]

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

* Reason for Request: Requesting SO role.

[Next] [Cancel]

If you have questions about the or need assistance accessing any of the reports, please contact the QualityNet Help Desk by phone at 866-288-8912. Normal business hours are Monday-Friday from 8 am to 8 pm Eastern Time Zone.

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29. 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: ◉ 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: NGC SO RIDP/MFA TEST (2800 Lord Baltimore Dr, Baltimore, MD) Reason for Request: Requesting SO role. Edit Submit Cancel
30. (a) You have successfully applied for the Security Official role. *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.* (b) After your role request is approved, proceed to Step 44 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: • View the group practice's PQRS GPRO registration status from prior years; • Obtain the group practice's Annual QRUR and PQRS Feedback Report; • Obtain the group practice's Mid-Year QRUR, Annual QRUR, PQRS Feedback Report, and Supplemental QRUR from prior years; and	**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

If you have questions about the or need assistance accessing any of the reports, please contact the QualityNet Help Desk by phone at 866-288-8912. Normal business hours are Monday-Friday from 8 am to 8 pm Eastern Time Zone.

• Submit a Value Modifier Informal Review Request on behalf of the group practice.	

b. Group Representative Role Follow Steps 31 to 33 to request a Group Representative Role	
31. (a) Enter one of the following information for the group practice. i. Medicare Billing TIN **OR** ii. Legal Business Name and State **OR** iii. Legal Business Name and Street Address (b) Select **Search**. (c) Select your group practice from the **Organization** drop-down menu. Enter **Reason for Request** and select **Next**. *Note: If your group practice cannot be found, please verify that your group practice already has a user with an approved Security Official role and you entered the group practice's Medicare billing TIN correctly. If you do not know your Security Official, contact the QualityNet Help Desk.*	**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**

If you have questions about the or need assistance accessing any of the reports, please contact the QualityNet Help Desk by phone at 866-288-8912. Normal business hours are Monday-Friday from 8 am to 8 pm Eastern Time Zone.

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32. 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
33. (a) You have successfully applied for the Group Representative role. *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.* (b) After your role request is approved, proceed to Step 44 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: • View the group practice's PQRS GPRO registration status from prior years; • Obtain the group practice's Annual QRUR and PQRS Feedback Report; • Obtain the group practice's Mid-Year QRUR, Annual QRUR, PQRS Feedback Report and Supplemental QRUR from prior years; and	**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

If you have questions about the or need assistance accessing any of the reports, please contact the QualityNet Help Desk by phone at 866-288-8912. Normal business hours are Monday-Friday from 8 am to 8 pm Eastern Time Zone.

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• Submit a Value Modifier Informal Review request on behalf of the group practice.	

<table>
<tr><td colspan="2" align="center">c. Individual Practitioner Role
Follow Steps 34 to 40 request an Individual Practitioner Role</td></tr>
<tr>
<td valign="top">34. (a) If you are the first person (the solo practitioner or an authorized representative of the solo Practitioner) to sign up for an Individual Practitioner role on behalf of a solo practitioner and register the solo practitioner in the EIDM, select Create a new Individual Eligible Professional. Then, proceed to Step 35.

<div align="center">OR</div>
(b) If you are signing up for an Individual Practitioner role and the solo practitioner already exists in the EIDM, select Associate to an Existing Individual Eligible Professional. Then proceed to Step 38.</td>
<td valign="top">

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: Individual Practitioner

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

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

*Reason for Request:

[Next] [Cancel]
</td>
</tr>
</table>

If you have questions about the or need assistance accessing any of the reports, please contact the QualityNet Help Desk by phone at 866-288-8912. Normal business hours are Monday-Friday from 8 am to 8 pm Eastern Time Zone.

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35. If selecting ***Create a new Individual Eligible Professional*** as the **Create/Associate Individual** option, enter the following required information for the solo practitioner:

- Individual Eligible Professional's (Solo Practitioner's) First Name
- Individual Eligible Professional's (Solo Practitioner's) Last Name
- Legal Business Name
- Medicare Billing TIN
- Rendering NPI
- Individual PTAN
- Address
- City
- State
- Zip Code
- Phone Number
- Reason for Request

Select ***Next.***

Note*: In this section, enter the solo practitioner's Medicare billing **TIN,** rendering **NPI,** and the corresponding individual **PTAN** (do not use the GROUP NPI or GROUP PTAN); and enter the remaining required information.*

Note: *PTANs are alphanumeric therefore, enter the alpha characters. All leading zeroes in the PTAN should be entered.*

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.

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

Individual Eligible Professional Information

* Individual Eligible Professional's First Name:
Individual Eligible Professional's Middle Name:
* Individual Eligible Professional's Last Name:
* Legal Business Name:
* TIN:
* NPI:
* PTAN:
* Address Line 1:   Address Line 2:
* City: * State:
* Zip Code: -   Zip Code Extension:
Country: United States
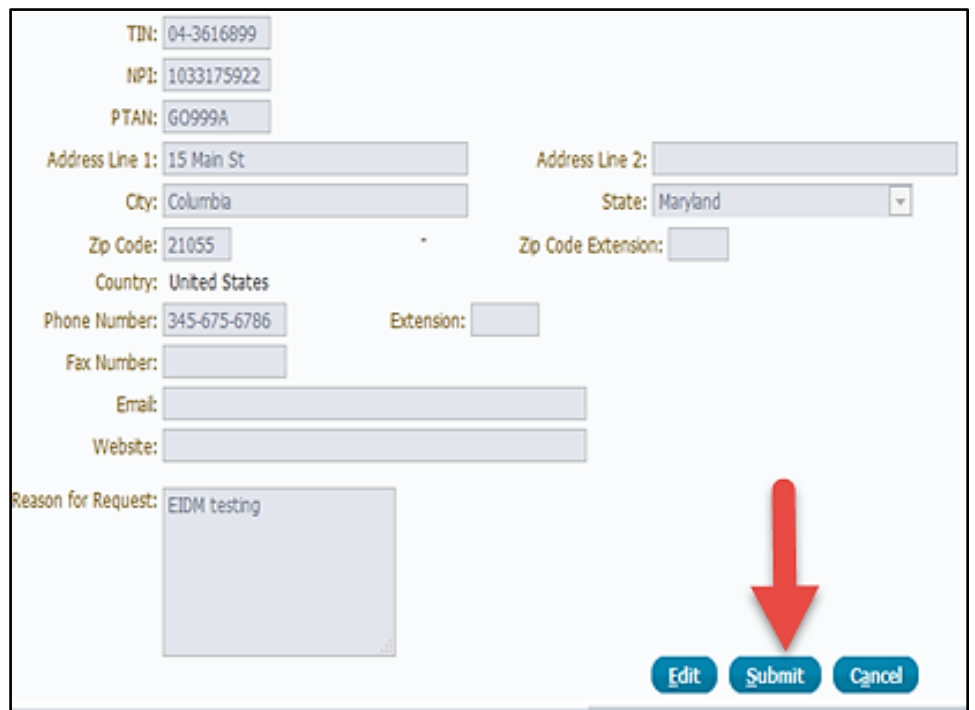* Phone Number: Extension:
Fax Number:
Email:
Website:
* Reason for Request:

Next   Cancel

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36. Verify the information on the **Verification** screen and select *Submit*.	TIN: 04-3616899 NPI: 1033175922 PTAN: GO999A Address Line 1: 15 Main St Address Line 2: City: Columbia State: Maryland Zip Code: 21055 Zip Code Extension: Country: United States Phone Number: 345-675-6786 Extension: Fax Number: Email: Website: Reason for Request: EIDM testing [Edit] [Submit] [Cancel]

If you have questions about the or need assistance accessing any of the reports, please contact the QualityNet Help Desk by phone at 866-288-8912. Normal business hours are Monday-Friday from 8 am to 8 pm Eastern Time Zone.

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37. (a) You have successfully applied for the Individual Practitioner role. (b) After your role request is automatically approved, proceed to Step 44 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: • Obtain the solo practitioner's Annual QRUR and PQRS Feedback Report; • Obtain the solo practitioner's Mid-Year QRUR, Annual QRUR, PQRS Feedback Report, and Supplemental QRUR from prior years; • Submit a Value Modifier Informal Review Request on behalf of a solo practitioner; and • Approve request for the Individual Practitioner Representative role in the EIDM. A confirmation E-mail will be sent shortly after the submission confirmation message. *Note: 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.*	**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**

If you have questions about the or need assistance accessing any of the reports, please contact the QualityNet Help Desk by phone at 866-288-8912. Normal business hours are Monday-Friday from 8 am to 8 pm Eastern Time Zone.

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| 38. (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 already has a user with an approved Individual 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. | |

If you have questions about the or need assistance accessing any of the reports, please contact the QualityNet Help Desk by phone at 866-288-8912. Normal business hours are Monday-Friday from 8 am to 8 pm Eastern Time Zone.

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39. 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: 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: ⦿ Associate to an Existing Individual Eligible Professional ◯ Create a new Individual Eligible Professional Please provide the complete Medicare billing Tax Identification Number (TIN); or the Legal Business Name (LBN) and State; or the LBN and Street Address to perform the organization search. Individual Eligible Professional: NGC IP Test (2810 Lord Baltimore Dr, Baltimore, MD) Reason for Request: New IP Edit Submit Cancel

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40. (a) You have successfully applied for the Individual Practitioner role. ***Note***: *Another Individual Practitioner on behalf of the solo practitioners 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 44 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: • Obtain the solo practitioner's Annual QRUR and PQRS Feedback Report; • Obtain the solo practitioner's Mid-Year QRUR, Annual QRUR, PQRS Feedback Report, and Supplemental QRUR from prior years; • Submit a Value Modifier Informal Review request on behalf of a solo practitioner; and • Approve requests for the 'Individual Practitioner Representative' role in the EIDM.	**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**

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d. Individual Practitioner Representative Role Follow Steps 41 to 43 to request an Individual Practitioner Role	
41. (a) Enter one of the following information for the solo practitioner: 1. Medicare Billing TIN **OR** 2. Legal Business Name and State **OR** 3. Legal Business Name and Street Address (b) Select **Search.** (c) Select the solo practitioner from the **Individual Eligible Professional** drop-down menu. Enter the **Reason for Request** and select **Next**. *Note: If the solo practitioner cannot be found, please verify that the solo practitioner already has a user with an approved Individual Practitioner role and you entered the solo practitioner's Medicare billing TIN correctly. If you do not know the Individual Practitioner, contact the QualityNet Help Desk.*	
42. Verify the information on the **Verification** screen and select **Submit**.	

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43. (a) You have successfully applied for the Individual Practitioner Representative role. *Note: 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.* (b) After your role request is approved, proceed to next step 44 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: • Obtain the solo practitioner's Annual QRUR and PQRS Feedback Report; • Obtain the solo practitioner's Mid-Year QRUR, Annual QRUR, PQRS Feedback Report, and Supplemental QRUR from prior years; and • Submit a Value Modifier Informal Review request on behalf of a solo practitioner.	**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

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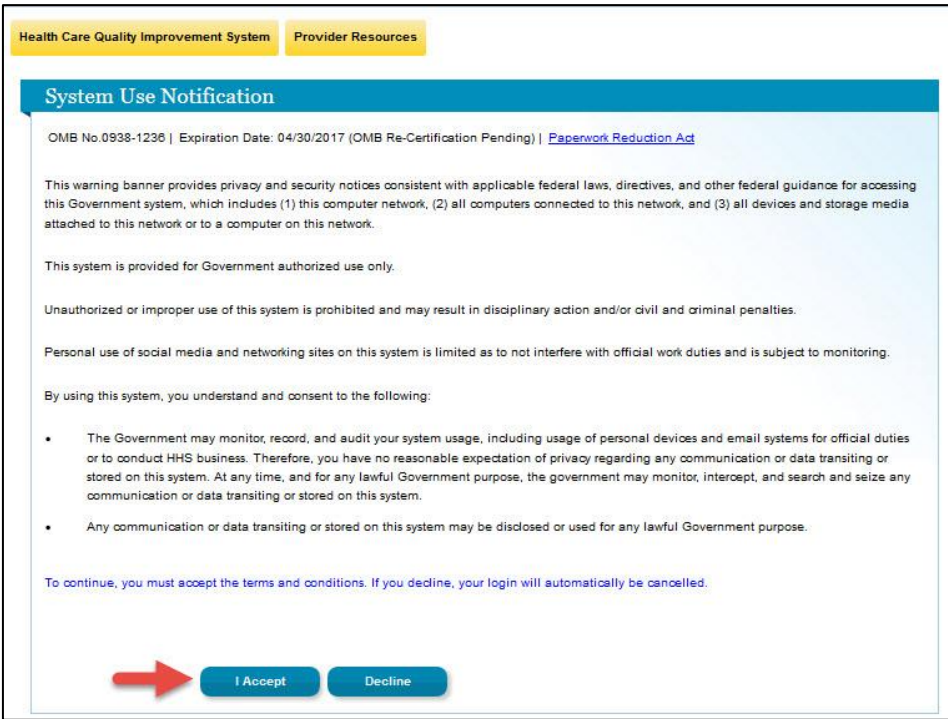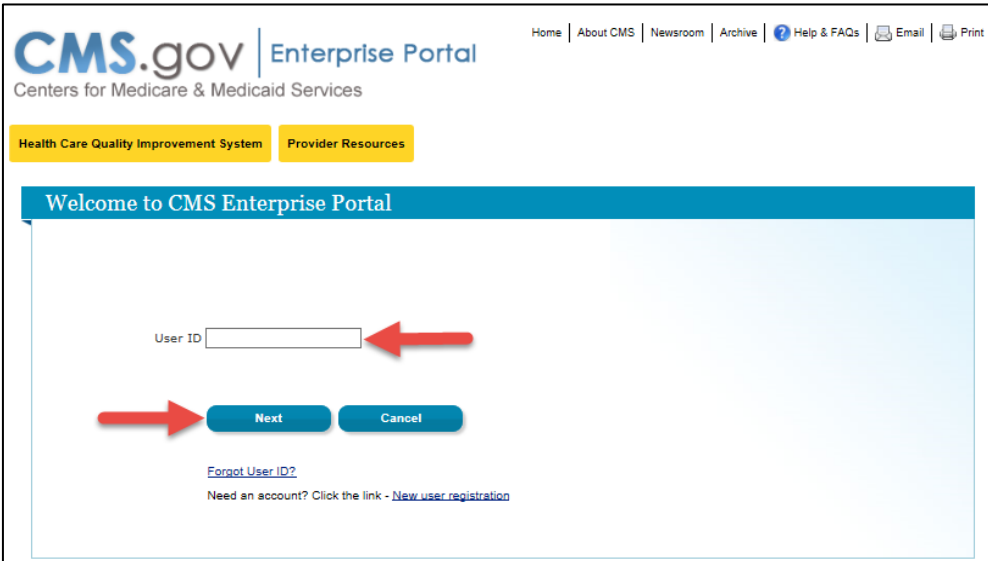
IV. Completing the Multi-Factor Authentication (MFA)
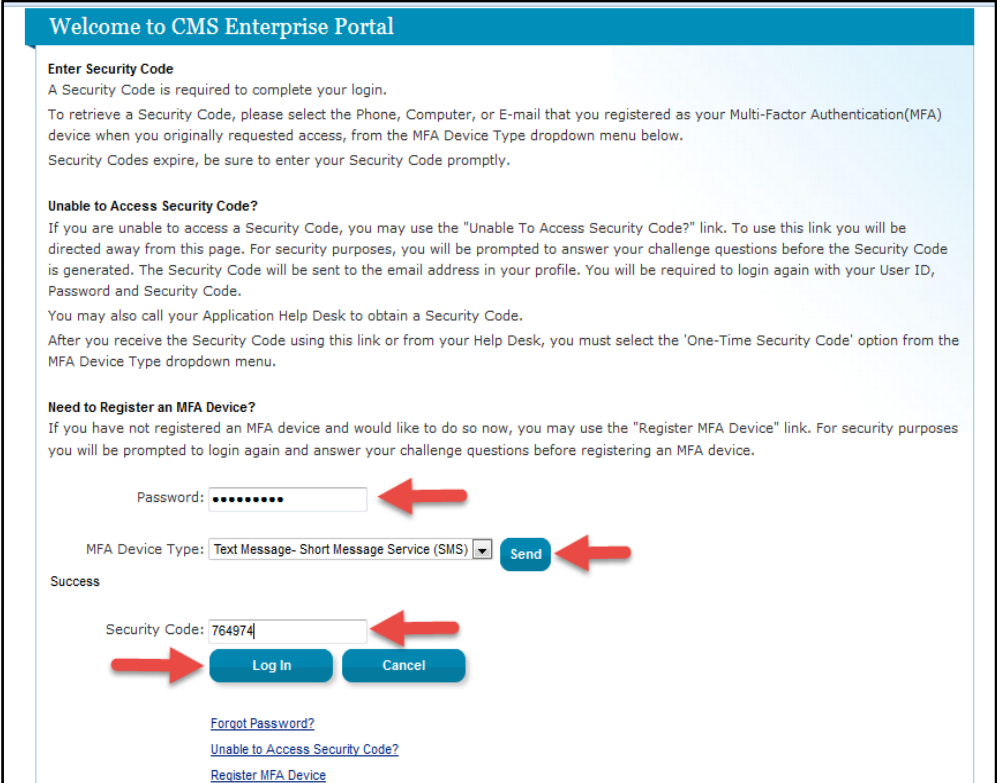
Multi-Factor Authentication will need to be completed each time you log into the CMS Enterprise Portal. Additional information on how the MFA process works can be found at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html.

Steps	Screenshots
44. **Log In** to the **CMS Enterprise Portal** and then **Accept** the **Terms and Conditions** on the **System Use Notification** screen. *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.*	
45. Enter Your EIDM **User ID** and select *Next* on the **Welcome to CMS Enterprise Portal** screen.	

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Steps	Screenshots
46. **Multi-Factor Authentication (MFA)** will need to be completed each time you log into the CMS Enterprise Portal. (a) Enter Your EIDM **Password**. (b) 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. You will not be able to complete the MFA process if your selection from the MFA Device Type does not match your initial selection when setting-up your account.* (c) 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 (d) 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. Password: •••••••• MFA Device Type: Text Message- Short Message Service (SMS) Send Success Security Code: 764974 Log In Cancel Forgot Password? Unable to Access Security Code? Register MFA Device

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Steps	Screenshots
47. You will be directed to **CMS Portal Homepage**. Select the following links from the **PV-PQRS** dropdown menu: (a) *Resources* (to view AQRUR, PQRS, and VM Informal Review related FAQs and reference material); (b) *Registration* (to view prior year's PQRS GPRO registration); *(c)* *Feedback Reports* (to obtain an Annual QRUR, PQRS Feedback Report, Mid-Year QRUR, and Supplemental QRUR); and *(d)* *VM Informal Review* (to submit an Informal Review request)	**CMS .gov** Enterprise Portal My Portal Business Intelligence ▼ PV-PQRS ▼ Quality Payment Program ▼ CMS Enterprise Portal > My Portal Resources Registration Feedback Reports Value Modifier Informal Review ## Welcome to CMS Enterprise Portal 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.

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