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

I. Introduction

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

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

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

- **Security Official role:** The Security Official role allows the user to perform the following tasks on behalf of a group:
  - Register the group to participate in the Quality Payment Program via the CMS Web Interface and/or elect to administer the CAHPS for MIPS Survey Registration;
  - View the group’s prior registration(s); and
  - Approve requests for the ‘Group Representative’ role in the EIDM.

- **Group Representative role:** The Group Representative role allows the user to perform the following tasks on behalf of a group:
  - Register the group to participate in the Quality Payment Program via the CMS Web Interface and/or elect to administer CAHPS for MIPS Survey; and
  - View the group’s prior registration(s).
Note: Groups are identified in the EIDM by their Medicare billing Taxpayer Identification Number (TIN). A group consists of two or more eligible clinicians (as identified by their National Provider Identifier [NPI]) that bill under the TIN. To find out if a group is already registered in the EIDM and who is the group’s Security Official, please contact the Quality Payment Program by phone at 1-866-288-8292 / TTY 877-715-6222 or by email at gpp.cms.hhs.gov. You will need to provide the group’s TIN and the name of the group.

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

- **Security Official:**
  - **Your Information:** First Name, Last Name, E-mail Address, Social Security Number, Date of Birth, Home Address, City, State, Zip Code, and Primary Phone Number.
  - **Business Contact Information:** Company Name, Address, City, State, Zip Code, Company Phone Number, and Office Phone Number.
  - **Organization Information:** Group’s Medicare billing TIN, Legal Business Name, Rendering NPIs for two different eligible clinicians who bill under the TIN and their corresponding individual Provider Transaction Access Numbers (PTANs) (do not use the GROUP NPI or GROUP PTAN), Address, City, State, Zip Code, and Phone Number.

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

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

II. **Questions**

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

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

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Introduction</td>
<td>1</td>
</tr>
<tr>
<td>II. Questions</td>
<td>2</td>
</tr>
<tr>
<td>III. Table of Contents</td>
<td>3</td>
</tr>
<tr>
<td>IV. New User Registration for an EIDM Account</td>
<td>4</td>
</tr>
<tr>
<td>a) Requesting a Security Official Role</td>
<td>19</td>
</tr>
<tr>
<td>b) Requesting a Group Representative Role</td>
<td>24</td>
</tr>
<tr>
<td>V. Completing the Multi-Factor Authentication (MFA)</td>
<td>26</td>
</tr>
</tbody>
</table>
IV. New User Registration for an EIDM Account – Please follow each step listed below unless otherwise noted.

<table>
<thead>
<tr>
<th>STEPS</th>
<th>SCREENSHOTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Go to <a href="https://portal.cms.gov/">https://portal.cms.gov/</a> and select New User Registration. &lt;br&gt;<strong>Note:</strong> The CMS Enterprise Portal supports the following internet browsers:</td>
<td>![CMS Enterprise Portal screenshot]</td>
</tr>
</tbody>
</table>
| - Internet Explorer 9 (without compatibility mode)  
- Internet Explorer 10 (without compatibility mode)  
- Internet Explorer 11 (without Compatibility mode)  
- Mozilla-Firefox  
- Chrome  
- Safari  <br>Enable JavaScript and adjust any zoom features to ensure you are not seeing the screen in too wide of a view. | ![Terms and Conditions screenshot] |
| 2. Read the Terms and Conditions. Select the I agree to the terms and conditions checkbox and select Next. <br>**Note:** Next will be enabled only after checking the I agree to the terms and conditions checkbox. | ![Consent To Monitoring screenshot] |

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

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

- **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 MMDDYYYY format, as it may be required for Identity Verification.

- **Date of Birth**: 

Select U.S. Home Address or 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**: 
- **Country**: USA

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

- **Primary Phone Number**: 

If you have questions or need assistance please contact the Quality Payment Program by phone at 866-288-8292 / TTY 877-715-6222 or e-mail at qpp@cms.hhs.gov. Normal business hours are Monday-Friday from 8:00am to 8:00pm ET.
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**.
5. Your registration for an EIDM account is now complete. You will receive an E-mail acknowledging your successful account creation with your EIDM User ID.

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

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

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

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

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

If you have questions or need assistance please contact the Quality Payment Program by phone at 866-288-8292 / TTY 877-715-6222 or e-mail at [gpp@cms.hhs.gov](mailto:gpp@cms.hhs.gov). Normal business hours are Monday-Friday from 8:00am to 8:00pm ET.
9. Enter Your EIDM **Password** and select **Log In**.

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

**Note:** You may also select your username and then select **My Access** from the drop-down menu to begin the process of requesting a new user role.
11. Select **Request Access** for the **Physician Quality and Value Programs** application within the **Access Catalog**.

**Note:** In order to access the registration system regarding the CMS Web Interface and the **CAHPS for MIPS survey**, you are required to have access to the **Physician Quality and Value Programs** application. The **Access Catalog** list presented is in alphabetical order. Scroll down until you find the **Physician Quality and Value Programs** application or enter the first few letters of the application in the **Access Catalog** text box to narrow down the selection criteria.

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

OR

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

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

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

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

**Identity Verification**

To protect your privacy, you will need to complete Identity Verification successfully, before requesting access to the selected role. Below are a few items to keep in mind:

1. Ensure that you have entered your legal name, current home address, primary phone number, date of birth and E-mail address correctly. We will only collect personal information to verify your identity with Experian, an external Id Verification provider.
2. Identity Verification involves Experian using information from your credit report to help confirm your identity. As a result, you may see an entry called a “soft inquiry” on your Experian credit report. Soft inquiries do not affect your credit score and you do not incur any changes related to them.
3. You may need to have access to your personal and credit report information, as the Experian application will pose questions to you, based on data in their files. For additional information, please see the Experian Consumer Assistance website: [http://www.experian.com/help/](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**.
15. Read the **Terms and Conditions**. Select the **I agree to the terms and conditions** checkbox and then select **Next**.

**Note:** **Next** will be enabled only after checking the **I agree to the terms and conditions** checkbox.
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
- **Last Name:** Smith

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

Enter your current or most recent home address, as it may be required for Identity Verification.
- **Home Address Line 1:** 2319 Lord Baltimore Dr
- **City:** Baltimore
- **State:** Maryland
- **Zip Code:** 21224

Enter your primary phone number, as it may be required for Identity Verification.
- **Primary Phone Number:** 301-121-1212

---

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

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

Please follow steps 19 to 22 to register for MFA. MFA is an approach to security authentication which requires users to provide more than one form of verification in order to prove their identity. MFA registration is required only once when you are requesting a user role, but will be verified every time you log into the CMS Enterprise Portal. Additional information on how the MFA process works can be found at: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html.

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

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.

If you have questions or need assistance please contact the Quality Payment Program by phone at 866-288-8292 / TTY 877-715-6222 or e-mail at qpp@cms.hhs.gov. Normal business hours are Monday-Friday from 8:00am to 8:00pm ET.
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.
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 30.

---

If you have questions or need assistance please contact the Quality Payment Program by phone at 866-288-8292 / TTY 877-715-6222 or e-mail at gpp@cms.hhs.gov. Normal business hours are Monday-Friday from 8:00am to 8:00pm ET.
24. (a) If you are the first person in your group to sign up for the Security Official role and register your group in the EIDM, select **Create an Organization.** Then, proceed to Step 25.

**OR**

(b) If you are signing up for a Security Official role and your group already exists in the EIDM, select **Associate to an Existing Organization.** Then, proceed to Step 27.
25. If selecting **Create an Organization** as the **Create/Associate** option, enter the following required information for the group:

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

Select **Next**.

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

**Example:** Healthy Clinic with Medicare billing TIN 74-7575757 has ten eligible clinicians in the group. Enter the rendering NPI and individual PTAN combinations for two of the eligible clinicians: Dr. Smith and Dr. Beaver.

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

**Note:** PTANs are alphanumeric therefore, enter the alpha characters.
Dr. Beaver’s **rendering NPI** is 2525252525 and the corresponding **individual PTAN** is 0012789456.

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

26. Verify the information on the **Verification** screen and select **Submit**.
27. (a) If selecting **Associate to an Existing Organization** as the **Create/Associate** option, enter **one** of the following information for the group:

- Medicare Billing TIN
- Legal Business Name and State
- Legal Business Name and Street Address

(b) Select **Search**.

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

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

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

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

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

   (b) **After your role request is approved**, proceed to Step 33 to complete the Multi-Factor Authentication before you can access the ‘Physician Quality and Value Programs’ application, where you are able to complete the following, using your EIDM User ID and EIDM password in order to:
   - Register the group to participate in the Quality Payment Program via the CMS Web Interface and/or elect to administer the CAHPS for MIPS survey;
   - View the group’s prior registration(s).
Follow Steps 30 to 32 to Request a ‘Group Representative’ Role

30. (a) Enter one of the following information for the group.
   - Medicare Billing TIN
   - OR
   - Legal Business Name and State
   - OR
   - Legal Business Name and Street Address

(b) Select **Search**.

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

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

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

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

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

  - Register the group to participate in the Quality Payment Program via the CMS Web Interface and/or elect to administer the CAHPS for MIPS survey;
  - View the group’s prior registration(s).
V. Completing the Multi-Factor Authentication (MFA)

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

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

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

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

If you have questions or need assistance please contact the Quality Payment Program by phone at 866-288-8292 / TTY 877-715-6222 or e-mail at gpp@cms.hhs.gov. Normal business hours are Monday-Friday from 8:00am to 8:00pm ET.
35. **Multi-Factor Authentication (MFA)** will need to be completed each time you log into the CMS Enterprise Portal.

   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.

   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**.

---

If you have questions or need assistance please contact the Quality Payment Program by phone at 866-288-8292 / TTY 877-715-6222 or e-mail at gpp@cms.hhs.gov. Normal business hours are Monday-Friday from 8:00am to 8:00pm ET.
36. You will be directed to **CMS Portal Homepage**. Select **Quality Payment Program** and then **CMS Web Interface/CAHPS for MIPS Survey** to register.