



**Quality Improvement
Organizations**
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES



NEW ENGLAND
QUALITY INNOVATION NETWORK
Administered By Healthcentric Advisors
in Partnership with Qualidigm

Enterprise Identity Data Management (EIDM) Account

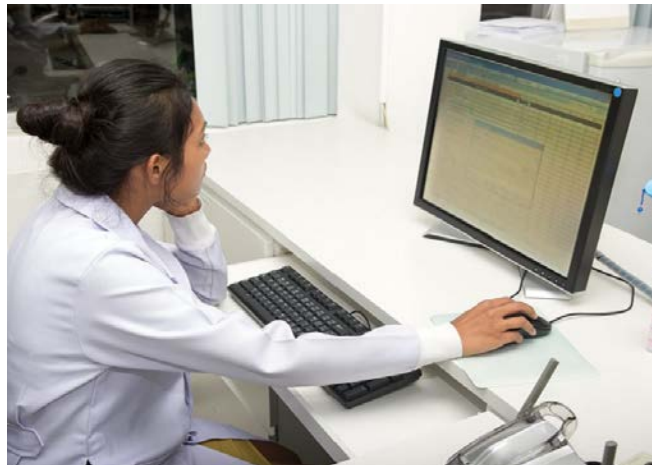
A secure CMS identity verification website

*Step Guide for Physician
Practices*






Why have an EIDM Account?

Login to <https://qpp.cms.gov/>

- ✓ See associated clinician NPIs
- ✓ View MIPS scores & performance data
- ✓ Attest to Promoting Interoperability



EIDM Account Set-up Steps

- 
- Register: Create a username & password
- 
- Request access to
 - PV: Physician Quality & Value Program application
- 
- Choose user roles for your practice
- 
- Verify your identify & the practice identity
- 
- Login to the Quality Payment Program [QPP.cms.gov](https://www.cms.gov/qpp)

EIDM Two-Part Process

1

- Register as a User

2

- Request Access

What to have ready?

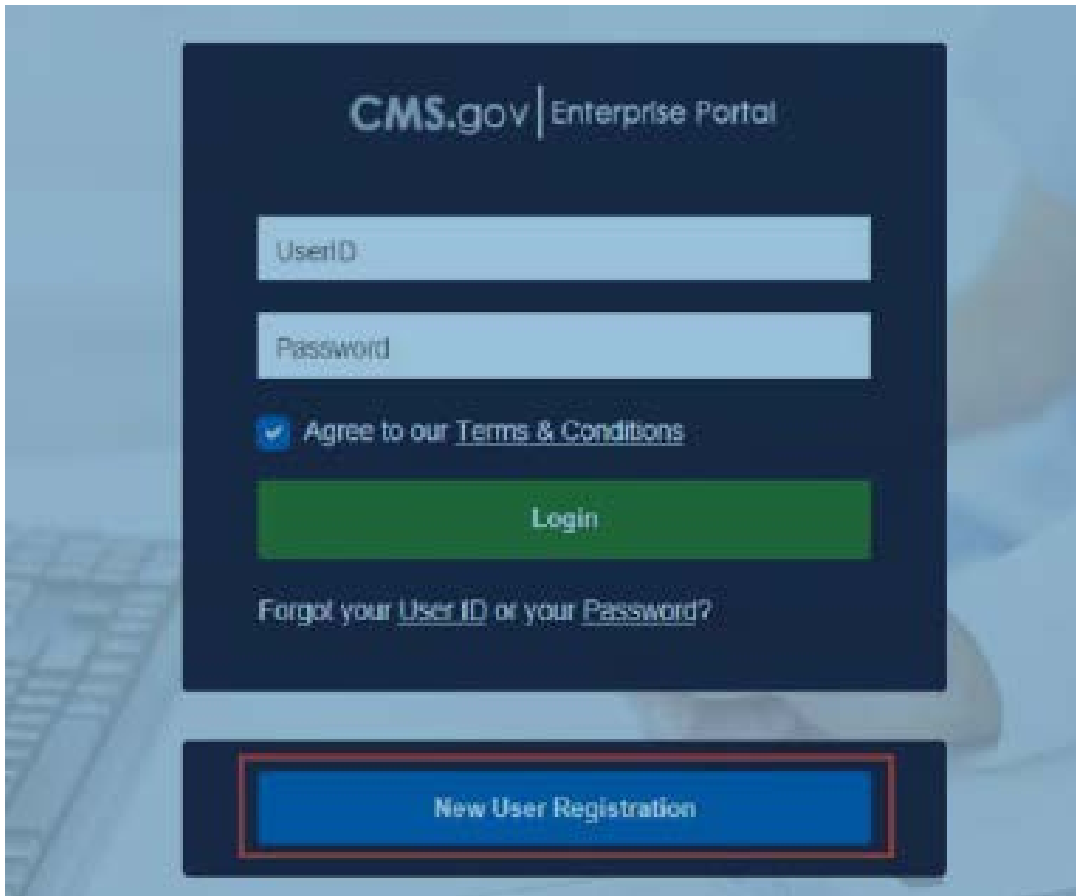
Individuals

- ✓ Medicare billing TIN
- ✓ Legal Business name
- ✓ Clinician NPI
- ✓ Medicare PTAN
(most begin with MM)

Groups

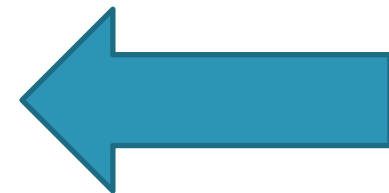
- ✓ Group TIN
- ✓ Legal Business Name
- ✓ NPIs for two clinicians
who bill under TIN
- ✓ PTANS for the same
two clinicians (do not
use group NPI or
PTANs)

Creating an EIDM Account



Navigate to
<https://portal.com.gov>
and Click on

New User Registration




Creating an EIDM Account

CMS.gov | Enterprise Portal Find Your Application Help About

Step #1: Choose Your Application

Step 1 of 3- Select your application from the dropdown. You will then need to agree to the terms.

PV: Physician Quality and Value Programs 

Terms & Conditions

OMB No. 0938-1236 | Expiration Date: 04/30/2017 |

OMB No. 0938-1236 | Expiration Date: 04/30/2017 | OMB Re-Certification Pending | Paperwork Reduction Act

Consent to Monitoring

By logging onto this website, you consent to be monitored. Unauthorized attempts to upload information and/or change information on this web site are strictly prohibited and are subject to prosecution under the Computer Fraud and Abuse Act of 1996 and Title 18 U.S.C. Sec. 1681 and 1020. MMs, assurance.

☒ I agree to the terms and conditions

Next Cancel

Select PV: Physician Quality & Value Programs, agree to conditions and click “Next”

Creating an EIDM Account

Step #2: Register Your Information

Step 2 of 3 - Please enter your personal and contact information.

All fields are required unless marked 'Optional'.

<input type="text" value="Enter First Name"/>	<input type="text" value="Enter Middle Name (optional)"/>	<input type="text" value="Enter Last Name"/>	<input type="text" value="Suffix (optional)"/>
<input type="text" value="Enter Social Security Number (optional)"/>	<input type="text" value="Birth Month"/>	<input type="text" value="Birth Date"/>	<input type="text" value="Birth Year"/>
Is Your Address US Based? <input checked="" type="radio"/> Yes <input type="radio"/> No			
<input type="text" value="Enter Home Address #1"/>	<input type="text" value="Enter Home Address #2 (optional)"/>		
<input type="text" value="Enter City"/>	<input type="text" value="State"/>	<input type="text" value="Enter Zip Code"/>	<input type="text" value="Enter Zip+4 (optional)"/>
<input type="text" value="Enter E-mail Address"/>	<input type="text" value="Confirm E-mail Address"/>		
<input type="text" value="Enter Phone Number"/>			
<input type="button" value="Back"/>	<input type="button" value="Next"/>	<input type="button" value="Cancel"/>	

Creating an EIDM Account

Step #3: Create User ID, Password & Security

Step 3 of 3 - Please create User ID and Password, Select security questions and provide answers.



Creating an EIDM Account

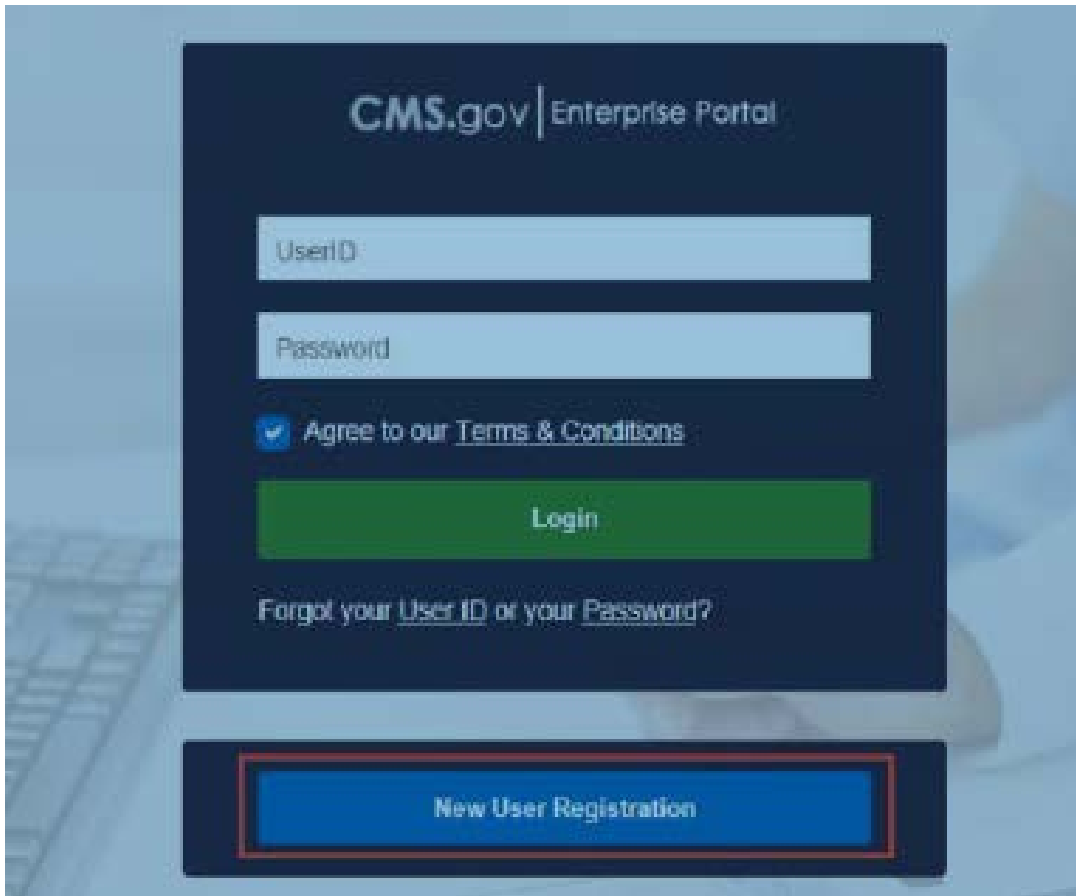
The next page is a registration summary.
Review for accuracy then hit

Submit User

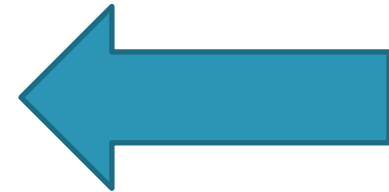
Your registration is now complete and you will receive an email acknowledging your account creation.

Easy right???.... There's more!!

Login to your EIDM Account



Navigate to
<https://portal.com.gov>
and login

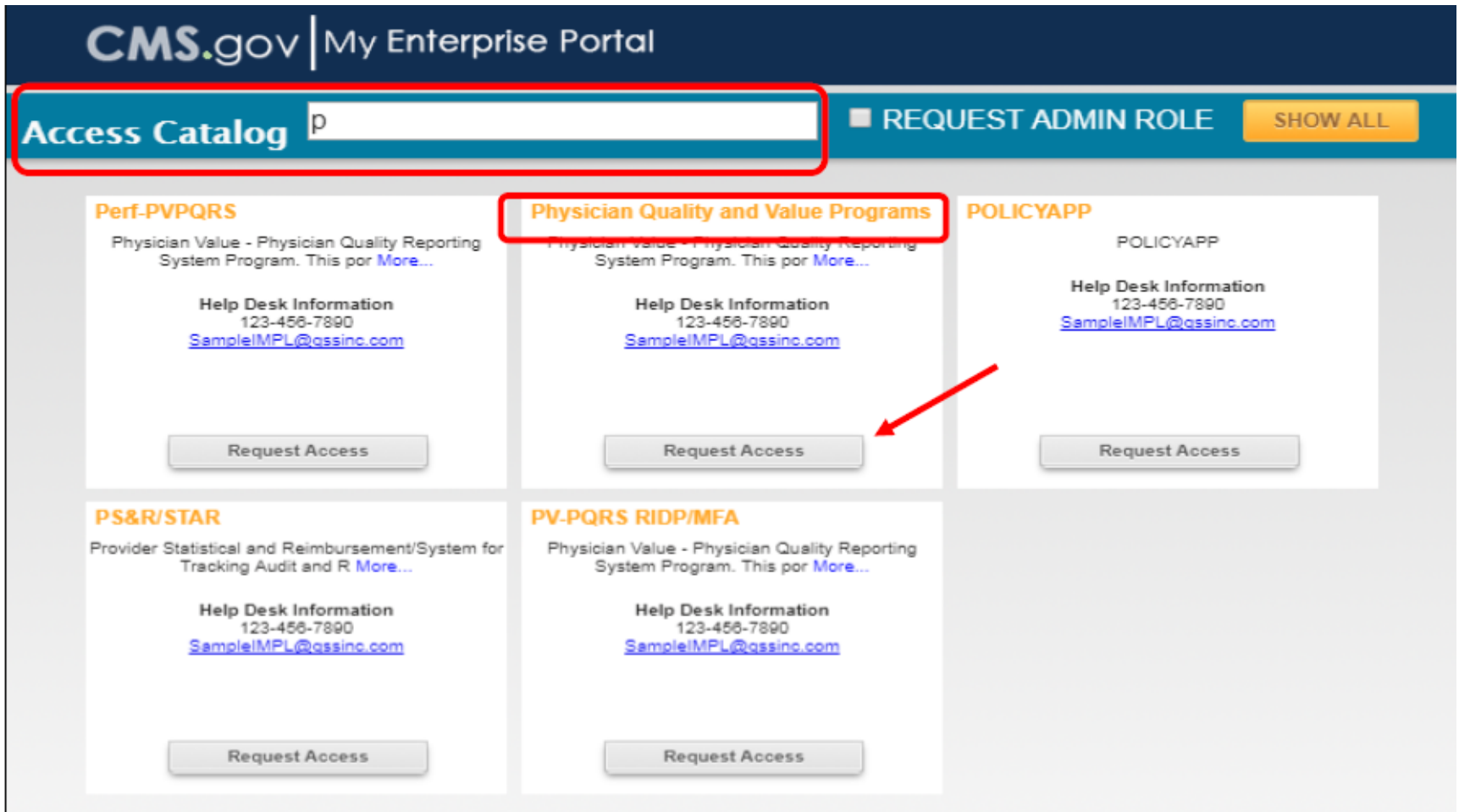


Requesting Access

Upon initial login the “My Portal” page is displayed. Select Request/Add Apps to begin the process of requesting a new user role



Requesting Access



The screenshot displays the CMS.gov My Enterprise Portal. At the top, the header includes the CMS.gov logo and the text "My Enterprise Portal". Below this, a navigation bar features the "Access Catalog" label, a search input field containing the letter "p", a "REQUEST ADMIN ROLE" button, and a "SHOW ALL" button. The main content area is a grid of program tiles. The "Physician Quality and Value Programs" tile is highlighted with a red border, and a red arrow points to its "Request Access" button. Other visible tiles include "Perf-PVPQRS", "POLICYAPP", "PS&R/STAR", and "PV-PQRS RIDP/MFA". Each tile provides a brief description, help desk contact information (123-456-7890 and SampleIMPL@qssinc.com), and a "Request Access" button.

CMS.gov | My Enterprise Portal

Access Catalog p **REQUEST ADMIN ROLE** **SHOW ALL**

Perf-PVPQRS
Physician Value - Physician Quality Reporting System Program. This por [More...](#)
Help Desk Information
123-456-7890
SampleIMPL@qssinc.com
Request Access

Physician Quality and Value Programs
Physician Value - Physician Quality Reporting System Program. This por [More...](#)
Help Desk Information
123-456-7890
SampleIMPL@qssinc.com
Request Access

POLICYAPP
POLICYAPP
Help Desk Information
123-456-7890
SampleIMPL@qssinc.com
Request Access

PS&R/STAR
Provider Statistical and Reimbursement/System for Tracking Audit and R [More...](#)
Help Desk Information
123-456-7890
SampleIMPL@qssinc.com
Request Access

PV-PQRS RIDP/MFA
Physician Value - Physician Quality Reporting System Program. This por [More...](#)
Help Desk Information
123-456-7890
SampleIMPL@qssinc.com
Request Access

Requesting Access

Under **Select a Group**, select “**Provider Approver**”

My Access

Modify Business Contact Information

View and Manage My Access

Request New Application Access

Requests

My Pending Requests

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:

☐ PQRS Provider

☐ PV Provider

☒ Provider Approver

☐ CMS/Help Desk User

Step 6

Cancel

Choosing User Roles

Individual Practitioner

1. EIDM Role Type - **Provider Approver** Role - **Individual Practitioner**

- Can approve “PQRS Submitter” role requests (including EHR/Health IT Vendors reporting on behalf of the clinician)
- Submit & View data on QPP

2. EIDM Role Type – **PQRS Provider** Role – **Individual Practitioner** **Representative**

Group 2+ under TIN

1. EIDM Role Type - **Provider Approver** Role - **Security Official**

- Can approve “PQRS Submitter” or “Web Interface Submitter” role (including IT Vendors)
- Submit & View data on QPP

2. EIDM Role Type – **PQRS Provider** Role – **PQRS Submitter**

Requesting Access

Request New Application Access

Identity Verification

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

1. Ensure that you have entered your legal name, current home address, primary phone number, date of birth and E-mail address correctly. We will only collect personal information to verify your identity with Experian, an external Identity Verification provider.
2. Identity Verification involves Experian using information from your credit report to help confirm your identity. As a result, you may see an entry called a "soft inquiry" on your Experian credit report. Soft inquiries do not affect your credit score and you do not incur any charges related to them.
3. You may need to have access to your personal and credit report information, as the Experian application will pose questions to you, based on data in their files. For additional information, please see the Experian Consumer Assistance website -<http://www.experian.com/help/>

If you elect to proceed now, you will be prompted with a Terms and Conditions statement that explains how your Personal Identifiable Information (PII) is used to confirm your identity. To continue this process, select 'Next'.



Next

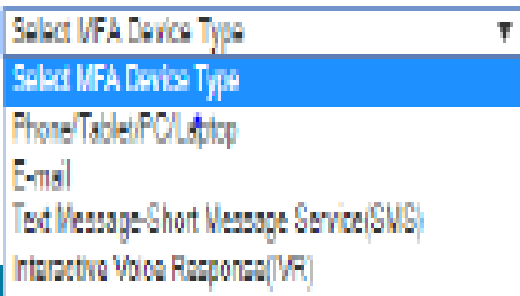
Cancel

Requesting Access

On the next screen, read the **Register Your Phone, Computer, or E-mail** notification and then select an option from the multi-factor authentication **‘MFA Device Type’** drop-down menu. This method will be how CMS will send a verification code to you to use when logging in.

Select the MFA Device Type that you want to use for logging into your application.

Select the MFA Device Type that you want to use for logging into your application.

MFA Device Type: 

Next Cancel

Requesting Access

Select a Role: ▼

Role Description: 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. Approve requests for the 'Group Representative' role.

* 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:

Requesting Access

Select a Role:

Role Description: An Individual Practitioner can approve the Individual Practitioner Representative role, view PY-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

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:

Success!!

If you get past the TIN, NPI and PTAN screen, you will be asked to verify information and submit your application. You will get an approval email and then be ready to login to <https://qpp.cms.gov/login>



Adding a Role

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: ☐ PQRS Provider
☐ PV Provider
☒ Provider Approver

Select a Role: Security Official
Role Description: 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. Approve requests for the "Group Representative" role.

* 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: 47-4358069
Address Line 1:
City:
Zip Code: Zip Code Extension:
Address Line 2:
State:

* Organization: 8069 (3 helms pick, Catonsville, HI)
* Reason for Request: Role Request

Help!!

- Help desk 1-866-288-8292
- Gail Mazzone, Maine Health ACO
MAZZOG@mmc.org
- Susan Whittaker, CPC, CPMA
Heathcentric Advisors QIO
swhittaker@healthcentricadvisors.org
207 406-3970



QUESTIONS?