



Enterprise Identity Data Management (EIDM) Account

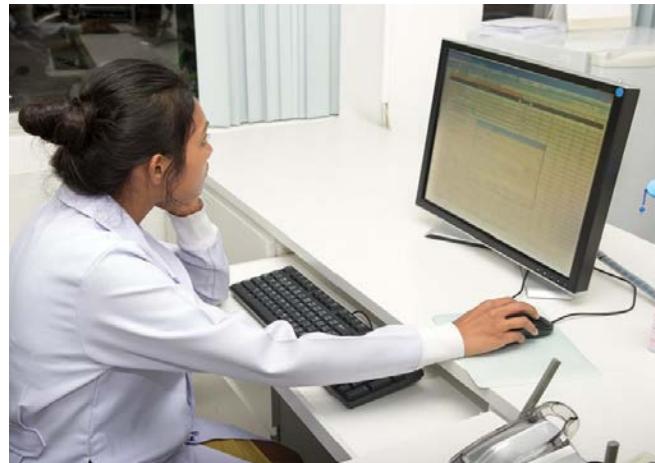
A secure CMS identity verification website

*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

EIDM Two-Part Process

1

- Register as a User

2

- Request Access

What to have ready?

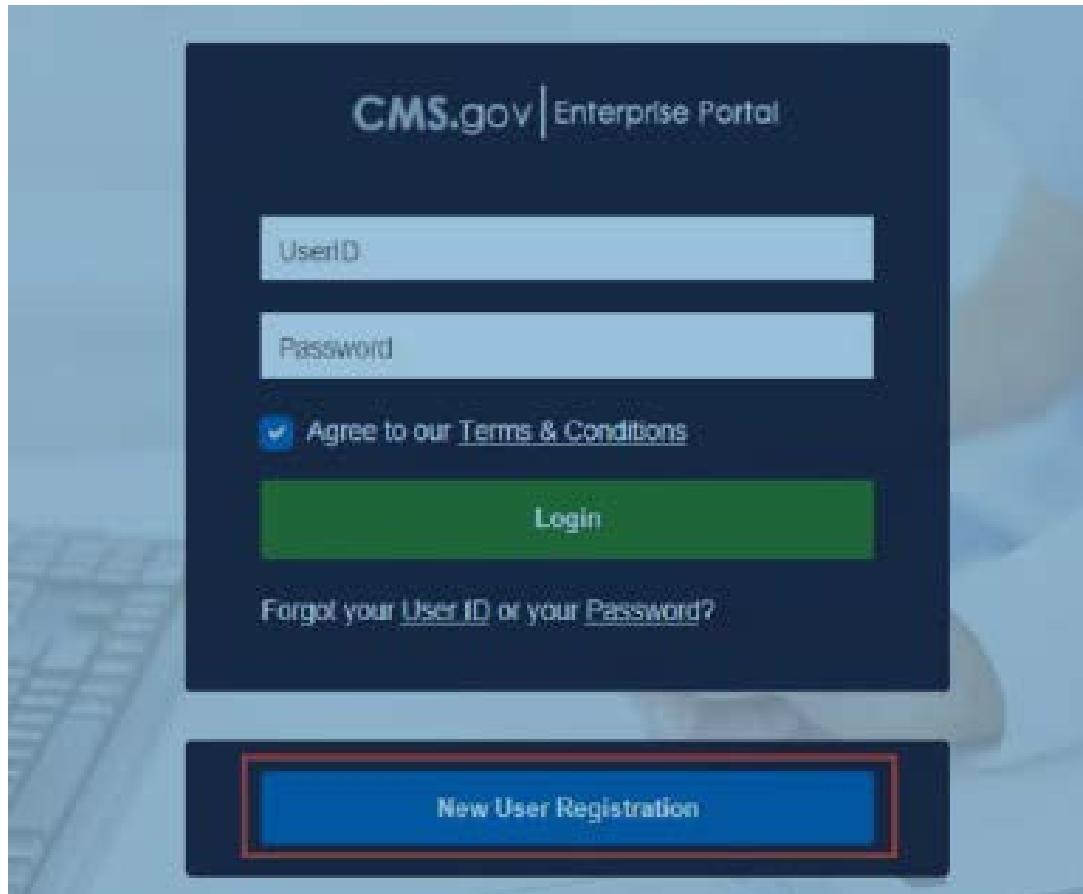
Individuals

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

Groups

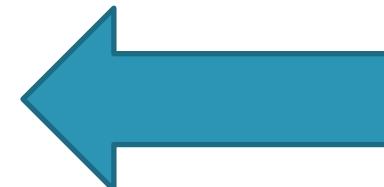
- ✓ Group TIN
- ✓ Legal Business Name
- ✓ NPIs for two clinicians
who bill under TIN
- ✓ PTANS for the same
two clinicians (do not
use group NPI or
PTANs)

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: 04/31/2017 |

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 1984 and Title 18, U.S.C., Sec. 1030 and 1030.1.

 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'.

Enter First Name	Enter Middle Name (optional)	Enter Last Name	Suffix (optional) 
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Enter Social Security Number (optional)	Birth Month 	Birth Date 	Birth Year 
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Is Your Address US Based?

Yes No

Enter Home Address #1	Enter Home Address #2 (optional)
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Enter City	State 	Enter Zip Code	Enter Zip+4 (optional)
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Enter E-mail Address	Confirm E-mail Address
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Enter Phone Number

Back	Next 	Cancel
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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.

Enter User ID

Enter Password

Enter Confirm Password

Select Security Question #1

Enter Security Question #1 Answer

Select Security Question #2

Enter Security Question #2 Answer

Select Security Question #3

Enter Security Question #3 Answer

Back

Next

Cancel

Creating an EIDM Account



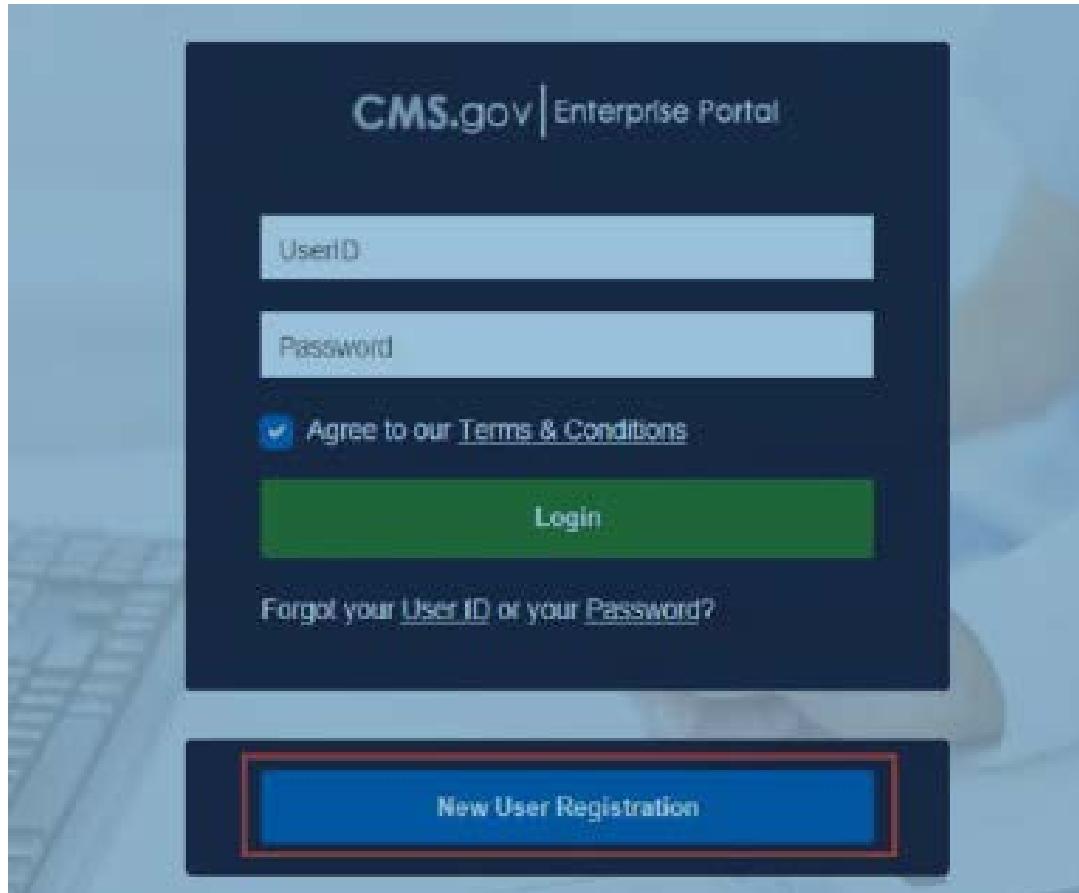
The next page is a registration summary.
Review for accuracy then hit

Submit User

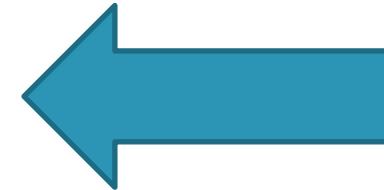
Your registration is now complete and you will receive an email acknowledging your account creation.

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



CMS.gov | My Enterprise Portal

My Portal

Use the below link to request access to CMS Systems/Applications.

 Request/Add Apps

Requesting Access

CMS.gov | My Enterprise Portal

Access Catalog

Perf-PVPQRS Physician Value - Physician Quality Reporting System Program. This por More... Help Desk Information 123-456-7890 SampleIMPL@assinc.com <input type="button" value="Request Access"/>	Physician Quality and Value Programs Physician Value - Physician Quality Reporting System Program. This por More... Help Desk Information 123-456-7890 SampleIMPL@assinc.com <input type="button" value="Request Access"/>	POLICYAPP POLICYAPP Help Desk Information 123-456-7890 SampleIMPL@assinc.com <input type="button" value="Request Access"/>
PS&R/STAR Provider Statistical and Reimbursement/System for Tracking Audit and R More... Help Desk Information 123-456-7890 SampleIMPL@assinc.com <input type="button" value="Request Access"/>	PV-PQRS RIDP/MFA Physician Value - Physician Quality Reporting System Program. This por More... Help Desk Information 123-456-7890 SampleIMPL@assinc.com <input type="button" value="Request Access"/>	

A red box highlights the "Access Catalog" search bar and the "Request Access" button for the "Physician Quality and Value Programs" category. A red arrow points to the "Request Access" button for the "PV-PQRS RIDP/MFA" category.

Requesting Access

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

My Access

- Modify Business Contact Information
- View and Manage My Access
- Request New Application Access

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	Group 2+ under TIN
<p>1. EIDM Role Type - Provider Approver Role - Individual Practitioner</p> <ul style="list-style-type: none">• Can approve “PQRS Submitter” role requests (including EHR/Health IT Vendors reporting on behalf of the clinician)• Submit & View data on QPP <p>2. EIDM Role Type – PQRS Provider Role – Individual Practitioner Representative</p>	<p>1. EIDM Role Type - Provider Approver Role - Security Official</p> <ul style="list-style-type: none">• Can approve “PQRS Submitter” or “Web Interface Submitter” role (including IT Vendors)• Submit & View data on QPP <p>2. EIDM Role Type – PQRS Provider Role – PQRS Submitter</p>

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/](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: Select MFA Device Type

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

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 PI-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: Address Line 2:
City: State:

Zip Code: Zip Code Extension:
Search 

* Organization: 8069 (3 helms pick, Catonsville, MD) 

* Reason for Request: Role Request 

 **Next** **Cancel**

Help!!

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



QUESTIONS?