### I. Introduction

This guide is for users who do not have an Enterprise Identity Data Management (EIDM) or an Individuals Authorized Access to the CMS Computer Services (IACS) account. This guide provides step-by-step instructions on how users can sign up for an EIDM account for the first time and how to request a role to access the 'Physician Quality and Value Programs' application using the EIDM in the CMS Enterprise Portal.

**Note:** <u>Do not</u> use this guide (1) if you already have an EIDM account or (2) if you already have an active IACS account with a Physician Value – Physician Quality Reporting System (PV-PQRS) role. Please visit <a href="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</a> to determine which guide you should use based on your needs.

- A. Before requesting a 'Physician Quality and Value Programs' role for your EIDM account, you will first need to determine which **one** of the following four user roles you want to request:
- **Security Official role:** The Security Official role allows the user to perform the following tasks on behalf of a group practice:
  - o Register the group practice to participate in the Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO);
  - Obtain the group practice's Mid-Year and Annual Quality and Resource User Report (QRUR), Supplemental QRUR, and PQRS Feedback Report;
  - o Submit an informal review request on behalf of the group practice; and
  - 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 on behalf of a group practice:
  - o Register the group practice to participate in the PQRS GPRO;
  - o Obtain the group practice's Mid-Year and Annual QRUR, Supplemental QRUR, and PQRS Feedback Report; and
  - o Submit an informal review request on behalf of the group practice.

**Note:** Group practices are identified in the EIDM by their Medicare billing Taxpayer Identification Number (TIN). A group practice consists of **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 on behalf of a solo practitioner:
  - Obtain the solo practitioner's Mid-Year and Annual QRUR, Supplemental QRUR, and PQRS Feedback Report;
     and
  - o Approve requests for the 'Individual Practitioner Representative' role in the EIDM.
- **Individual Practitioner Representative role:** The Individual Representative role allows the user to perform the following task on behalf of the solo practitioner:
  - o Obtain a solo practitioner's Mid-Year and Annual QRUR, Supplemental QRUR and PQRS Feedback Report.

**Note:** Solo Practitioners are identified in the EIDM by their Medicare billing TIN and rendering NPI. A solo practitioner consists of **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 registering to participate in the PQRS GPRO and obtaining QRURs is available at <a href="http://www.cms.gov/PhysicianFeedbackProgram">http://www.cms.gov/PhysicianFeedbackProgram</a>.

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.
- 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.
- 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.

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. Questions

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

• Monday – Friday: 8:00 am – 8:00 pm EST

• Phone: (866) 288-8912 (TTY 1-877-715-6222)

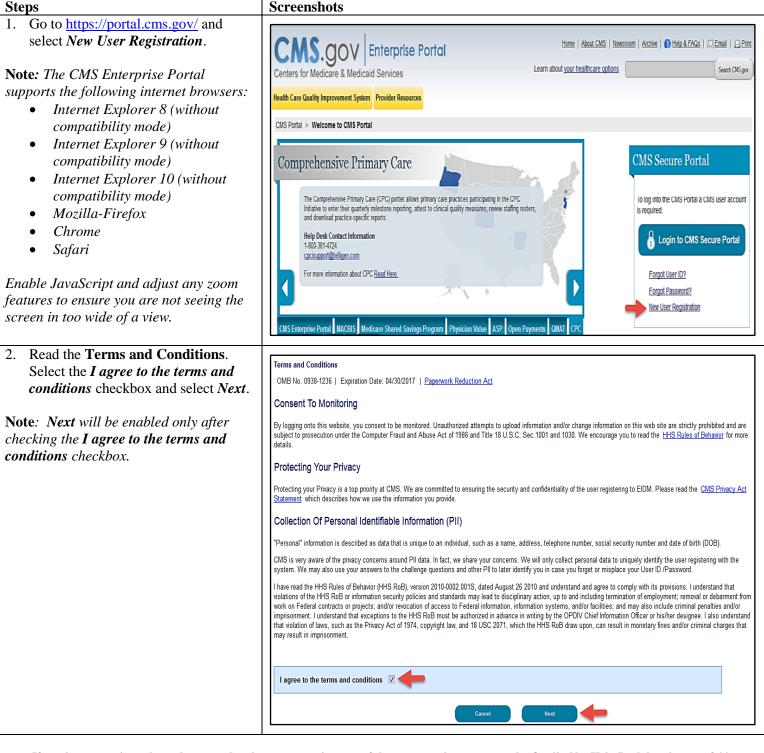
• Email: <a href="mailto:qnetsupport@hcqis.org">qnetsupport@hcqis.org</a>

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 <a href="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</a>.

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

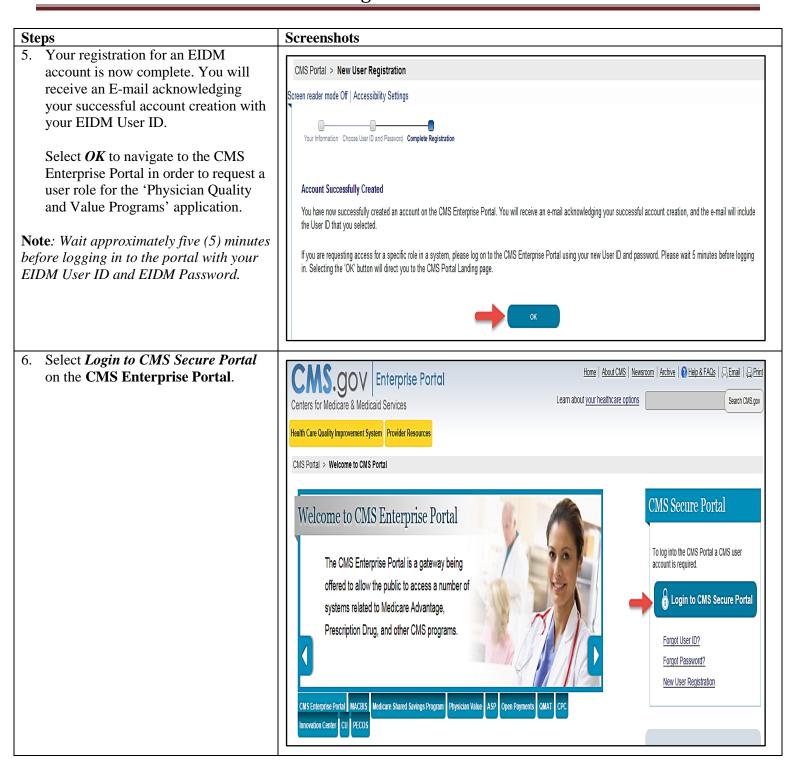


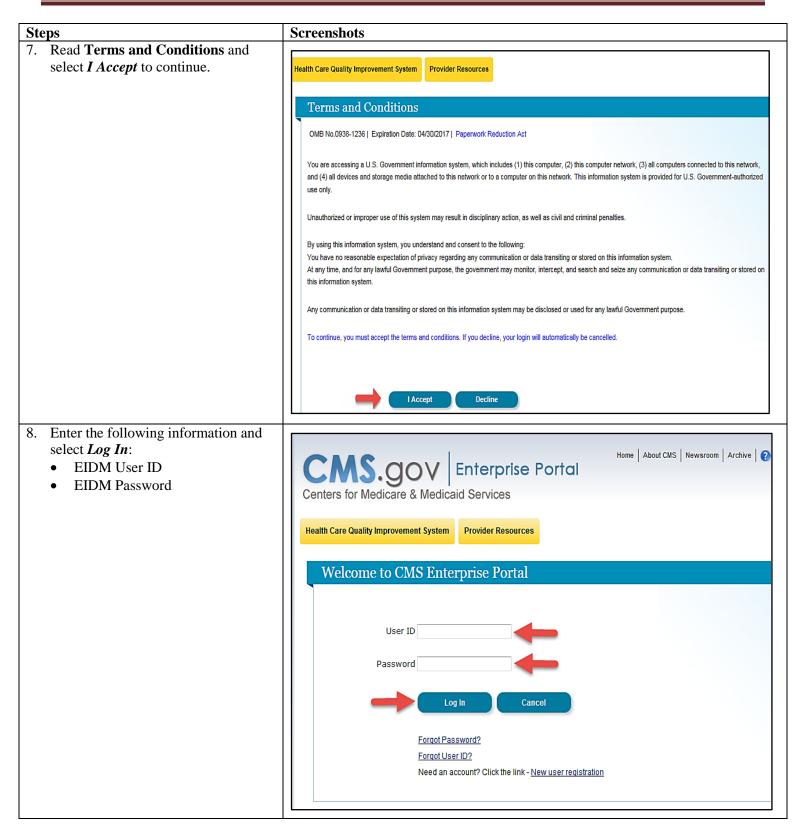
Steps	Screenshots
<ul> <li>3. Enter the following required information under Your Information section and select Next.</li> <li>First Name</li> <li>Last Name</li> <li>E-mail Address</li> <li>Confirm E-mail Address</li> <li>Social Security Number</li> <li>Date of Birth</li> </ul>	Your Information  Enter your legal first name and last name, as it may be required for Identity Verification.  * First Name:  * Last Name:  Suffix:
<ul> <li>Home Address Line 1</li> <li>City</li> <li>State</li> <li>Zip Code</li> <li>Primary Phone Number</li> </ul>	Enter your E-mail address, as it will be used for account related communications.  • E-mail Address:  Re-enter your E-mail address.  • Confirm E-mail Address:
	Enter your full 9 digit social security number, as it may be required for Identity Verification.  Social Security Number:  Enter your date of birth in MM/DD/YYYY format, as it may be required for Identity Verification.  Date of Birth:
	● 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

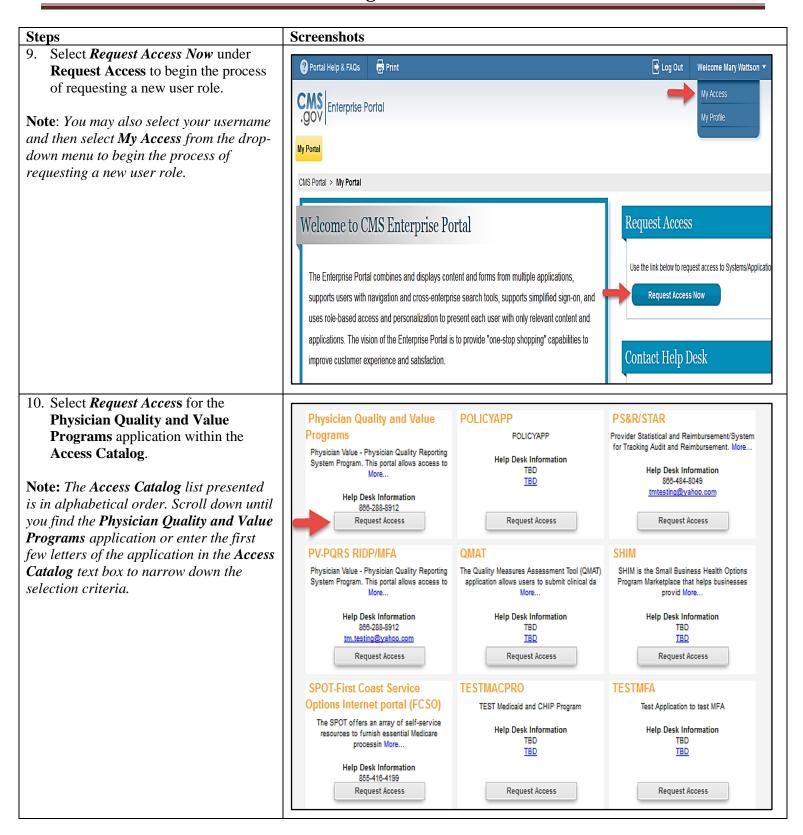
#### **Steps Screenshots** 4. (a) Create your EIDM User ID and **EIDM Password.** CMS Portal > New User Registration Screen reader mode Off | Accessibility Settings **Note:** Your EIDM User ID must be a *minimum of six (6) and a maximum of* Choose User ID and Password Create User Choose User ID and Password seventy four (74) alphanumeric characters. It must contain at least 1 letter and cannot contain your Social Choose User ID And Password Security Number or any 9 consecutive numbers. Allowed special characters are - User ID dashes (-), underscores (\_), apostrophes ('), @ and periods (.) followed by Password alphanumeric characters. - Confirm Password **Note:** Your EIDM Password must be a Select your Challenge Questions and Answers: minimum of eight (8) and a maximum of twenty (20) characters in length. It must Your challenge questions and answers will be required for password and account management functions. contain at least one (1) letter, one (1) - Answer:1 number, one (1) uppercase letter, and one Please choose one Question • (1) lowercase letter. It cannot contain Question:2 Answer:2 your User ID and the following special v Please choose one Question characters may not be used: ?, <, >, (, ), Question:3 Answer:3 ', ", /, |, and &. Your password must be Please choose one Question v 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.

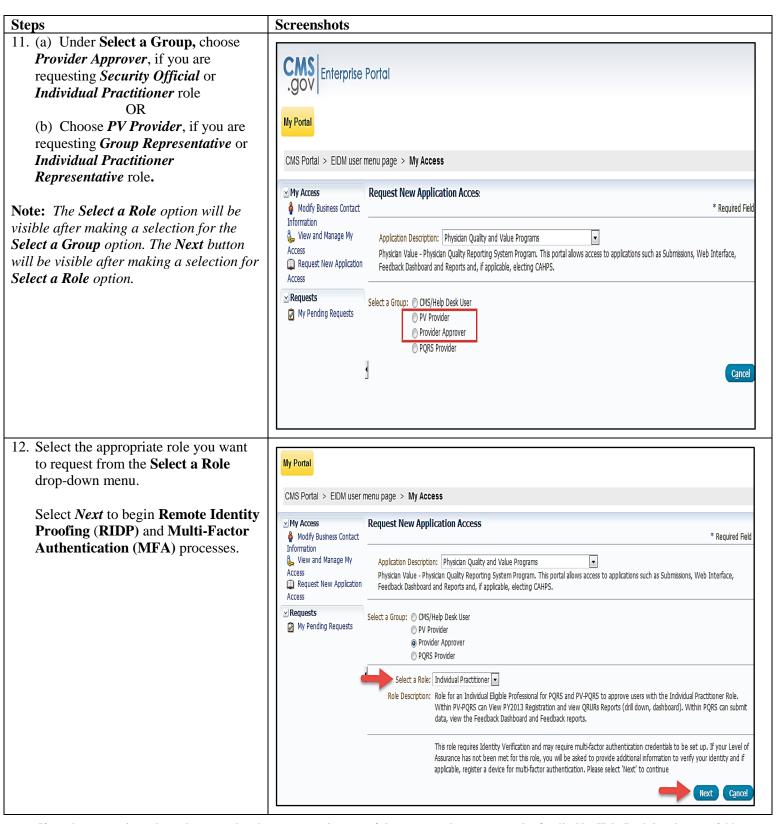
If you have questions about the or need assistance accessing any of the reports, please contact the QualityNet Help Desk by phone at 866-288-8912. Normal business hours are Monday-Friday from 8 am to 8 pm EST

(c) Select *Next*.



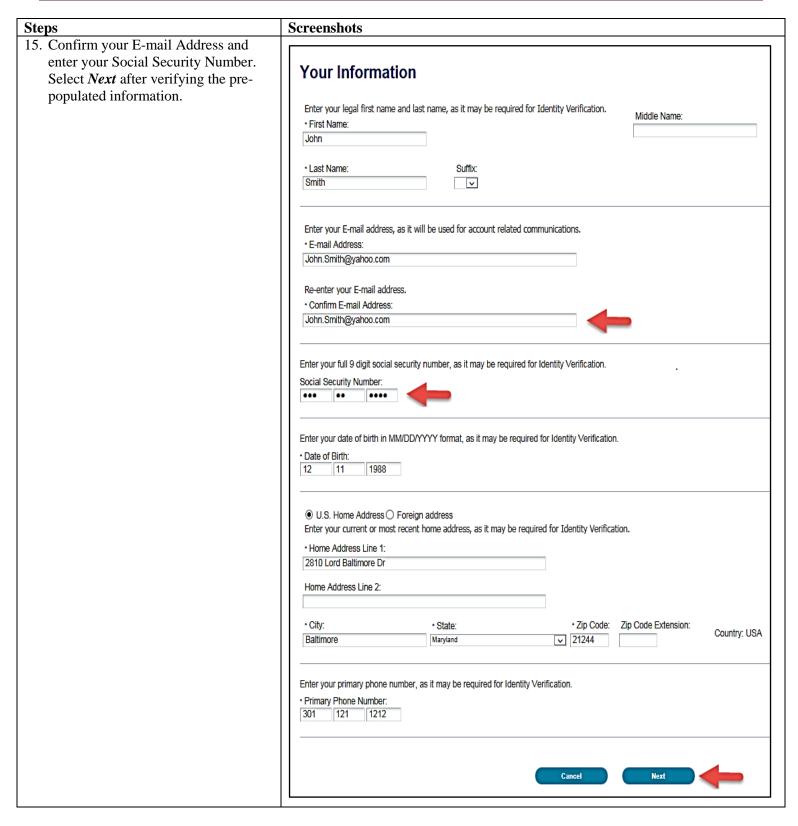


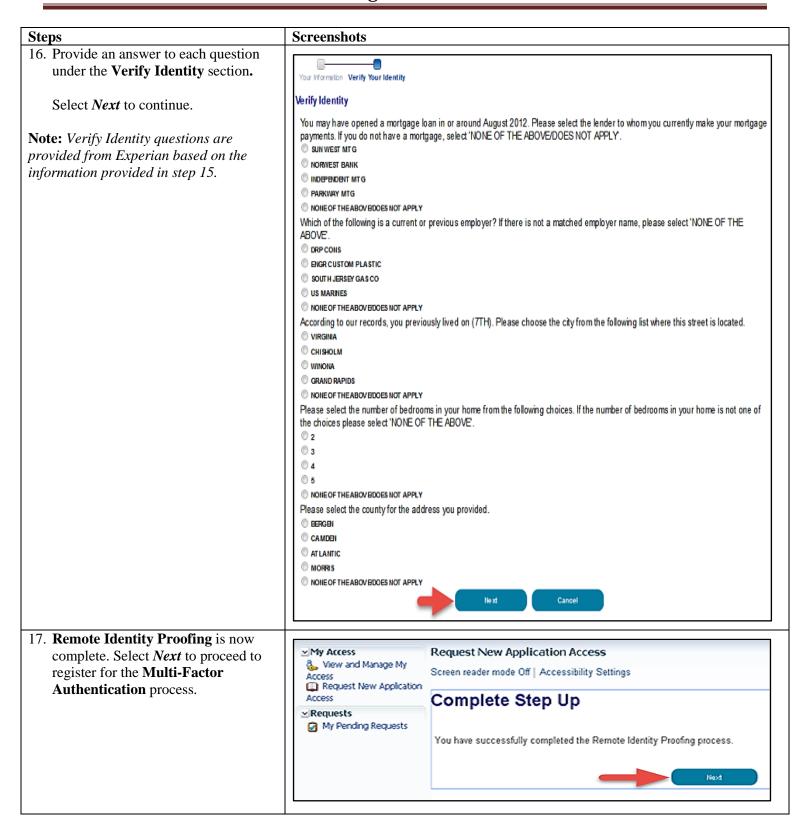




**Steps Screenshots** Remote Identity Proofing (RIDP) - Please follow steps 13 to 17 to begin the RIDP process. This process is used to verify your identity and is done by asking random questions based on your personal and financial history. Additional information on how the RIDP process works can be found at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-**QRUR.html.** 13. Select *Next* to complete the **Identity** Verification section. **Request New Application Access Identity Verification** To protect your privacy, you will need to complete Identity Verification successfully, before requesting access to the selected role. Below are a few items to keep in mind. 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'. Cancel

### **Steps Screenshots** 14. Read the **Terms and Conditions**. Request New Application Access Select the *I agree to the terms and* conditions checkbox and then select Terms and Conditions Next. OMB No. 0938-1236 | Expiration Date: 04/30/2017 | Paperwork Reduction Act Note: Next will be enabled only after checking the I agree to the terms and Protecting Your Privacy conditions checkbox. Protecting your Privacy is a top priority at CMS. We are committed to ensuring the security and confidentiality of the user registering to EIDM. Please read the CMS Privacy Act Statement, which describes how we use the information you Personal information is described as data that is unique to an individual, such as a name, address, telephone number, Social Security Number, and date of birth (DOB). CMS is very aware of the privacy concerns around PII data. In fact, we share your concerns. We will only collect personal information to verify your identity. Your information will be disclosed to Experian, an external authentication service provider, to help us verify your identity. If collected, we will validate your Social Security Number with Experian only for the purposes of verifying your identity. Experian verifies the information you give us against their records. We may also use your answers to the challenge questions and other PII to later identify you in case you forget or misplace your User ID /Password. HHS Rules Of Behavior We encourage you to read the <u>HHS Rules of Behavior</u>, which provides the appropriate use of all HHS information technology resources for Department users, including Federal employees, contractors, and other system users. I have read the HHS Rules of Behavior (HHS RoB), version 2010-0002.001S, dated August 26 2010 and understand and agree to comply with its provisions. I understand that violations of the HHS RoB or information security policies and standards may lead to disciplinary action, up to and including termination of employment; removal or debarment from work on Federal contracts or projects; and/or revocation of access to Federal information, 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 identify 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



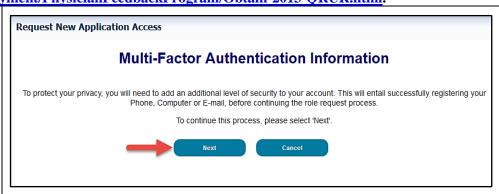


### Steps Screenshots

Multi-Factor Authentication (MFA)
Please follow steps 18 to 21 to register for MFA. MFA is an approach to secur

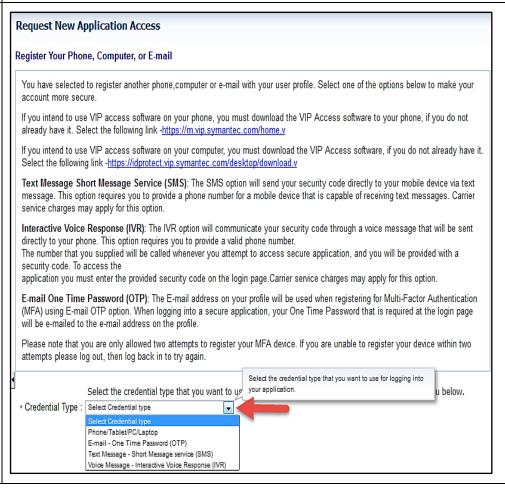
Please follow steps 18 to 21 to register for MFA. MFA is an approach to security authentication which requires users to provide more than one form of verification in order to prove their identity. MFA registration is required only once when you are requesting a user role, but will be verified every time you log into the CMS Enterprise Portal. Additional information on how the MFA process works can be found at <a href="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</a>.

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

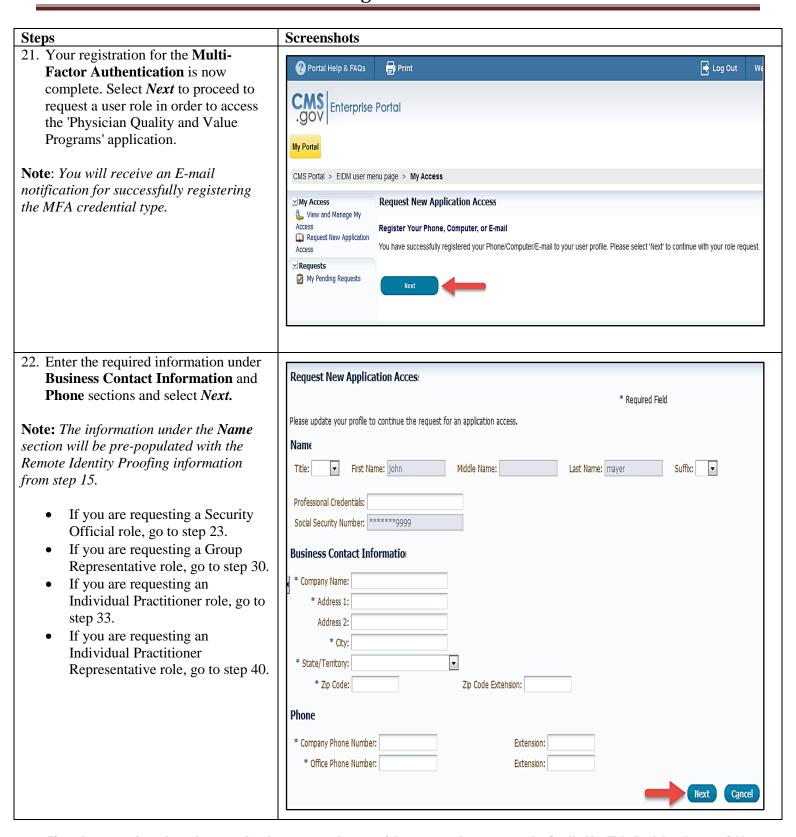


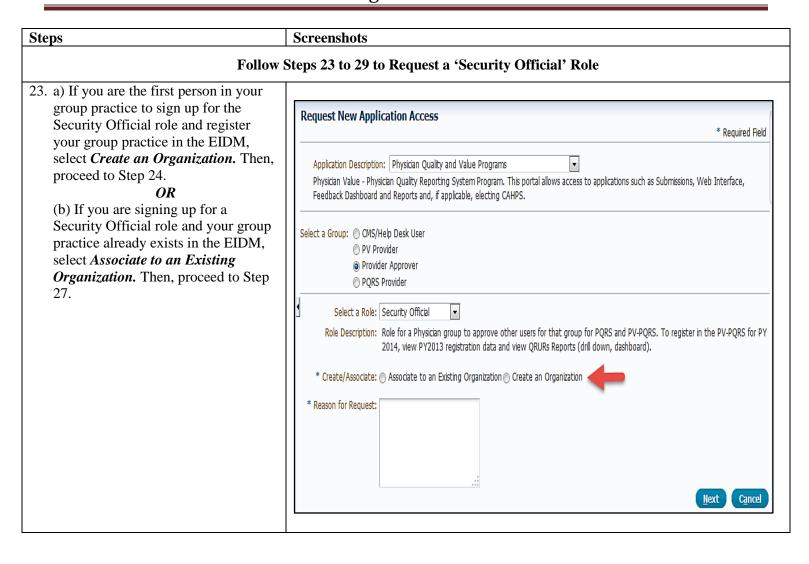
19. Read the **Register Your Phone**, **Computer**, **or E-mail** notification and then select an option from the *Credential Type* drop-down menu.

**Note**: Regardless of the mechanism you choose, you will have 30 minutes to retrieve and enter the Security Code. If you are unable to enter the code within 30 minutes, then the code will expire and you need to request a new Security Code. If selecting Phone/Tablet/PC/Laptop as Credential Type, you will first need to ensure you have the VIP Client and appropriate VIP Access software downloaded to your device. The VIP Client and VIP Access software can be downloaded via the Symantec Site (direct link is provided on your screen). Refer to the hyper link on the right screen to make selection. If the VIP Client and VIP Access software is not installed on your device, you will be unable to complete the Multi-Factor Authentication process.



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

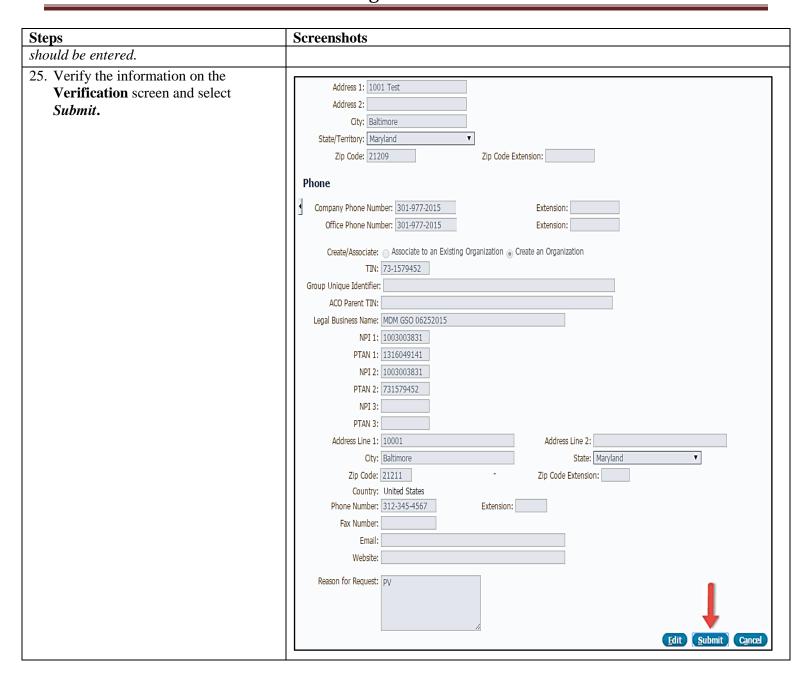




Steps	Screenshots
24. If selecting <i>Create an Organization</i> as the <b>Create/Associate</b> option, enter the following required information for the group practice:	Select a Role: Security Official  Role Description: Role for a Physician group to approve other users for that group for PQRS and PV-PQRS. To register in the PV-PQRS for PY 2014, view PY2013 registration data and view QRURs Reports (drill down, dashboard).
<ul> <li>Medicare Billing TIN</li> <li>Legal Business Name</li> <li>NPI 1</li> <li>PTAN 1</li> <li>NPI 2</li> <li>PTAN 2</li> <li>Address</li> <li>City</li> <li>State</li> <li>Zip Code</li> <li>Phone Number</li> </ul>	* Create/Associate: Associate to an Existing Organization  * TIN:  Group Unique Identifier:  ACO Parent TIN:  * Legal Business Name:  * NPI 1:  * PTAN 1:  * PTAN 2:  * PTAN 2:
• Reason for Request	NPI 3: PTAN 3:
Note: In this section, enter your group practice's Medicare billing TIN; enter rendering NPIs for two different eligible professionals who bill under the TIN (do not use the group NPI) and enter their corresponding individual PTANs (do not use the group PTAN); and enter the remaining required information.  Example: Healthy Clinic with Medicare billing TIN 74-7575757 has ten eligible	* Address Line 1:  * City:  * City:  * Zip Code:  Country: United States  * Phone Number:  Fax Number:  Email:  Website:  * Reason for Request:
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 G6767676.  Note: PTANs are alphanumeric therefore, enter the alpha characters.  • Dr. Beaver's rendering NPI is 2525252525 and the corresponding individual PTAN is 0012789456.	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 EST

**Note:** All leading zeros in the PTAN



### **Steps**

- 26. (a) You have successfully applied for the Security Official role.
  - (b) If your role request is automatically approved, proceed to Step 43 to complete the Multi-Factor Authentication before you can access the 'Physician Quality and Value Programs' application using your EIDM User ID and EIDM password in order to:
  - Register the group practice to participate in the PQRS GPRO;
  - Obtain the group practice's Mid-Year and Annual QRUR, Supplemental QRUR, and PQRS Feedback Report; and
  - Submit an informal review request on behalf of the group practice.

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.

### **Screenshots**

### Request New Application Access Acknowledgement

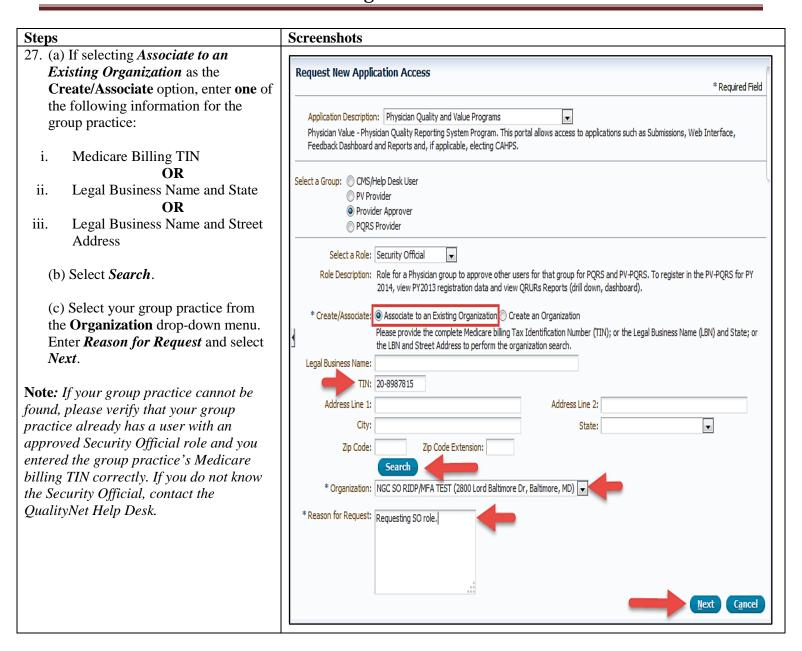
Your EIDM request has been successfully submitted. The tracking number for your request is:

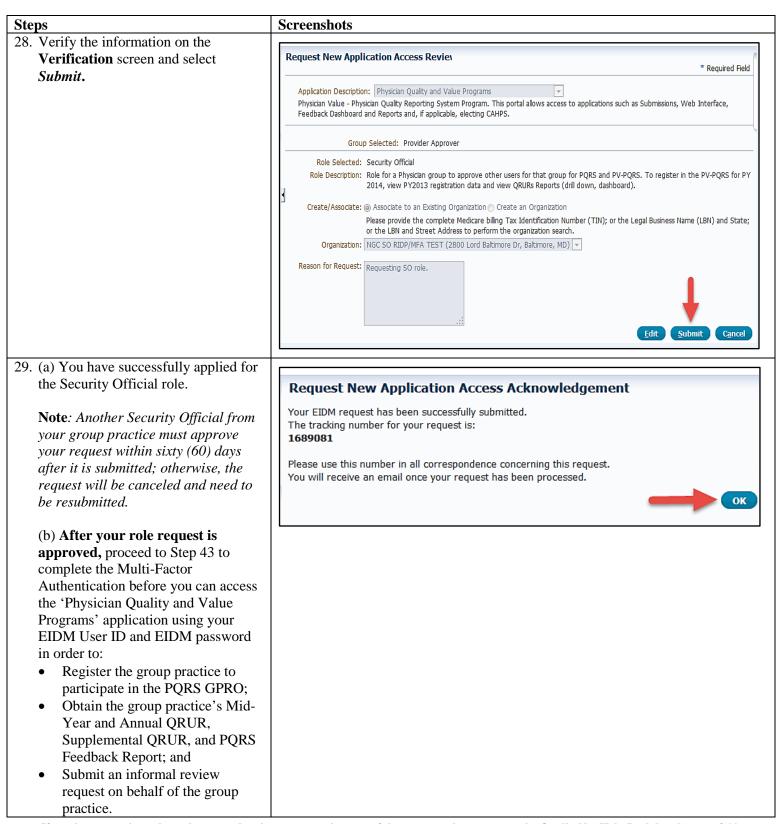
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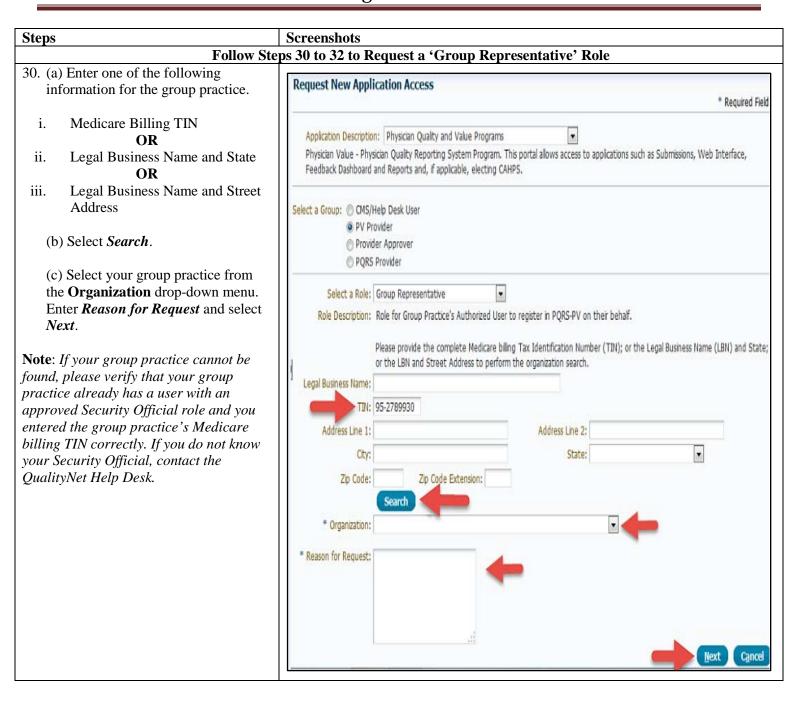
Please use this number in all correspondence concerning this request. You will receive an email once your request has been processed.

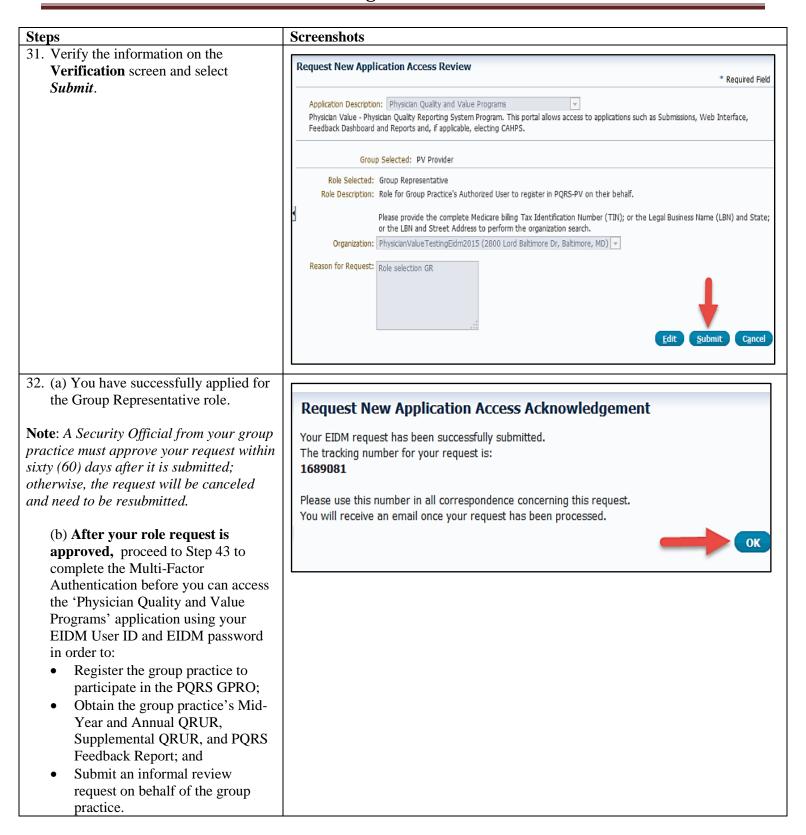


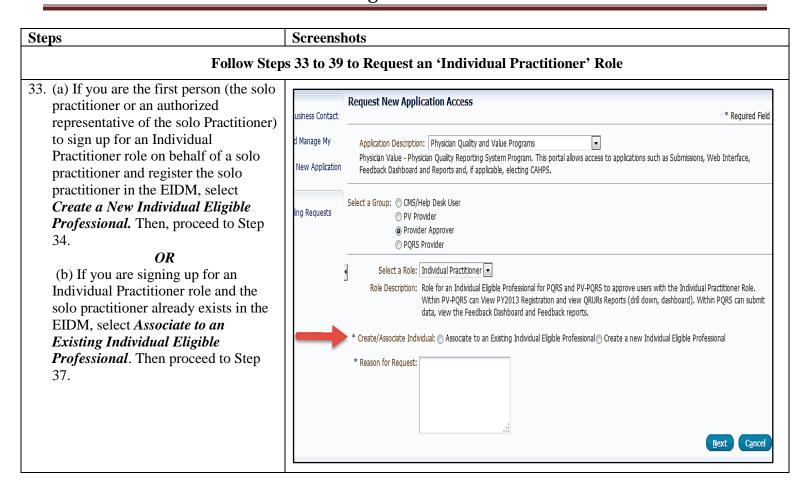
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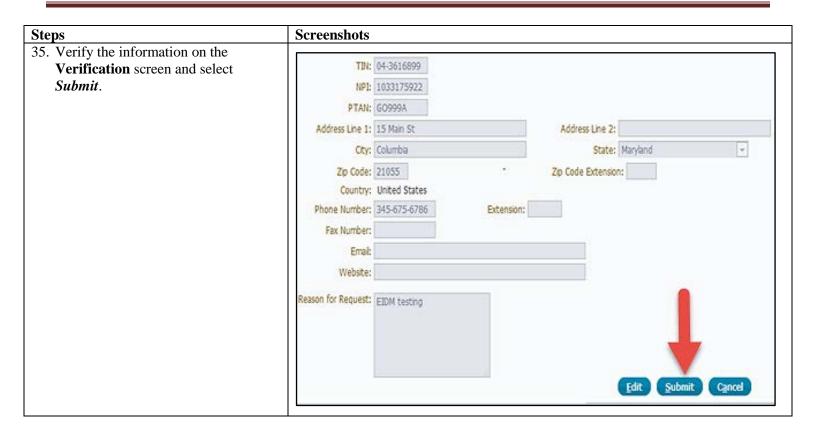








Steps	Screenshots
34. If selecting <i>Create a new Individual</i>	
Eligible Professional as the	Select a Role: Individual Practitioner ▼
Create/Associate Individual option,	Role Description: Role for an Individual Eligible Professional for PQRS and PV-PQRS to approve users with the Individual Practitioner Role.
enter the following required	Within PV-PQRS can View PY2013 Registration and view QRURs Reports (drill down, dashboard). Within PQRS can submit
information for the solo practitioner:	data, view the Feedback Dashboard and Feedback reports.
• Individual Eligible Professional's	
(Solo Practitioner's) First Name	* Create/Associate Individual: O Associate to an Existing Individual Eligible Professional Create a new Individual Eligible Professional
• Individual Eligible Professional's	Individual Eligible Professional Information
(Solo Practitioner's) Last Name	* Individual Eligible Professional's First Name:
Legal Business Name     Divinity TDN	Individual Eligible Professional's Middle Name:
Medicare Billing TIN	* Individual Eligible Professional's Last Name:
<ul><li>Rendering NPI</li><li>Individual PTAN</li></ul>	* Legal Business Name:
<ul><li>Individual PTAIN</li><li>Address</li></ul>	
<ul><li>Address</li><li>City</li></ul>	*TIN:
• State	*NPI:
• Zip Code	*PTAN:
Phone Number	* Address Line 1: Address Line 2:
Reason for Request	
- Reason for Request	* City: * State:
Select Next.	* Zip Code: - Zip Code Extension:
Note: In this section, enter the solo	Country: United States
practitioner's Medicare billing TIN,	* Phone Number: Extension:
rendering NPI, and the corresponding	Fax Number:
individual PTAN (do not use the GROUP	
NPI or GROUP PTAN); and enter the	Email:
remaining required information.	Website:
Note: PTANs are alphanumeric therefore,	*Reason for Request:
enter the alpha characters. All leading	The second of th
zeros in the PTAN should be entered.	
	.::
	<u>N</u> ext <u>Cancel</u>



### Steps

- 36. (a) You have successfully applied for the Individual Practitioner role.
  - (b) After your role request is automatically approved, proceed to Step 43 to complete the Multi-Factor Authentication before you can access the 'Physician Quality and Value Programs' application using your EIDM User ID and EIDM password in order to:
  - Obtain the solo practitioner's Mid-Year and Annual QRUR, Supplemental QRUR, and PQRS Feedback Report; 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.

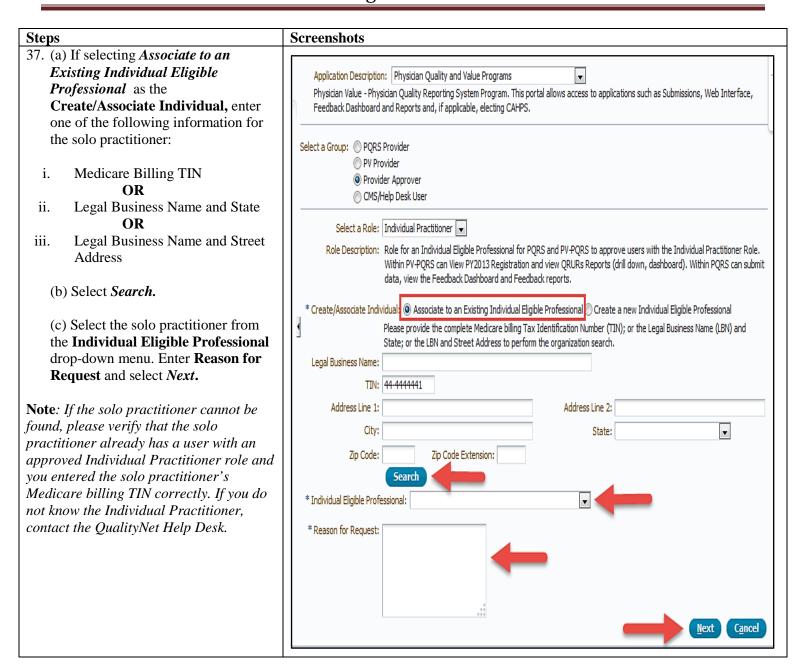
### **Screenshots**

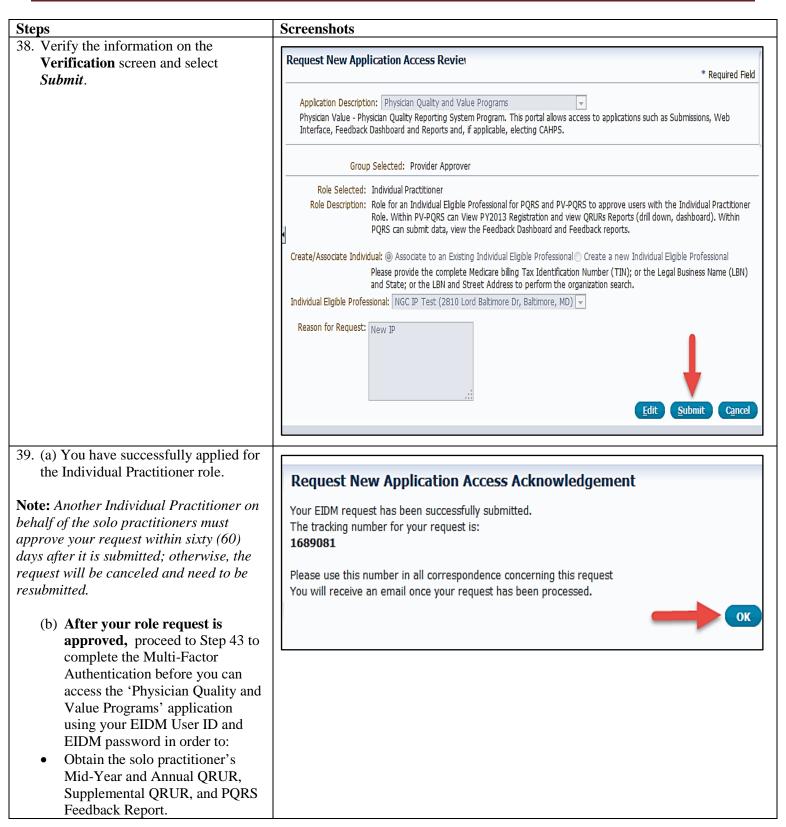
### Request New Application Access Acknowledgement

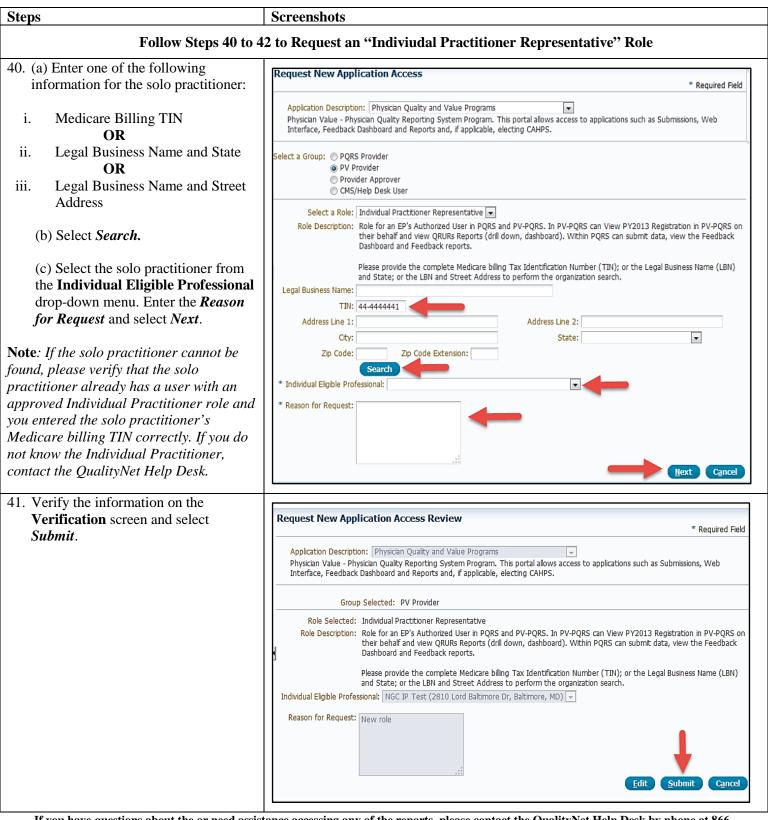
Your EIDM request has been successfully submitted. The tracking number for your request is: 1689081

Please use this number in all correspondence concerning this request. You will receive an email once your request has been processed.



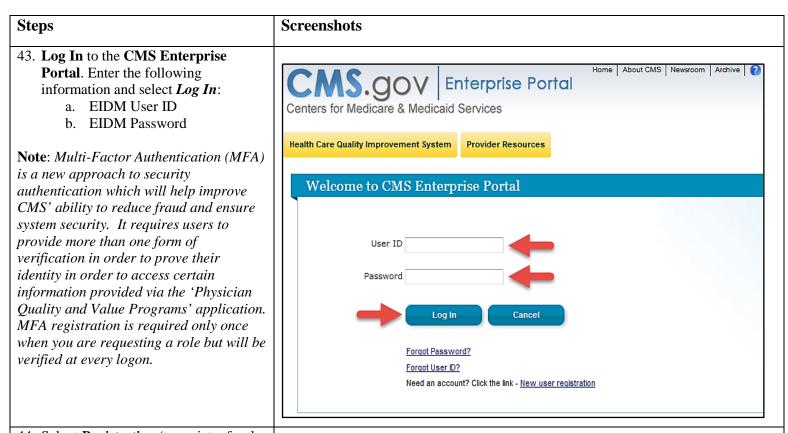






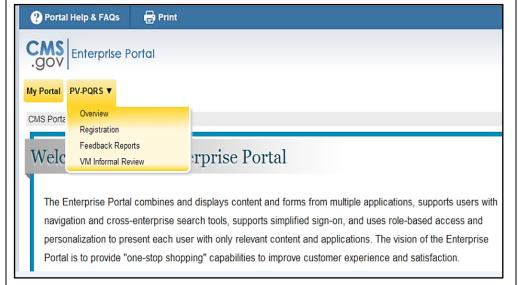
### **Steps Screenshots** 42. (a) You have successfully applied for the Individual Practitioner Request New Application Access Acknowledgement Representative role. Your EIDM request has been successfully submitted. **Note**: An Individual Practitioner on The tracking number for your request is: 1689081 behalf of the solo practitioner must approve your request within sixty (60) Please use this number in all correspondence concerning this request. days after it is submitted; otherwise, the You will receive an email once your request has been processed. request will be canceled and need to be resubmitted. (b) After your role request is approved, proceed to next step to complete the Multi-Factor Authentication before you can access the 'Physician Quality and Value Programs' application using your EIDM User ID and EIDM password in order to: Obtain the solo practitioner's Mid-Year and Annual QRUR, Supplemental QRUR, and PQRS Feedback Report.

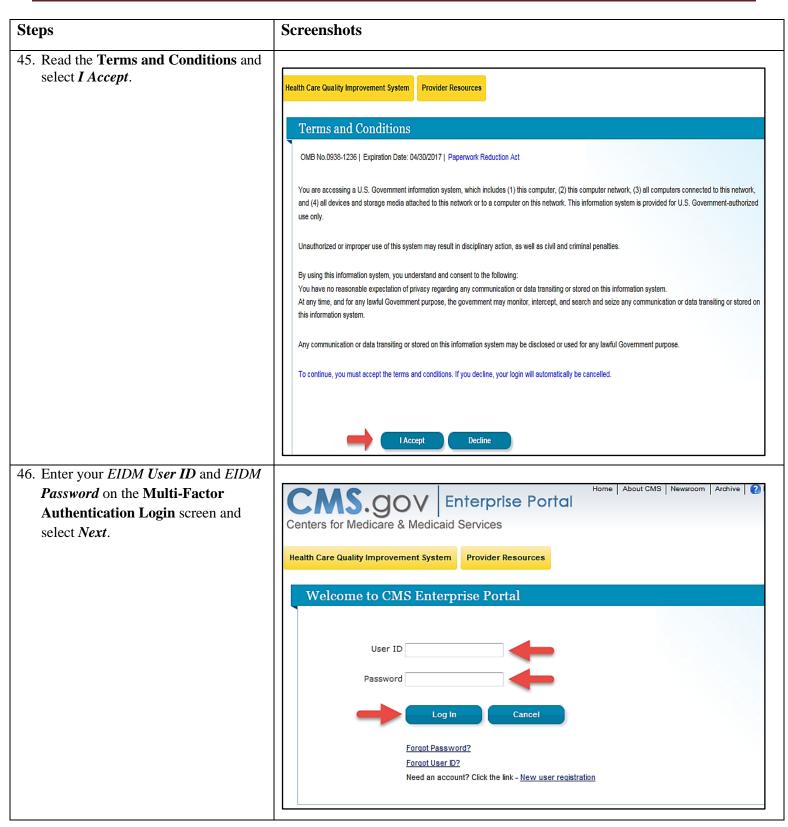
V. Completing the Multi-Factor Authentication(MFA) – Multi-Factor Authentication will need to be completed each time you log into the CMS Enterprise Portal. Additional information on how the MFA process works can be found at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html.



44. Select *Registration* (to register for the PQRS GPRO), *Feedback Reports* (to obtain a Mid-Year or Annual QRUR, Supplemental QRUR, or PQRS Feedback Report), or *VM Informal Review* (to submit an informal review request on behalf of a group practice) from the **PV-PQRS** drop-down menu.

Note: You will be re-directed to the Multi-Factor Terms and Conditions screen in order to complete the second portion of the Multi-Factor Authentication process.





#### **Steps Screenshots** 47. (a) Select the *Credential Type* for the drop-down menu and then select Send Home | About CMS | Newsroom | Archive | ? Help & FAQs | L Email | Print CMS.gov **Enterprise Portal** to receive a Security Code. **Note 1:** You previously registered to Health Care Quality Improvement System Provider Resources complete the MFA process. Please ensure that you select the same Credential Welcome to CMS Enterprise Portal **Type** you selected when registering for the MFA process in Step 20. If you select **Enter Security Code** a different Credential Type, you will receive an error message stating you did A security code is required to access this page. When you originally requested access to this application the system required you to set up a Phone, Computer, or E-mail in order to retrieve a security code for Multifactor Authentication (MFA). If you did not complete the Multi-Factor not register to complete MFA using the Authentication(MFA) registration process, please select 'My Access' from the 'CMS Portal Home' page. Then, follow the necessary steps to complete selected option and you will be unable to the role request process. If you have completed the MFA set up process but are now having issues retrieving a security code please contact your application's help desk. proceed. If you may have forgotten To retrieve a security code, please select the same credential type that you originally selected when first requesting access to the application from the Credential Type you selected, you the drop down box(SMS,IVR or OTP). When entering the security code please enter it promptly as the code will expire for security purposes may (1) retrieve the E-mail received upon If you selected the E-mail One Time Password (OTP) option when you requested access to your application, please select that same credential type successfully registering for MFA or (2) below to receive a security code via E-mail. The security code will be e-mailed to the e-mail address on your profile within 5 minutes. When entering navigate to My Profile and select Remove the security code, please enter it promptly, as the security code will expire after 30 minutes or after it is used successfully the first time. Your Phone or Computer for this Credential Type E-mail - One Time Password (OTP) information. Selecting Remove Your Phone/Tablet/PC/Laptop **Phone or Computer** will display the Security Code (VIP Text Message - Short Message service (SMS) Token) Voice Message - Interactive Voice Response(IVR) Credential Type you selected to complete the MFA process. (b) Enter the Security Code (VIP *Token*) and then select *Log In*. **Note:** You will have 30 minutes to retrieve and enter the Security Code. If you are unable to enter the code within 30 minutes, then the code will expire and you will need to request a new Security Code. 48. The Multi-Factor Authentication process is now complete. You will be redirected to your initial selection (Registration, Feedback Reports, or VM Informal Review [for group practices only]) within the PV-PQRS drop-down menu.