



Requesting an Approver Role in the Physician Quality and Value Programs Domain

To request a role in CMS' Enterprise Identity Management (EIDM) system, you must first have an EIDM account. If you do not have a user ID and password, you will have to register to create an account prior to requesting an approver role. For assistance requesting an account, please see the *Registering and Creating an EIDM User ID and Password Quick Reference Guide*. To request a role, please view the roles matrix below to determine which approver role request is needed for each taxpayer identification number (TIN) or Social Security number (SSN) and proceed to the steps to request a new Physician Quality and Value Programs domain role.

EIDM Provider Approver Roles

Security Official (For a TIN with 2+ Providers)

Role for a physician group to approve additional role requests from other users in the organization to access the Physician Quality Reporting System (PQRS) and CMS Enterprise Portal. This role is needed for registering in the CMS Enterprise Portal to become a GPRO, viewing registration data for previous program years, and viewing Quality Resource and Use Reports (QRURs) (including drill down and dashboard).

ACO Security Official (For ACO organizations)

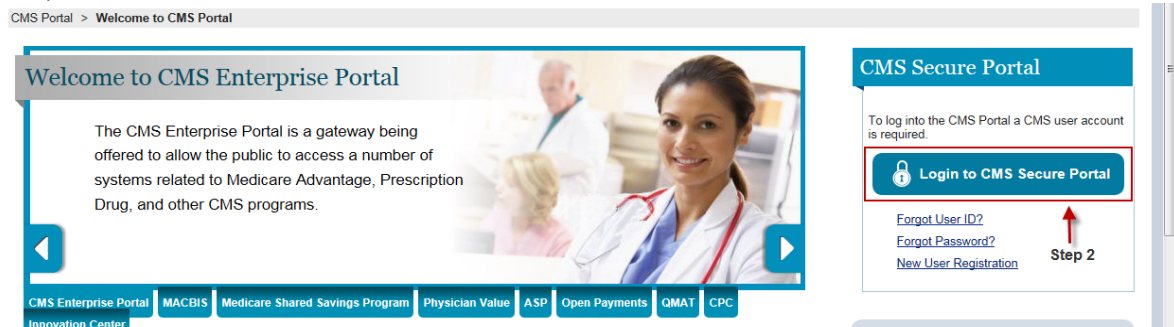
Role for an Accountable Care Organization (ACO) to approve additional role requests from other users in the ACO to access the PQRS and CMS Enterprise Portal. Needed to view QRURs (drill down, dashboard).

Individual Practitioner (For one provider paid under a TIN or SSN)

Role for an Individual Eligible Professional for PQRS and CMS Enterprise Portal to approve users with the Individual Practitioner Role or Individual Practitioner Representative Role. Within CMS Enterprise Portal you can view QRURs (drill down, dashboard); also able to view 2014 and future PQRS Feedback Reports. Within the Physician and Other Health Care Professionals Quality Reporting Portal you can submit data, view the Feedback Dashboard and historical Feedback reports.

Steps for Requesting an Approver Role

1. Navigate to <https://portal.cms.gov>. The CMS Enterprise Portal home page is displayed.
2. Once on the page, select the 'Login to CMS Secure Portal' link and enter your user ID and password.



3. Read the **Terms and Conditions**, select **'I Accept'** to continue.

Terms and Conditions

OMB No.0938-1236 | Expiration Date: 04/30/2017 | [Paperwork Reduction Act](#)

You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:

You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system.

At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.

Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

To continue, you must accept the terms and conditions. If you decline, your login will automatically be cancelled.

Step 3 → [I Accept](#) [Decline](#)

4. The **'Welcome to the CMS Enterprise Portal'** page is displayed. Select the **'Request Access Now'** link.

CMS.gov Enterprise Portal

My Portal

CMS Portal > My Portal

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.

Request Access

Use the link below to request access to Systems/Applications

[Request Access Now](#) ← **Step 4**

5. For the PQRS and the PV-PQRS Applications; scroll down to the **'Physician Quality and Value Programs'** domain and select **'Request Access.'**

Novitasphere Internet Provider Portal for Novitas Solutions, Inc. Help Desk Information 855-880-8424 tmtesting@yahoo.com <input type="button" value="Request Access"/>	OPENPAYEMENTS The Open Payments system satisfies the reporting requirement in Centers for Medicare & More... Help Desk Information 1-855-328-8366 Openpayments@cms.hhs.gov <input type="button" value="Request Access"/>	Perf-PVPQRS Physician Value - Physician Quality Reporting System Program. This portal allows access to More... Help Desk Information 866-288-8912 tmtest@yahoo.com <input type="button" value="Request Access"/>
Physician Quality and Value Programs Physician Value - Physician Quality Reporting System Program. This portal allows access to More... Step 5 Help Desk Information 866-288-8912 tmtest@yahoo.com <input type="button" value="Request Access"/>	POLICYAPP POLICYAPP Help Desk Information TBD TBD <input type="button" value="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 <input type="button" value="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 <input type="button" value="Request Access"/>	QMAT The Quality Measures Assessment Tool (QMAT) application allows users to submit clinical da More... Help Desk Information TBD TBD <input type="button" value="Request Access"/>	SHIM SHIM is the Small Business Health Options Program Marketplace that helps businesses provid More... Help Desk Information TBD TBD <input type="button" value="Request Access"/>

6. At the top of the next screen, the Physician Quality and Value Programs Domain will be auto-populated. 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

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

7. Select the appropriate 'Approver Role', either 'Security Official', 'ACO Security Official', or 'Individual Practitioner', then select 'Next'.

NOTE: The 'Security Official' role will be selected for those users that have multiple eligible professionals (2+) billing under a TIN. The 'ACO Security Official' role will be selected for those that are a part of a Medicare Shared Savings Program or Pioneer ACO organization. The 'Individual Practitioner' role will be selected for those that are a sole proprietor billing under a TIN or SSN.

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

Select a Role: Security Official

Role Description: Approver Roles to approve other users for that group for PQRS and PV-PQRS. To register in the PV-PQRS for PV data and view QRURs Reports (drill down, dashboard).
ACO Security Official
Security Official
Individual Practitioner

This role requires Identity Verification and may require multi-factor authentication credentials to be set up. If your Level of Assurance has not been met for this role, you will be asked to provide additional information to verify your identity and if applicable, register a device for multi-factor authentication. Please select 'Next' to continue

Step 7 → Next Cancel

8. Select '**Next**' to complete the '**Identity Verification**' section. The Identity Verification process will only be completed the first time a user requests a role in the Physician Quality and Value Programs domain in EIDM. If the Identity Verification has been completed, users can skip to step 17 to request additional roles.

Request New Application Access

Screen reader mode Off | Accessibility Settings

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.

- 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.
- 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.
- 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'.

Step 8 → Next Cancel

9. Read the Terms and Conditions. Select the 'I agree to the terms and conditions' checkbox and then select 'Next'. 'Next' will be enabled only after checking the 'I agree to the terms and conditions' checkbox.

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.

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.

The screenshot shows a blue banner with the text 'I agree to the terms and conditions' followed by a checkbox. A red arrow points to the checkbox. Above the checkbox, a tooltip says 'You must agree to the Terms and Conditions in order to proceed'. Below the banner, a red arrow points to the 'Next' button.

10. Enter the required information under 'Your Information' section. Select 'Next' when complete.

The screenshot shows the 'Your Information' section of a registration form. It includes fields for First Name, Middle Name, Last Name, Suffix, E-mail Address, Confirm E-mail Address, Social Security Number, Date of Birth, U.S. Home Address (with lines 1 and 2), City, State, Zip Code, Zip Code Extension, and Primary Phone Number. A red arrow points to the 'U.S. Home Address' radio button. At the bottom, a red arrow points to the 'Next' button.

11. Select an answer to each question under '**Verify Identity**'. Select '**Next**' after providing an answer to each question. '**Verify Identity**' question information is provided from Experian in association with the SSN Number provided in step 10.

Request New Application Access

Screen reader mode Off | Accessibility Settings

Your Information: Verify Your Identity

Verify Identity

You may have opened a mortgage loan in or around April 2013. 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'.

- ☒ INDEPENDENT MTG
- ☐ 1ST NATIONWIDE MTG
- ☐ CTX MORTGAGE
- ☐ ROOSEVELT SAVINGS BANK
- ☐ NONE OF THE ABOVE/DOES NOT APPLY

You may have opened an auto loan in or around November 2014. Please select the lender for this account. If you do not have such an auto loan, select 'NONE OF THE ABOVE/DOES NOT APPLY'.

- ☐ AUTOMOTIVE FINANCE
- ☐ MITSUBISHI MOTOR CREDI
- ☐ CHRYSLER CREDIT
- ☐ HSBC BANK USA
- ☐ NONE OF THE ABOVE/DOES NOT APPLY

Please select the term of your auto loan (in months) from the following choices. If your auto loan or auto lease term is not one of the choices please select 'NONE OF THE ABOVE'.

- ☐ 24
- ☐ 36
- ☐ 48
- ☐ 60
- ☐ NONE OF THE ABOVE/DOES NOT APPLY

You may have opened a (FIRST TENNESSEE BANK) credit card. Please select the year in which your account was opened.

- ☐ 2009
- ☐ 2011
- ☐ 2013
- ☐ 2015
- ☐ NONE OF THE ABOVE/DOES NOT APPLY

Which one of the following retail credit cards do you have? If there is not a matched retail credit card, please select 'NONE OF THE ABOVE'.

- ☐ JJ BUCKLEY
- ☐ TOPEKA
- ☐ BED BATH AND BEYOND
- ☐ ZULU MOON
- ☐ NONE OF THE ABOVE/DOES NOT APPLY

Step 11

Next Cancel

12. Remote Identity Proofing is now complete. Select '**Next**' to proceed to the '**Multi-Factor Authentication Registration**' process.

Request New Application Access

Screen reader mode Off | Accessibility Settings

Complete Step Up

You have successfully completed the Remote Identity Proofing process.

Step 12

Next

13. Select '**Next**' to begin registration for '**Multi-Factor Authentication Information**' 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'.

Step 13 → **Next** **Cancel**

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

Request New Application Access

Register Your Phone, Computer, or E-mail

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 more secure.

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>

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 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 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. This option requires you to provide a valid phone number. The number that you supplied will be called whenever you attempt to access secure application, and you will be provided with a security code. 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 One Time Password (OTP): The E-mail address on your profile will be used when registering for Multi-Factor Authentication (MFA) 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.

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.

Credential Type: Select the credential type that you want to use for logging into your application.

Select the credential type that you want to use for logging into your application.

Step 14 → **Credential Type**

- Select Credential type
- Select Credential type
- Phone/Tablet/PC/Laptop
- E-mail - One Time Password (OTP)
- Text Message - Short Message service (SMS)
- Voice Message - Interactive Voice Response (IVR)

15. (a) If selecting **Phone/Tablet/PC/Laptop** as Credential Type, the following required information fields will be displayed: **NOTE:** If you intend to use the VIP access software on your mobile device or computer, you must download the VIP software.

- Credential ID
- Credential Description

(b) If selecting **E-mail One Time Password (OTP)** as Credential Type, the following required information fields will be displayed:

- E-mail
- Credential Description

(c) If selecting **Text Message – Short Message Service (SMS)** as Credential Type, the following required information fields will be displayed:

- Phone Number
- Credential Description

(d) If selecting **Interactive Voice Response (IVR)** as Credential Type, the following required information fields will be displayed:

- Phone Number
- Credential Description

After providing the required information, select '**Next**'.

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

Register Your Phone, Computer, or E-mail

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 more secure.

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>

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 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 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. This option requires you to provide a valid phone number. The number that you supplied will be called whenever you attempt to access secure application, and you will be provided with a security code. 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 One Time Password (OTP): The E-mail address on your profile will be used when registering for Multi-Factor Authentication (MFA) 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.

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 credential type that you want to use to login to secure applications from the dropdown menu below.

- Credential Type :

E-mail Address :

The E-mail address on your profile cannot be changed at the time of MFA registration. You will be prompted to change your E-mail address from the 'Change My Profile' menu.

- Credential Description :

Credential Description is a nick-name that you could provide to help you identify your device. Please use alphanumeric characters and special characters such as apostrophe, dash, and period.

Step 15

16. Registration for the **Multi-Factor Authentication** is now complete. Select '**Next**' to proceed to request the role.

My Access

- Modify Business Contact Information
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Requests

- My Pending Requests

Request New Application Access

Register Your Phone, Computer, or E-mail

You have successfully registered your Phone/Computer/E-mail to your user profile. Please select 'Next' to continue with your role request.

Next ← **Step 16**

17. Refer to step **17A** for information on requesting a '**Security Official**' role, **17B** for information on requesting an '**ACO Security Official**', and **17C** for information on requesting an '**Individual Practitioner**' role.

A. Security Official (SO)

- Select either '**Create an Organization**' (screen shot '**Create New Organization**') or '**Associate to an Existing Organization**' (screen shot '**Associate to Existing Organization**').
- Complete the required information for '**Create an Organization**' or enter the search criteria and select the appropriate organization for '**Associate to an Existing Organization**'. Once the form has been completed, including entering a '**Reason for Request**', select '**Next**'.

NOTE: The first user registering on behalf of the organization will select '**Create an Organization**'; other users registering with an existing EIDM organization will select '**Associate to an Existing Organization**'.

My Access

Modify Business Contact Information

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Request New Application Access

Create New Organization * 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

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:

Step 17A; For the 1st SO creating the organization in EIDM, select Create an Organization and complete the remaining required fields. Select 'Next' to continue.

Next

Cancel

NOTE: When creating a new organization, you have 3 attempts to enter 2 valid individual National Provider Identifier/Provider Transaction Account Number (NPI/PTAN) combinations. If the information is a confirmed match, the request will be auto approved. If you exceed these attempts, your request will be sent on for manual approval. If further assistance is needed, contact the QualityNet Help Desk.

Request New Application Access **Associate to Existing Organization** * 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

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:
 Address Line 1:
 City:
 Zip Code: Zip Code Extension:
 Address Line 2:
 State:

Search

* Reason for Request:

Step 17A; For additional SO requests, select Associate to an Existing Organization. Enter specific search criteria and select correct existing organization. Select 'Next' to continue.

Next **Cancel**

NOTE: Make sure that the search criteria entered is accurate. If the organization is unable to be found, contact the QualityNet Help Desk for assistance.

NOTE: When associating to an existing organization, the request will be sent to the Security Official for approval.

B. ACO Security Official (ASO)

- Select either 'Create an Organization' (screen shot 'Create New ACO Organization') or 'Associate to an Existing Organization' (screen shot 'Associate to Existing ACO Organization').
- Complete the required information for 'Create an Organization' or enter the search criteria and select the appropriate organization for 'Associate to an Existing Organization'. Once the form has been completed, including entering a 'Reason for Request', select 'Next'.

NOTE: Make sure that the Primary TIN and the CMS ACO ID are used for the ACO organization.

NOTE: The first user registering on behalf of the organization will select 'Create an ACO Organization'; other users registering with an existing EIDM organization will select 'Associate to an Existing ACO Organization'.

My Access

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Create New ACO Organization

* 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

Select a Role:

ACO 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

* Primary TIN:

Shared Savings Program and Pioneer: ACO's Primary Tax Identification Number (TIN)

* ACO ID:

ACO ID issued by CMS

* Legal Business Name:

* Program Type:

Shared Savings Program or Pioneer

* ACO Participant ID 1:

Shared Savings Program and Pioneer: ACO's Participant Tax Identification Number (TIN)

* ACO Participant ID 2:

Shared Savings Program and Pioneer: ACO's Participant Tax Identification Number (TIN)

ACO Participant ID 3:

Shared Savings Program and Pioneer: ACO's Participant Tax Identification Number (TIN)

* 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:

Step 17B; For the 1st SO creating the ACO organization in EIDM, select Create an Organization and complete the remaining required fields. Select 'Next' to continue.

Next

Cancel

NOTE: When creating a new organization, you have 3 attempts to enter 2 valid participant TINs. If the information is a confirmed match, the request will be auto approved. If you exceed these attempts, your request will be sent on for manual approval. If further assistance is needed, contact the QualityNet Help Desk.

Request New Application Access **Associate to Existing ACO Organization** * Required Field

Application Description:

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

Select a Role:

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:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Zip Code Extension:

* Reason for Request:

Step 17B; For additional ACO SO requests, select Associate to an Existing Organization. Enter specific search criteria and select correct existing organization. Select 'Next' to continue.

NOTE: Make sure that the search criteria entered is accurate. If the organization is unable to be found, contact the QualityNet Help Desk for assistance.

NOTE: When associating to an existing organization, the request will be sent to the ACO Security Official for approval.

C. Individual Practitioner (IP)

- Select either **'Create a New Individual Eligible Professional'** (screen shot 'Create New IP') or **'Associate to an Existing Individual Eligible Professional'** (screen shot 'Associate to Existing IP').
- Complete the required information for **'Create a New Individual Eligible Professional'** or enter the search criteria and select the appropriate Individual Practitioner for **'Associate to an Existing Individual Eligible Professional'**. Once the form has been completed, including entering a **'Reason for Request'**, select **'Next'**.

NOTE: The first user registering on behalf of the Individual Practitioner will select **'Create a New Individual Eligible Professional'**; other users registering with an existing EIDM Individual Practitioner will select **'Associate to an Existing Individual Eligible Professional'**.

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Create New Individual Practitioner * 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

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:

Step 17C; For the 1st approver creating the Individual Professional in EIDM, select Create an Individual Eligible Professional and complete the remaining required fields. Select 'Next' to continue.

Next

Cancel

NOTE: When creating an Individual Practitioner, you have 3 attempts to enter the valid individual NPI/PTAN combination. If the information is a confirmed match, the request will be auto approved. If you exceed these attempts, your request will be sent on for manual approval. If further assistance is needed, contact the QualityNet Help Desk.

My Access

Modify Business Contact Information

View and Manage My Access

Request New Application Access

Requests

My Pending Requests

Request New Application Access

Associate to Existing Individual Practitioner* 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

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

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:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Zip Code Extension:

Search

* Reason for Request:

Step 17C; For additional IP requests, select Associate to an Existing Individual Eligible Professional. Enter specific search criteria and select correct existing Individual Professional.

Next

Cancel

NOTE: Make sure that the search criteria entered is accurate. If the organization is unable to be found, contact the QualityNet Help Desk for assistance.

NOTE: When associating to an existing Individual Practitioner, the request will be sent to the Individual Practitioner for approval.

18. Review the entire request to confirm all of the data was entered accurately. If the information is accurate, select **'Submit'**. If a change needs to be made, select **'Edit'** and make the appropriate changes.

NOTE: Personal information was removed from this screen shot, but the user will see all required information entered.

Request New Application Access Review * Required Field

Application Description:
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

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:
City:
Zip Code:
Country:
Phone Number:
Fax Number:
Email:
Website:
Reason for Request:

Address Line 2:
State:
Zip Code Extension:
Extension:

Step 18

19. A tracking number will be displayed on screen, select **'ok'**. The tracking number is also sent via email to the requestor. This tracking number should be retained until the requested role has been applied to the account.

Request New Application Access Acknowledgement

Your EIDM request has been successfully submitted.
The tracking number for your request is:
1689063

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

Step 19

NOTES:

- Please be sure to create the new Organization or Individual Practitioner using the provider's(s') Individual NPI and PTAN combination(s). If you need to verify this information, contact your Medicare Part B Contractor.
- The approver(s) will receive an email notifying them of the request for approval.
- The approver will need to log into the CMS Enterprise Portal to approve or reject the request.

The notification of approval, denial, or other requests will be sent to the role requestor's email address on file for the request.

If you have questions or need further assistance, please contact the QualityNet Help Desk by phone at 866-288-8912, TTY 877-715-6222 or by email at gnetsupport@hcqis.org. Normal business hours are Monday-Friday from 7am to 7pm Central Time.