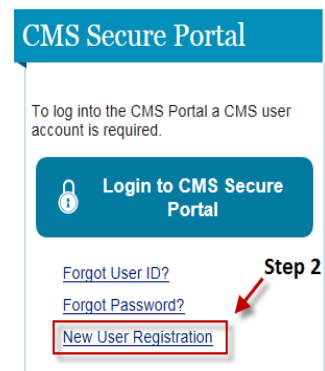




## Registering and Creating a CMS Enterprise Identity Management (EIDM) User ID and Password

If you have an existing Individuals Authorized Access to the CMS Computer Services (IACS) user ID and password that was used to access Physician Quality Reporting System (PQRS) or Physician Value-Physician Quality Reporting Systems (PV-PQRS) systems, you do not have to register again for a user ID and password in most cases. Continue to use your IACS user ID and password when you log in.

1. Navigate to <https://portal.cms.gov>. The CMS Enterprise Portal page is displayed.
2. Select the **'New User Registration'** link.



3. Read the **Terms and Conditions**, select **'I agree to the terms and conditions'**, and then select **'Next'** to continue with the registration process.

## Terms and Conditions

OMB No. 0938-1236 | Expiration Date: 04/30/2017 | [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 1986 and Title 18 U.S.C. Sec.1001 and 1030. We encourage you to read the [HHS Rules of Behavior](#) for more details.

### 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.

### Collection Of Personal Identifiable Information (PII)

"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 data to uniquely identify the user registering with the system. 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.

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.

**Step 3**

I agree to the terms and conditions



4. The **'Your information'** page is displayed. Provide the information requested on the **'Your Information'** page. The fields with an asterisk (\*) are required fields and have to be completed. After all required information has been provided, select **'Next'** to continue.

## Your Information

Enter your legal first name and last name, as it may be required for Identity Verification.

- First Name:

Middle Name:

- Last Name:

Suffix:

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

**NOTE:** You may select 'Cancel' at any time to exit out of the user ID registration process. All information provided, and any changes made, will not be saved.

After providing the required information on the 'Your Information' page, the 'Choose User ID and Password' page is displayed.

5. **Create and enter a user ID** of your choice and based on the requirements for creating a user ID.
6. **Create and enter a password** of your choice. Enter the same password for 'Confirm Password'. The passwords must match before you can continue.

**NOTE:** Please follow the following rules for setting up a user ID and password:

- **USER ID:** Your user ID must: Be a minimum of 6 and a maximum of 72 alphanumeric characters – Contain at least 1 letter – Cannot contain your Social Security Number (SSN) or any 9 consecutive numbers – Allowed special characters are dashes (-), underscores (\_), apostrophes ('), @ and periods (.), followed by alphanumeric characters.
- **Password:** Your password must be a minimum of 8 and a maximum of 20 characters long. It must contain at least 1 letter, 1 number, 1 uppercase letter, and 1 lowercase letter. It cannot contain your user ID.

7. In the 'Select your Challenge Questions and Answers' section, select a question of your choice and enter the answer you want to be saved with the question. Repeat for questions 2 and 3.

**Choose User ID And Password**

\* User ID: esmith1 ← **Step 5**

\* Password: ..... ← **Step 6**

\* Confirm Password: ..... ← **Step 6**

**Select your Challenge Questions and Answers:** ← **Step 7**

Your challenge questions and answers will be required for password and account management functions.

* Question:1 What is your favorite radio station?	= Answer:1 ktes
* Question:2 What was your favorite toy when you were a child?	= Answer:2 ball
* Question:3 What is your favorite cuisine?	= Answer:3 pizza

Cancel      Next ← **Step 8**

**NOTE:** You may select 'Cancel' at any time to exit out of the user ID registration process. All information provided, and any changes made, will not be saved.

8. Select 'Next' to complete the registration process. After selecting 'Next', the **Registration Complete** page is displayed and informs you that you will receive an email acknowledging your successful registration and will include your user ID.
9. Select 'OK' to close the **Registration Complete** page.

This completes the registration requirements to access the CMS Enterprise Portal. Additional steps are required to add the appropriate roles to the account to access program specific information. Please see the *Requesting a Provider Role or Requesting an Approver Role in the Physician Quality and Value Programs Domain Quick Reference Guides* for requesting the appropriate role.

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](mailto:gnetsupport@hcqis.org). Normal business hours are Monday-Friday from 7am to 7pm Central Time.