

# Office of Hearings Case and Document Management System ("OH CDMS")

# **External Registration and User Access Manual**

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### 1. Introduction

This user manual provides step-by-step instructions for new external users requesting access to the Office of Hearings Case and Document Management System ("OH CDMS") application through the Centers of Medicare & Medicaid Services ("CMS") Salesforce Enterprise Integration ("SEI") Portal.

## 1.1 Office of Hearings Case and Document Management System

The Office of Hearings Case and Document Management System ("OH CDMS") is a web-based portal for parties to enter and maintain their cases and to correspond with the Office of Hearings ("OH"). OH supports four distinct administrative hearing functions:

- The **Provider Reimbursement Review Board** ("PRRB"): provider appeals of cost report audits and other final determinations pursuant to 42 C.F.R. § 405, Subpart R;
- The **Medicare Geographic Classification Review Board** ("MGCRB"): hospital applications to request geographic redesignation to an alternative payment area pursuant to 42 C.F.R. § 412, Subpart L;
- The Medicare Advantage ("MA") Risk Adjustment Data Validation ("RADV"): MA organization appeals of a reconsideration official's decision regarding an MA organization's medical record review determination and/or RADV payment error calculation pursuant to 42 C.F.R. § 422.311; and
- The **Hearing Officer**: diverse range of matters brought by healthcare institutions, insurance issuers, state Medicaid agencies, organ procurement organizations, and other entities pursuant to various statutory and regulatory authorities for which OH serves as Reviewing Official, Reconsideration Official, or Presiding Officer.

Access to the various modules is granted as needed based on role. Access to specific cases is limited to the parties of each case and their representatives.

## 1.2 CMS Salesforce Enterprise Integration Portal

The CMS Salesforce Enterprise Integration ("SEI") Portal (<u>https://sei.cms.gov</u>) is a single point of entry to numerous CMS applications on the Salesforce platform. The portal supports users' role-based access and personalization to present each user with only relevant content and applications (e.g., OH CDMS). Registration is a multi-step process to obtain secure access to both the portal itself and to the specific application.

## 1.3 CMS Identity Management System

CMS created the Identity Management ("IDM") System to provide Business Partners with a means to request and obtain a single User ID which they can use to access one or more CMS applications, including the Salesforce applications available through the SEI Portal. The IDM System uses a cloud-based distributed architecture that supports the needs of both legacy and new applications while providing an improved user experience on desktop and laptop computers as well as tablet and smartphone mobile devices.

CMS IDM governs access to CMS systems by managing the creation of user IDs and passwords, multi-factor authentication ("MFA"), and the assignment of roles within CMS applications. CMS IDM also supports end users to manage their profile and perform self-service functions such as recovering a forgotten user ID, resetting a forgotten or expired password, and unlocking an account.

## 1.4 Cautions & Warnings

### 1.4.1 Use of CMS IDM Accounts Are Reserved for Account Owner

The use of CMS IDM accounts are reserved for the account owner, meaning each individual user must create and use their own account within CMS IDM. Once created, these credentials serve as your electronic signature within the Agency. You will be held responsible for the consequences of unauthorized or illegal transactions.

Users that breach CMS IDM's Terms & Conditions may have their account suspended and/or realize adverse action up to and including legal prosecution. Examples of user agreement violations include users sharing their account with another individual or using screen scraping software. In such cases, the application's Tier 1 Help Desk, the individual responsible for approving the user's application role, or the CMS appointed Business Owner of the application will request that the user's account be suspended. Please note that users, through no fault of their own, may also be suspended if their identity has been stolen and their account is at risk of being accessed fraudulently.

Regardless of culpability, once an account has been suspended the user will lose access to CMS IDM, as well as all CMS applications that are accessed through CMS IDM. Only CMS IDM Tier 2 personnel can unsuspend an account. Users will be unsuspended once the reason for suspension has been fully mitigated.

### 1.4.2 CMS SEI Portal Differs from CMS IDM Portal

The CMS SEI Portal (<u>https://sei.cms.gov</u>) is specific to CMS Salesforce applications. The CMS IDM Portal (<u>https://idm.cms.gov</u>) is used to access other non-Salesforce applications, such as DSH or PS&R. Note that both portals require the establishment of a shared CMS IDM account (see <u>Section 4</u>). Also, the two Portal Sign In pages are very similar in their user interface; however, OH CDMS may only be accessed by logging in through the CMS SEI Portal.

### 1.4.3 Account Identity Verification

CMS uses <u>Experian</u> as the external authentication service provider for the identity verification process. Experian uses information from your credit report solely to help confirm your identity to avoid fraudulent access or transactions in your name. 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 do not incur any charges related to them. You may need access to your personal and credit report information as the Experian application will pose questions to you based on historical data in Experian's files. For additional information, please see the Experian Consumer Assistance website at <a href="http://www.experian.com/help">http://www.experian.com/help</a>.

### 1.4.4 Multi-Factor Authentication

Multi-Factor Authentication ("MFA") is a security mechanism that is implemented to provide an extra layer of security, through the use of a unique security code, in addition to the entry of a User ID and Password. Since OH CDMS is an MFA-protected application, the CMS IDM system requires registration of a phone or computer to obtain the necessary security code.

Multi-factor authentication defaults to the Email option upon initial set up. At each login, users will be prompted to obtain a current security code via email. The security code for the email option expires in 30 minutes. If you are unable to enter the code within the allotted period, you must request a new code.

Upon logging in to the CMS SEI Portal successfully, users will be able to add any of the other MFA options through a profile update within the IDM Self Service menu (see <u>Section 9.1</u>). Note that the email option cannot be removed, and it is the only option that will always remain on the profile. However, it is recommended that users select an additional MFA option in case email is experiencing a temporary delay.

### 1.4.5 Session Timeout

Session timeout occurs if a user does not perform any action within the CMS SEI Portal or OH CDMS for 30 minutes. A session pop-up message is displayed shortly before expiration allowing the user to stay logged in. If no activity by the end of the 30-minute timeframe, the session will automatically be terminated.

### 1.4.6 Password Timeframes

Your password must be changed at least every 60 days to remain an active user within the CMS SEI Portal and its associated systems and applications. Passwords can be changed only once every 24 hours.

### 1.4.7 Annual Certification

CMS security guidelines require an annual certification of a user's role. Annual Certification is typically performed in the same manner as the original role approval process used by Business Owners, their representatives, authorizers, Help Desks, or other approvers. If the continued use of a role is not approved, then the role will be removed from your profile.

## 1.5 Accessibility Standards

CMS is committed to making its electronic and information technologies accessible to people with disabilities. We strive to meet or exceed the requirements of Section 508 of the Rehabilitation Act (29 U.S.C. § 794d), as amended in 1998.

If any content or use of any features in the CMS SEI Portal cannot be accessed due to a disability, please contact our Section 508 Team via email at <u>508Feedback@cms.hhs.gov</u>.

For more information on CMS Accessibility and Compliance with Section 508, see the <u>CMS</u> <u>Accessibility & Nondiscrimination for Individuals with Disabilities Notice</u>.

### 2. Getting Started

### 2.1 Computer Set-Up Considerations

CMS screens are designed to be viewed at a minimum screen resolution of 1024 x 768. For optimal performance, screen resolution should be set to 1920 x 1080. The following additional considerations optimize access to CMS SEI Portal:

- Disable pop-up blockers prior to accessing CMS SEI Portal.
- Use one of the following browsers with JavaScript enabled:
  - Chrome (recommended for optimal performance);
  - $\circ$  Firefox; or
  - o Safari.

### 2.2 User Access Considerations

Six distinct steps are required to obtain access to OH CDMS:

1.	Access the CMS SEI Portal Sign In page via <u>https://sei.cms.gov</u> .	Section 3
2.	Register for secure CMS IDM account.	Section 4
3.	Request access to Salesforce.	Section 5
4.	Access the Salesforce App Store.	Section 6
5.	Request OH CDMS community user role.	Section 7
6.	Launch OH CDMS.	Section 8

## 3. Access CMS SEI Portal Sign In Page

Navigate to the CMS SEI Portal at <u>https://sei.cms.gov</u>. The CMS SEI Portal Sign In page is displayed.

CN	<b>\S.</b> GOV Identity Management
Sign	In
User ID	
Passwo	ord
Agree	e to our <u>Terms &amp; Conditions</u>
	Sign In
	OR
	CMS PIV Card Only
<b>PIV Use</b> must fi passwo	ers: To activate the PIV functionality, you rst sign in using your EUA ID and ord during your initial login.
	OR

Figure 1: CMS SEI Portal Sign In Page

## 4. Register for Secure CMS IDM Account

If you have an existing CMS IDM account from another application, go to <u>Section 5: Request</u> <u>Access to Salesforce Application</u>.

1. To establish a new CMS IDM account, select the **New User Registration** button.

CMS.GOV Identity Management
Sign In
User ID
Password
Agree to our <u>Terms &amp; Conditions</u>
Sign In
OR
CMS PIV Card Only
<b>PIV Users:</b> To activate the PIV functionality, you must first sign in using your EUA ID and password during your initial login.
OR
New User Registration

Figure 2: CMS SEI Portal Sign In Page – New User Registration Button

2. After clicking on the **New User Registration** button, you will see a status bar that indicates the three stages of information gathering: Personal, Contact, and Credentials. You must complete each section to fully establish your new user account.

	1	2	3
	Personal	Contact	Credentials
Personal 2.			

Figure 3: CMS IDM Account – Information Status Bar

**Note**: You may select **Cancel** at any time to exit out of the registration process. If you cancel, then any changes entered will not be saved.

### 4.1 Personal Information

- 1. Provide the personal information requested on the page. All fields are required and must be completed unless marked "Optional."
  - First Name
  - Middle Name (Optional)
  - o Last Name
  - Suffix (Optional)
  - Date of Birth
  - Email Address
  - Confirm Email

**Note:** The Email Address and Confirm Email Address must match. Also, ensure that the email address is valid because the CMS IDM System uses email to communicate with users for many reasons including sign in, security, and self-service.

- Select the View Terms & Conditions button. Read the page regarding Privacy, HHS Rules of Behavior, and Identity Verification. Select the Close Terms & Conditions button to return to the Personal information page.
- 3. Click the checkbox to acknowledge agreement with the terms and conditions, then select the **Next** button to continue.

Enter your legal first name using	1 to 20 alphabetic characters. You may use hyphens (-), spaces ( ) and apostrophes (') as needed.
Middle Name (Optional)	
Last Name	
Suffix (Optional)	
	· · · · · · · · · · · · · · · · · · ·
- Date Of Birth	
MM/DD/YYYY	
E-mail Address	
Confirm E-mail Address	
View Terme & Conditione	
I agree to the terms an	nd conditions

Figure 4: Sample Personal Information

#### Terms and Conditions

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

#### **Protecting Your Privacy**

#### CMS Privacy Act Statement

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.

#### **HHS Rules of Behavior**

#### HHS Rules of Behavior

We encourage you to read the HHS Rules of Behavior, 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 for Privileged User Accounts (addendum to the HHS Rules of Behavior (HHS RoB), document number HHS-OCIO-2013-0003S and dated July 24, 2013), and understand and agree to comply with its provisions. I understand that violations of the HHS Rules of Behavior for Privileged User Accounts or information security policies and standards may lead to disciplinary action and that these actions may include termination of employment; removal or disbarment from work on federal contracts or projects; revocation of access to federal information, information systems, and/or facilities; criminal penalties; and/or imprisonment. I understand that exceptions to the HHS Rules of Behavior for Privileged User Accounts must be authorized in advance in writing by the OpDiv Chief Information Officer or his/her designee. I also understand that violation of certain laws, such as the Privacy Act of 1974, copyright law, and 18 USC 2071, which the HHS Rules of Behavior for Privileged User Accounts 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 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.

**Close Terms & Conditions** 

#### Figure 5: CMS IDM Terms and Conditions

## 4.2 Contact Information

- 1. Provide the personal contact information requested on the page. All fields are required and must be completed unless marked "Optional." Note that business contact information will be requested at a later step.
- 2. Select whether US Address or Foreign Address. US Addresses include those in the 50 U.S. states, the District of Columbia, and U.S. territories.
- 3. Enter Home Address, City, State, Zip Code, and Phone Number
- 4. Select the **Next** button to continue.

US Address	O Foreign Address
- Home Address Line 1	
Enter your current or most recent home add (_) and spaces ( ) as needed.	Iress using 1 to 60 alphanumeric characters. You may use hyphens (-), periods (.), underscore
- Home Address Line 2 (Optional)	
City	
State	
Zip Code	
00000	
– Zip Code Extension (Optional)	
0000	
- Phone Number	
000-000-0000	
Canada Back	

Figure 6: Sample Contact Information

### 4.3 Credentials Information

- 1. Provide the credentials information requested on the page. All fields are required and must be completed unless marked "Optional."
- 2. Enter the desired User ID.
- 3. Enter the desired Password and Confirm Password. The Password and Confirm Password must match.

### CMS Password Guidelines:

- Passwords must be at least 15 characters in length.
- Passwords must include an uppercase letter.
- Passwords must include a lowercase letter.
- Passwords must include a number (0 9).
- Special characters are optional.
- Passwords must not be one of the user's last 6 passwords.
- Passwords must not contain parts of the user's First Name, Last Name, or User ID.
- 24 hours must have elapsed since the last password change.
- 4. Select a Security Question from the list.
- 5. Type the security question answer into the Answer dialog box.
- 6. Select the **Submit** button to continue.

* Optional fields are labeled as (Optional).	
User ID HollySpec1	
New Password	Ø
Password must be at least 8 characters long.	
Confirm Password	
•••••	Ο
Security Questions What was the mascot of the first sports team you played on?	× •
Answer rams Enter the answer to the question you selected using a minimum of 4 characters.	
Cancel Back	Submit

#### Figure 7: Sample Credentials Information

## 4.4 Registration Confirmation

1. Upon submission, the system will display a confirmation message that indicates the account was successfully created. Select the **Return** button to continue.

Your Registration Request has completed successfully. Please click the below link to return to your application.

Return

### Figure 8: Registration Confirmation Message

2. The screen refreshes and you are immediately logged in.

### 5. Request Access to Salesforce Application

- 1. Sign in using the newly established credentials. Enter your valid User ID and Password and check the box to Agree to our Terms & Conditions. Select the **Sign In** button.
- 2. You will be requested to verify your email with a one-time verification code. Select the **Send me an email** button.

CMS.gov Identity Management
Verify with your email
Send a verification email to e***s@cms.hhs.gov by clicking on "Send me an email".
Send me an email
Back to sign in

Figure 9: One-Time Email Verification Page

3. Open the email received.



Figure 10: Sample Verification Code Email

4. Enter the 6-digit code from the email into the **Verification code** box and select the **Verify** button.

Verif	y with Email Authentication
A verifi Check	cation code was sent to es@cms.hhs.gov. /our email and enter the code below.
۵	Haven't received an email? Send again
Verific	ation code
4702	16
Do mir	not challenge me on this device for the next 30 nutes
	Verify

Figure 11: Verification Code Entry

- 5. The self-service page will be displayed with four tiles.
  - My Profile
  - Role Request
  - Manage My Roles
  - o My Requests

6. Select the Role Request tile.



Figure 12: CMS IDM Self Service Landing Page

#### 5.1 **Application Selection – Salesforce**

1. The Role Request page contains a drop-down list with a variety of CMS applications. There are two methods to select an application from the list.

	a.	By filtering:	Begin entering	"Sa" in the S	elect an Applic	ation box.
Role	Requ	est				0
					* Optional	l fields are labeled as (Optional)
		2		2		3
	Applic	cation		Role		Review
Select Sa	t an App	lication				X •
Sale	sforce					

Figure 13: Select Application by Filtering

Sample Application

b. By using the scoll bar: Scroll down through the list until you see **Salesforce**.

Role Request		::
		* Optional fields are labeled as (Optional).
0	2	3
Application	Role	Review
Select an Application ————————————————————————————————————		•
PS&R/STAR		^
Salesforce		) -
Sample Application		
Section 1115 PMDA		
SEED		
SERTS (State Exchange Resource Tracking System)		
SERVIS (State Exchange Resource Virtual Information System)		
SPOT-First Coast Service Options Internet Portal (FCSO)		~

Figure 14: Select Application by Using Scroll Bar

2. Select **Salesforce** from the list.

## 5.2 Role Selection – Salesforce User

1. Select the **Salesforce user** role as displayed below. The other roles are for internal users to perform administrative and help desk functions.

ole Request		8
	* Option	al fields are labeled as (Optional).
	0	3
Application	Role	Review
Selected Application		
Salesforce		
View Helpdesk Details	inizations, and General Public etc.	
View Helpdesk Details	inizations, and General Public etc.	
View Helpdesk Details	inizations, and General Public etc.	
View Helpdesk Details Select a Role End User	inizations, and General Public etc.	<u>^</u>
View Helpdesk Details Select a Role End User Salesforce user	inizations, and General Public etc.	
View Helpdesk Details Select a Role End User Help Desk	inizations, and General Public etc.	<b>^</b>
View Helpdesk Details Select a Role End User Help Desk Salesforce Help Desk Admin	inizations, and General Public etc.	▲
View Helpdesk Details Select a Role End User Help Desk Salesforce Help Desk Admin Salesforce Help Desk User	inizations, and General Public etc.	

Figure 15: Select Role – Salesforce User

## 5.3 Remote Identity Proofing

- 1. Review the **Remote Identity Proofing** ("RIDP") background information. This process is used to verify user's identity and is done by asking relevant questions based on your personal and financial history. CMS uses <u>Experian</u> as the external authentication service provider
- 2. Select the **View Terms & Conditions** link to open the Terms & Conditions page. After reading, select the **Back** button to return to the RIDP page.
- 3. Select the **I agree to the Terms & Conditions** checkbox and select the **Next** button to continue.

			* Optional fiel	ds are labeled as (Optiona
0	Ø	0	4	5
Application	Role	RIDP	BCI	Review
Remote Identity P	roofing			
Identity Verification To protect your privacy, you are a few items to keep in r	ı will need to complete Iden nind.	tity Verification successfully, b	efore requesting access to t	the selected role. Below
Ensure that you have enter will only collect personal in	ed your legal name, current formation to verify your ide	home address, primary phone ntity with Experian, an external	number, date of birth and E- Identity Verification provide	mail address correctly. We
Identity Verification involve entry called a "soft inquiry" related to them.	es Experian using informatio on your Experian credit repo	on from your credit report to he ort. Soft inquiries do not affect	lp confirm your identity. As a your credit score and you d	a result, you may see an o not incur any charges
You may need to have acco on data in their files. For ac	ess to your personal and cre dditional information, please	dit report information, as the E see the Experian Consumer A	xperian application will pos ssistance website. <u>http://w</u>	e questions to you, based ww.experian.com/help
View Terms & Condi	tions			

### Figure 16: Remote Identity Proofing Page

Role Request				8
			* Option	al fields are labeled as (Optional).
•	0	0	0	
Application	Role	RIDP	BCI	Review
Remote Identity Proofin	g			
Terms and Conditions OMB No. 0938-1236   Expiration Dat	e: 04/30/2017 (OMB Re-Certific	ation Pending)   <u>Paperwork Reduction</u>	Act	
Protecting Your Privacy				CMS Privacy Act Statement
Protecting your Privacy is a top prior Statement which describes how we	ity at CMS. We are committed to use the information you provide	o ensuring the security and confidentia	lity of the user registering to EIDM. Ple	ease read the CMS Privacy Act
Personal information is described a very aware of the privacy concerns a disclosed to Experian, an external au the purposes of verifying your identi to later identify you in case you forg	s data that is unique to an indivi rround PII data. In fact, we share uthentication service provider, to ty. Experian verifies the informa et or misplace your User ID /Pas	dual, such as a name, address, telepho your concerns. We will only collect pe help us verify your identity. If collecter tion you give us against their records. V ssword.	ne number, Social Security Number, an rsonal information to verify your identi d, we will validate your Social Security We may also use your answers to the c	nd date of birth (DOB). CMS is ity. Your information will be Number with Experian only for shallenge questions and other PII
HHS Rules of Behavior				HHS Rules of Behavior
We encourage you to read the HHS I employees, contractors, and other s	Rules of Behavior, which provide ystem users.	s the appropriate use of all HHS inform	nation technology resources for Depar	tment users, including Federal
I have read the HHS Rules of Behavi July 24, 2013), and understand and security policies and standards may contracts or projects; revocation of the HHS Rules of Behavior for Privile that violation of certain laws, such a result in monetary fines and/or crim	or for Privileged User Accounts agree to comply with its provisic lead to disciplinary action and t access to federal information, in eged User Accounts must be aut s the Privacy Act of 1974, copyr inal charges that may result in in	(addendum to the HHS Rules of Behav ons. I understand that violations of the that these actions may include termina iformation systems, and/or facilities; or thorized in advance in writing by the Op ight law, and 18 USC 2071, which the H mprisonment.	ior (HHS RoB), document number HHS HHS Rules of Behavior for Privileged L tion of employment; removal or disbar riminal penalties; and/or imprisonmen Div Chief Information Officer or his/he HHS Rules of Behavior for Privileged Us	-OCIO-2013-0003S and dated Jser Accounts or information ment from work on federal L. I understand that exceptions to er designee. I also understand ser Accounts draw upon, can
Identity Verification I understand that the identity proofir understand that any special procedu solely to confirm the applicant's iden	ng services being requested are ires established by CMS for ider ntity to avoid fraudulent transact	regulated by the Fair Credit Reporting / ntity proofing using Experian have been tions in the applicant's name.	Act and that my explicit consent is required and the services requested by CM	uired to use these services. I VS to Experian will be used
				Back

### Figure 17: RIDP Terms and Conditions

- 4. The **Role Request** form is displayed. The user's previously entered personal and contact information is populated for confirmation.
- 5. Complete all remaining fields unless marked as optional, including Social Security Number and Confirm Email Address.
- 6. After all required information has been completed, select the **Next** button to continue.

Role Request				
0	ø	0	0	0
Application	Role	RIDP	BCI	Review
Remote Identity Pr	roofing			
We collect your Pll (Person	al identifiable information	) for identity verification only. Pi	ease ensure the information ;	you enter is accurate.
			All fields are required, a	ccept those marked as "Optional"
- Legal First Name		- Legal Leat N	ioma	
- Middle Name (Optional)		Suffix (Optic	(nel)	•
MM/DD/YYYY		- Social Security 000-00-0	Number 200	<u>છ</u>
— Personal Ermail Address —		- Confirm Per	sonel Ermeil Address	
Home Address Line 1				
— Home Address Line 2 (Options	=)			
- City			State	
				*
- Ilp Code		Zip Code Ex	teraion (Optionel)	
Save home address	to my profile			
Personal Phone Number (Mob	(le ta preferred)			
Cencel Beck				Submit

Figure 18: RIDP Information Review

7. the **Verify Identity** page is displayed. You are required to answer five questions about information that may be in your personal or financial records. Select the **Next** button to submit the request.

Verify Identity
You may have opened a student loan in or around September 2013. Please select the lender that you have previously or you are currently making payments to. If you have not received student loans with any of these lenders now or in the past, please select 'NONE OF THE ABOVE/DOES NOT APPLY'.
BANK ONE
O US DEPT OF EDUCATION
C GLHEC STUDENT LOAN
FIRST SECURITY BK
O NONE OF THE ABOVE/DOES NOT APPLY
You may have opened a (HOME SAVING OF AMERICA) credit card. Please select the year in which your account was opened.
0 2009
0 2011
0 2013
0 2015
O 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'
C AMERICAN CREW
© KRAGEN
SELFRIDGES
SARAY
NONE OF THE ABOVE/DOES NOT APPLY
Which of the following is a current or previous employer? If there is not a matched employer name, please select 'NONE OF THE ABOVE'.
SECOND CHANCE CONSIGNNE
O USC SCH OF MED
© ROYAL TIRE AND AUTO
© FAITH CONSTUCTION
NONE OF THE ABOVE/DOES NOT APPLY
Please select the county for the address you provided.
(C) KOHALA
C HONOLULU
© MAUI
© KAUAI
O NONE OF THE ABOVE/DOES NOT APPLY
Next Cancel

Figure 19: Sample RIDP Questions

### 5.3.1 RIDP Quick Tips

Provided below are RIDP quick tips for success and additional guidance regarding some of the challenges users may encounter while attempting to complete RIDP online.

During the RIDP process, you will be asked to provide a set of core credentials, which include:

### Full Legal Name

- ✓ You must use your full legal name as listed on your Driver's License or financial account information.
- ✓ Your surname must match the surname Experian has for you on file.
- ✓ Do not use nicknames.
- ✓ If you have a two-part name, enter the second part in the middle name field. (*i.e.*, Billy Bob would have Billy in the first name field and Bob in the middle name field).

### Social Security Number

✓ Ensure that Social Security Number field is filled in correctly. Users can review and edit these fields prior to sending the information to Experian.

### **Current Residential Address**

- ✓ Ensure your personal/residential/home address is used:
  - Where you receive financial statements (i.e., Credit cards and/or utility bills).
  - Consistently used for billing purposes.
  - Associated with your credit report.
- ✓ Do not use your business address.
- ✓ If you have a recent change in address, try to identity proof with a prior address.
- ✓ Do not enter any extraneous symbols in the address field. If you want to confirm the correct format, visit <u>USPS Look up a Zip Code</u>.

### Date of Birth

✓ Ensure that the Date of Birth field is entered accurately. Users can review and edit this field prior to sending the information to Experian.

### Personal Phone Number

- ✓ Enter a personal landline phone number (if you have one).
- $\checkmark$  A cell phone can be used, but a residential landline is preferred.

Users may attempt online RIDP six times in an 18-hour period. If a user continues to encounter problems with RIDP, the IDM system will prompt the user to contact Experian Support Services via phone to resolve any issues. The Experian Identity Verification Service will use the individual's core credentials to locate personal information in Experian and generate a set of questions, referred to as "Out-of-Wallet" questions. Experian will attempt to verify the

individual's identity to the appropriate level of assurance with the information provided. Upon successful completion of RIDP phone proofing with Experian, the user can proceed with the IDM registration.

### **Out-of-Wallet Questions**

- ✓ You will be asked a series of questions regarding your personal financial transactions/information.
- ✓ Try to collect all necessary information before attempting the session.
- ✓ Download a free copy of your credit report at <u>Annual Credit Report</u>.

### Consent

- ✓ You will be asked to provide consent to verify your identity information from your credit report.
- ✓ The information is used only for purposes of identity proofing "you are who you say you are."
- ✓ The consent of using the information does post as a soft inquiry on your credit report. The soft inquiry is visible only to you.
- ✓ The consent/inquiry does not affect your credit score.

### **Exclusions**

- ✓ If you have a Victim's Statement or a blocked or frozen file, you will NOT be able to complete the identity proofing process online. After attempting online, you will be directed to call Experian's Consumer Services at 1-866-578-5409 to have the alert temporarily lifted so that you can attempt the identity proofing process.
- ✓ If you are listed as deceased on the Social Security Administration's (SSA) Death Master File, you will NOT be able to complete the identity proofing process online. You may contact the SSA at 1-800-269-0271. They will be able to make sure that your information is being reported correctly.
- ✓ Telephone based proofing can only be used one time. If the user fails phone proofing, Experian will not be able to assist users who call back with the same reference number or call a different Experian call center phone number.

### 5.3.2 Manual Identity Proofing

If users are unable to complete the RIDP process online or with assistance from Experian's Consumer Services, contact the Help Desk for an alternative Manual Identity Proofing ("MIDP") process. You may be unable to complete the RIDP process if you do not have a credit report. See Help Desk at <u>Section 9.2</u>.

## 5.4 Business Contact Information

1. Provide the business contact information ("BCI") requested on the page. All fields are required and must be completed unless marked "Optional."

Role Request			8
		* Optional field	s are labeled as (Optional).
0	0	0	0
Application	Role	BCI	Review
Update Business C	ontact Informat	tion	
* Optional fields are labeled	as (Optional).		
Last 4 of SSN 3543			
— Professional Credentials (Optio	nal)		
- Company Name			
Radiant Infotech			
- Address Line 1 5523 Research Park Driv	/e		
- Address Line 2 (Optional)			
Catonsville			
Maryland			× -
- zip code 21228			
Zip Code Extension (Optional) 1234			
- Cempany Phone Number 301-123-4567			
Company Phone Extension (Op	lional) —		
Office Phone Number 301-123-4567			
- Office Phone Extension (Option	al)		
Cancel Back		Update Business (	Contact Information

Figure 20: Sample Business Contact Information

2. Once Business Contact Information is complete, select the **Update Business Contact Information** button to continue.

## 5.5 Role Request Review

- 1. A **Review** page will be displayed. Provide a brief explanation in the **Reason for Request** field. The Salesforce application should be identified as OH CDMS.
- 2. Select the **Submit Role Request** button to continue.

Role Request			8
Application	Role	BCI	Review
Review			
Application:		Salesforce	
Application Description:		CMS business applications on Sale include CMS Employees/Contracto Participants, State Organizations, a	sforce Platform. Users rs, Applicants, Providers, nd General Public etc.
Role:		Salesforce user	
Role Description:		CMS Employees/Contractors, Appli Participants, State Organizations, a	icants, Providers, ind General Public etc.
Reason for Request       I need access to Salesford       Cancel     Back	e applicati	ion, ABC	Submit Role Request

Figure 21: Role Request Review

3. A system message confirming your role request as a Salesforce user is displayed with an auto-generated Request ID. Select the **Back to Home** button to continue.

Role Request					
Your request for the <b>Salesforce user</b> role in the <b>Salesforce</b> application was successfully submitted. The following Request ID has been generated.					
Request ID	Attribute	Value			
7405076	N/A	N/A			
		Back to	Home		



4. You will receive an email confirmation for the submitted request and upon approval of your role request.



Figure 23: Sample IDM Acknowledgement Email

IDM Notification: Your IDM request has been approved > Inbox ×
donotreply-idm@cms.hhs.gov
to me 👻
Your IDM request 902464 has been approved.
You requested:
Application Name: Salesforce
Role Name: Salesforce user
If you have questions or need assistance, please use the following information to contact the Application Help Desk
Salesforce (SEI)
Thank you,
CMS Identity Management System
Please do not reply to this system generated email.

### Figure 24: Sample IDM Approval Email

### 6. Access the Salesforce App Store

Upon approval of the Salesforce User role request, the user will be able to access the App Store from the CMS SEI Portal. The App Store provides a list of available CMS Salesforce applications.

1. Log in to the CMS SEI Portal (<u>https://sei.cms.gov</u>), making sure to select the check box to agree to terms & conditions.

CMS.g	OV Identity Managemer
0	'
Cian In	
Sign in	
User ID	
Password	
Agree to our <u>Te</u>	erms & Conditions
	Sign In

Figure 25: CMS SEI Portal Sign In Page

2. The system requires a verification code. Click the **Send me the code** button to have a verification code generated.



Figure 26: Verification Code Request Page

**Note:** Multi-factor authentication defaults to the Email option upon initial set up. To change the option, you will need to use the IDM Self Service component of the portal (see <u>Section 9.1</u>). Once you update your MFA Device for more than one option, all devices set up will be displayed in a drop-down list.

3. Open the email received.



Figure 27: Sample Verification Code Email

4. Enter the 6-digit code from the email into the **Verification code** box and select the **Verify** button.



Figure 28: Verification Code Entry

- 5. The **App Launcher** page is displayed. No applications will be listed here until a selection is made.
- 6. Click on the App Store button to view the available CMS Salesforce applications.

СМ	S.gov Saleforce Enterprise Integration			?	6
	App Launcher		Q, Find an app	App Store	
	All Apps				
		To request a	access to an application, click the "App Store	"button.	

Figure 29: CMS SEI App Launcher Page

## 6.1 OH CDMS Application

1. Click on the **OH CDMS** tile.

**Note:** If the OH CDMS tile is not located in the All Apps listing as shown in the image below, users can locate the tile by: (1) typing "**OH**" into the **Find an app** field; (2) selecting the **CHAMP (OHI)** filter in the Categories menu on the left; or (3) scrolling through the menu of applications.



Figure 30: CMS SEI App Store Page with OH CDMS Tile

2. The **CMS App Listing** page is displayed for the OH CDMS Application. In the **Comments** field, enter a brief reason why you are requesting access to OH CDMS and select the **Send Request** button.

	CMS App Listing
	Application Details Help Desk Information
	Application Name
OH CDMS	OH CDMS
	Application Description
	The Office of Hearings Case and Document Management System (OH CDMS) is a web-based filing portal for parties to enter and maintain their cases and to correspond with the Office of Hearings (OH). OH supports three distinct administrative hearing functions: the Provider Reimbursement Review Board (PRRB); the Medicare Geographic Classification Review Board (MGCRB); and the CMS Hearing Officer.
	Request Access
	Comments
	Back to App Store Send Request

Figure 31: CMS App Listing for OH CDMS – Application Details

3. A confirmation message is displayed letting the user know that the access request has been submitted for review. A Request Confirmation Number is also autogenerated. Click on the **X** in the box to close the message.

<ul> <li>Thank you for your reque Your request has been success Confirmation Number. Once yo</li> </ul>		ber P000000353 eccive this request cont Freceive another email (	35 firmation number in confirming access to	i an email. If you have ques u the Application.			×
App Store		Q Find an app				App Launcher	Т
Catogorios	All Apps						
Categories	ASETT External		A	ASETT Internal	OH CDMS		

Figure 32: CMS SEI App Store Page with Pop-Up Message

4. The CMS App Listing opens displaying information about the access request status. Note that the Send Request button is no longer available after the request is submitted for review to the Component Org. If the user wants to inquire about the request or has a question, you may contact the **Application Help Desk**. Information for the Help Desk is available in the second tab of the same window.

	CMS App Listing	
OH CDMS	Application Details Help Desk Information	<b>A</b>
	Application Name	
OH CDMS	OH CDMS	
	Application Description	
	The Office of Hearings Case and Document Management System (OH CDMS) is a web-based filing portal for parties to enter and maintain their cases and to correspond with the Office of Hearings (OH). OH supports three distinct administrative hearing functions: the Provider Reimbursement Review Board (PRRB); the Medicare Geographic Classification Review Board (MGCRB); and the CMS Hearing Officer.	l
	Access Status	
	Your access request has been submitted for review and approval. The current status of your request is <b>Request Received</b> . If you have any questions, please contact the application help desk.	
	Back to App Stor	e

Figure 33: CMS App Listing for OH CDMS – Access Status Message

	CMS App Listing			
OH CDMS	Application Details	Help Desk Information		
011 021110	Help Desk Phone			
OH CDMS	1-833-783-8255			
	Help Desk Email			
	helpdesk_ohcdm	s@cms.hhs.gov		
	Help Desk Hours			
	Monday – Friday	(excluding federal holidays) 7:00 a.m – 8:00 p.m ET		
	Help Desk Info			
	If you call the hel message. Your ca	p desk outside of the standard hours noted above, you have the option to leave a voice mail II will be returned on the next business day.		

Figure 34: CMS App Listing for OH CDMS – Help Desk Information

## 7. Request OH CDMS Community User Role

Upon successfully completing the request for the OH CDMS App from the Salesforce App Store, the OH CDMS Community Registration page is displayed.

1. Enter text into the fields and make selections from drop-down menus as requested. This information is specific to OH CDMS and is the manner with which the PRRB, MGCRB, and/or CMS Hearing Officer will correspond with you regarding your cases.

	0110	
	CMS.g	OV e & Medicaid Services
	Office of	Hearings
Case a	nd Document	Management System
	Community	Registration
All info	rmation entered below must be	business information and not personal.
Your request	will not be processed if you cl All fields are required	ick the back button or navigate from the page. unless noted as optional.
Contact Information		
Prefix		
Select Prefix	~	
First Name		
Joanne		
Last Name		
Int		
Suffix (Optional)		
None	~	
Job Title		
Type Job Title		
Business Mailing Address		
Type Business Mailing Address		
City		
Туре Слу		
State		
Select State	*	
ZIP Code		
Type ZIP Code		
Business Phone Number		
Type Business Phone Number		
Business Email		
Type Business Email		
Requester Organization Type		
Select One	~	
Select One Provider Organization		
Parent Organization		Derwert
Hearing Office Petitioner Representative Organization	l l l l l l l l l l l l l l l l l l l	t Request
Medicare Administrative Contractor		
Appeals Support Contractor		
Centers for Medicare & Medicaid Services		

Figure 35: Sample OH CDMS Community Registration Page

2. Select the desired user role from the **Requester Organization Type** drop-down menu.

Provider Organization	*
Select One	
Provider Organization	
Parent Organization	
Hearing Office Petitioner	
Representative Organization	
Medicare Administrative Contractor	
Appeals Support Contractor	
Centers for Medicare & Medicaid Services	

Figure 36: OH CDMS Requester Organization Type Drop-Down Menu

a. If you select Hearing Office Petitioner from the Requester Organization Type drop-down menu, then an additional field is displayed to select the Hearing Office Petitioner Type. Select from the second drop-down menu and then the Organization Information section will be displayed.

Hearing Office Petitioner	$\checkmark$
earing Office Petitioner Type	
Select One Medicare Advantage Organization	
Select One Medicare Advantage Organization Representative Organization	
Select One Medicare Advantage Organization Representative Organization State/Territory Agency	

Figure 37: OH CDMS Hearing Officer Petitioner Type Drop-Down Menu

- b. If you select any other organization type from the drop-down list, then the **Organization Information** section will automatically be displayed.
- 3. Start typing your organization's name or in the resulting organization information field. When at least two numbers or letters have been entered, the field will present a predictive text drop-down list. The volume of entries on the list will decrease as more characters are entered. You must select the appropriate organization entry from the predictive list to complete the field.

**Note:** It is preferred to search by number if the organization type has a unique identifier, such as a provider number. It will narrow the predictive list more quickly and avoid potential errors due to similarities in names to other organizations or differences between the search term and the organization name as loaded in OH CDMS.

**Note:** For Medicare Advantage Risk Adjustment Data Valuation ("MA RADV") appeals, the user must register with the same Organization Name listed in its Reconsideration Determination.

I don't see my organization. I would like to create a new organization.
lit Request

Figure 38: OH CDMS Organization Information Field

4. If your organization does not exist in the system, select the checkbox that says "I don't see my organization. I would like to create a new organization." Additional fields are displayed. Enter text as requested.

**Note**: Government entities and contractors cannot create new organizations from the registration page. You must select from the established organizations or contact the OH CDMS help desk.

**Note:** Medicare Advantage organization users that are registering to appeal a Risk Adjustment Data Valuation ("RADV") determination should be able to locate the Organization Name in the system. If you are unable to find your Organization Name as displayed on your Reconsideration Determination, you must contact the OH CDMS Help Desk instead of selecting the checkbox.

Requester Organization Type		•
Provider Organization	~	
Organization Information		
		I don't see my organization. I would like to create a new organization.
Provider Number		
Type Provider Number		
Provider Name		
Type Organization Name		
Mailing Address		
Type Mailing Address		
City		
Type City		
State		
Select State	~	
ZIP Code		
Type ZIP Code		

Figure 39: OH CDMS Community Registration Page – New Organization Fields

5. Once you have completed all the fields and made selections from the drop-down menus, select the **Submit Request** button. The Application Request Confirmation is displayed with an auo-generated confirmation number.

	Office of Hearings
	Case and Document Management System
	Community Registration
Thank you for y submitted a	our registration request to the Office of Hearings Case and Document Management System (OH CDMS). Your credentials have been s noted below. A confirmation email has been sent to the email provided. If you have questions, please contact the <u>Helo Desk</u> and reference your request confirmation number below.
Confirmatio	on Number: P000003528
Contact Info	rmation
Ms. Joanne Ext	
Tester	
Quality Urban Al	I Care Kenter
12345 Test St	
Baltimore, MD 2	1111
(211) 111-1111	
joanneext@yopr	nail.com

Figure 40: OH CDMS Community Registration Conformation

6. An email will be issued indicating approval or denial of the OH CDMS request. Further action may not be taken until OH CDMS approval is granted.

### 8. Launch OH CDMS

- 1. Navigate to the CMS SEI portal using <u>https://sei.cms.gov</u>.
- 2. Enter User ID and Password. Check the box agreeing to terms and conditions. Select the **Sign In** button.
- 3. Request an MFA Security Code. Enter the 6-digit code into the Verification code box and select the **Verify** button.
- 4. The **App Launcher** page is displayed. Select the **OH CDMS** tile to open the application.

CMS.gov   Salefo	prce Enterprise Integration		? 👰
App Laun	cher	Q. Find an app	Profile
All Apps			IDM Self Service
OH CDMS	OH CDMS OH CDMS Help Desk 1-833-783-8255 Monday – Friday (excluding federal holidays) 7:00 a.m – 8:00 p.m ET helpdesk_ohcdms@cms.hhs.gov		

Figure 41: CMS SEI App Launcher page with Approved Apps

5. The **OH CDMS Community Rules of Behavior** page is displayed. Review the disclosures and select the **Accept** button to proceed to the OH CDMS Landing Page.



Figure 42: OH CDMS Community Rules of Behavior

6. The **OH CDMS Landing Page** is displayed. The view may have one or more of the tiles noted below based on your role.

ters for Medicare & Medicaid Services				Welcome Katina Miller- Rep	
	Of	fice of Hearin	gs		
Cas	e and Doc	ument Manag	ement Syste	em	
Introduction:					
The Office of Hearing maintain their cases a	s Case and Document Man and to correspond with the (	agement System ("OH CDMS") is Office of Hearings ("OH"). OH supp	a web-based filing portal for par ports four distinct administrative	ties to enter and hearing functions:	
The Provide     determination	r Reimbursement Review ns pursuant to 42 C.F.R. §	Board ("PRRB"): provider appea 405, Subpart R;	is of cost report audits and othe	r contractor	
<ul> <li>The Medica redesignatio</li> </ul>	re Geographic Classificat n to an alternative payment	ion Review Board ("MGCRB"): h area pursuant to 42 C.F.R. § 412,	ospital applications to request g Subpart L;	eographic	
<ul> <li>The Medical reconsiderat payment em</li> </ul>	re Advantage ("MA") Risk ion official's decision regard or calculation pursuant to 4	Adjustment Data Validation ("R ting an MA organization's medical 2 C.F.R. § 422; and 311; and	ADV"): MA organization appeal record review determination and	s of a Vor RADV	
<ul> <li>The Hearing agencies, or which OH se</li> </ul>	officer: diverse range of r gan procurement organizat rives as Reviewing Official,	matters brought by healthcare insti ions, and other entitles pursuant to Reconsideration Official, or Presid	tutions, insurance issuers, state various statutory and regulator ing Officer.	Medicaid y authorities for	
Access to the various	modules is granted as nee	ded based on role. Access to spec	Ific cases is limited to the partie	s of each case.	
业	ø	6	Ô	হাত	
Administration	PRRB	MGCRB	MA RADV	Hearing Officer	

Figure 43: OH CDMS Landing Page

- 7. For further information about a specific module, please reference the associated External User Manuals from the PRRB, MGCRB, and CMS Hearing Officer websites:
  - » <u>https://www.cms.gov/medicare/regulations-guidance/provider-reimbursement-review-board/prrb-electronic-filing;</u>
  - » <u>https://www.cms.gov/medicare/regulations-guidance/geographic-classification-review-board/mgcrb-electronic-filing;</u>
  - » <u>https://www.cms.gov/medicare/regulations-guidance/cms-hearing-officer/medicare-advantage-risk-adjustment-data-validation-appeals</u>
  - » <u>https://www.cms.gov/medicare/regulations-guidance/cms-hearing-officer/hearing-officer-electronic-filing.</u>

### 9. Support

### 9.1 IDM Self Service

From the CMS SEI App Launcher page, users will see all applications for which they are approved and may click on the tile to enter the application. On the right side of the menu bar, users have access to several options in the avatar drop-down menu, including Profile information, IDM Self Service, and Log Out.

CMS.gov Sale	force Enterprise Integration		? 👼
App Lau	ncher	Q. Find an app	Profile
All Apps			IDM Self Service
OH CDMS	OH CDMS OH CDMS Help Desk 1-833-783-8255 Monday - Friday (excluding federal holidays) 7:00 a.m - 8:00 p.m ET helpdesk_ohcdms@cms.hhs.gov		

Figure 44: CMS SEI App Launcher Page with Approved Apps and Avatar Options

Click on the **IDM Self Service** link from the drop-down menu to navigate to the IDM Self Service landing page.



Figure 45: CMS IDM Self Service Options

Click on the **My Profile** tile. The links available in the left menu identify the components that can be reviewed and/or updated, including personal and contact information, password, security question and answer, and MFA options.

My Profile	a u		
My Information Personal Contact Information	My Informatio	n	
Business Contact Information	User ID:	JoeSmithSEI	
Change Password	Title:		
Change Security Question	First Name:	Joe	
Manage MFA and Recovery Devices	Middle Name:		
	Last Name:	Smith	
	Suffix		
	Date Of Birth:	12/01/1980	
	Last 4 of SSN:	3543	

Figure 46: IDM Self Service – My Profile

### 9.1.1 Contact Information Updates

Any profile changes made from CMS IDM Self Service page will affect the shared CMS IDM account only. If you have changes that are applicable to user or organization contact information as reported within OH CDMS, you must contact the OH CDMS Help Desk (see <u>Section 9.2</u>).

### 9.1.2 MFA Options

Multi-factor authentication will default to the Email option upon initial set up, but users will have the following MFA options that may also be added to their profile.

- a. Short Message Service (SMS) The SMS option will send the security code directly to the user's mobile device via a text message. This option requires users to provide a ten-digit U.S. phone number for a mobile device that is capable of receiving text messages. A carrier service charge may apply for this option.
- b. Google Authenticator Google Authenticator is an application for smartphones that generates security codes. Supported phones include iPhone, Android Phone, and Blackberry. Users will need to download this application on their smartphone to be able to use this option.
- c. Okta Verify Okta Verify is an application for smartphones that produces push notifications allowing users to verify their identity with a single tap on the device, without the need to type a security code. Supported phones include iPhone, Android Phone, and Windows Phone. Users will need to download this application on their smartphone to be able to use this option.

d. Interactive Voice Response (IVR) – The IVR option will communicate the security code through a voice message that will be sent directly to your phone. This option requires users to provide a valid 10-digit U.S. phone number (and, if needed, an extension).

Once additional MFA options are added to the user's profile, a drop-down menu of these options is available on the Verification Code Request page by selecting the **Verify with something else** link. The last MFA method used will remain the default option until another method is chosen.

Verify with your email		
Send a verification email to c***s@cms.hhs.gov by clicking on "Send me an email".		
Send me an email		
Verify with something else		
Back to sign in		

Figure 47: Verification Code Request Page with Last Used MFA Option



Figure 48: Verification Code Request Page with Multiple MFA Options

### 9.1.3 CMS SEI Reference Materials for Other Self-Service Activities

Reference materials are available on the CMS SEI portal using the "?" icon to assist with any other CMS IDM self-service activities.



Figure 49: CMS SEI Reference Materials

## 9.2 OH CDMS Help Desk

For any technical system issues, please contact the OH CDMS Help Desk at 1-833-783-8255 or email <u>helpdesk\_ohcdms@cms.hhs.gov</u>. The hours of operation are Monday – Friday (excluding federal holidays) from 7:00 a.m. to 8:00 p.m. Eastern Time.

## Appendix A: Acronyms

### Table 1: Acronyms

Acronym	Term	
BCI	Business Contact Information	
CMS	Centers for Medicare & Medicaid Services	
IDM	Identity Management	
MFA	Multi-factor Authentication	
MGCRB	Medicare Geographic Classification Review Board	
MIDP	Manual Identity Proofing	
ОН	Office of Hearings	
OH CDMS	Office of Hearings Case and Document Management System	
PRRB	Provider Reimbursement Review Board	
RIDP	Remote Identity Proofing	
SEI	Salesforce Enterprise Integration	

## Appendix B: Record of Changes

### Table 2: Record of Changes

Version Number	Date	Description of Change
1.0	07/09/2018	Initial manual issuance for release of OH CDMS application through the CMS Enterprise Portal
2.0	02/21/2021	Full manual revision to identify changes to the CMS Identity Management process, registration procedures, and access to the OH CDMS application via the new Salesforce Enterprise Integration Portal.
2.1	04/20/2022	Definition updates for the four administrative hearing functions supported by OH CDMS (Sections 1.1 and 8 (Figure 43)).
2.2	12/20/2023	Updates to <u>CMS Accessibility &amp; Nondiscrimination for</u> <u>Individuals with Disabilities Notice</u> (Section 1.5) and cms.gov URLs related to electronic filing requirements (Section 8).
2.3	05/22/2024	Update URL for CMS Hearing Officer Electronic Filing (page 42).
3.0	01/17/2025	Updates to images throughout manual and clarification for MA RADV users in Section 7, steps 2 & 3