

How to Request a MARx Role within the Enterprise Portal

Introduction

Congratulations! You have been identified as a MARx user for your organization. This is exciting news, and we welcome you to the MARx family. This process has a few steps, so we have developed this guide to assist you. Follow the steps below to request a role for the MARx – Medicare Advantage & Prescription Drug System. In the Overview section below, each step has links to detailed information and screenshots of the process.

Overview

1. Navigate to the [CMS Enterprise Portal](https://portal.cms.gov) at portal.cms.gov.
2. If you have an existing account, log in with your Identity Management (IDM) user ID, password, and Multi-factor Authentication (MFA) security code. If you do not have an account, complete 'New User Registration.'
3. Select either [Request your Role](#) or [Add a New Contract to Your Existing Role](#).
4. Submit your request and wait for the email notification of your approval.
5. Your account will need to be fully provisioned with the new role and access. This process can take 24-48 hours. Until fully provisioned, you will receive an [Error Message](#) when you try to access your account or a newly added role.

Request Your Role

1. Navigate to the [CMS Enterprise Portal](https://portal.cms.gov) at portal.cms.gov.
2. Enter your user ID, password, and agree to the 'Terms & Conditions.'
3. Obtain an MFA code using your preferred method.
4. Enter the code and select 'Verify,' or if using Okta Verify, select 'Send Push', and accept the notification on your application.
5. Select 'Add Application.'



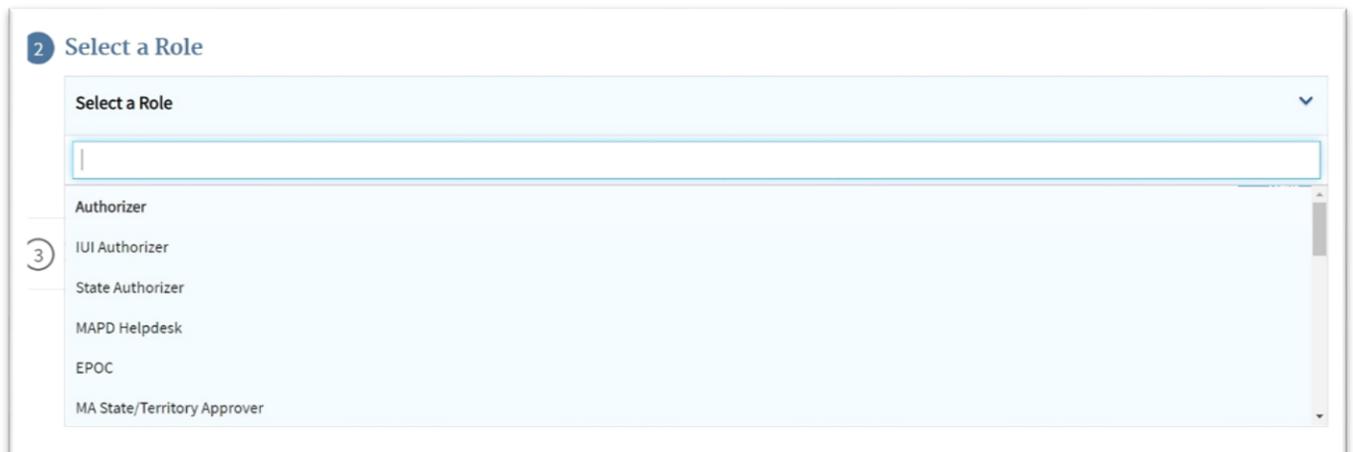
6. On the 'Request Application Access' screen, select an application using the drop-down menu. For access to MARx, choose the 'MARx – Medicare Advantage & Prescription Drug' application, then select 'Next.'



The screenshot shows a web interface titled "1 Select an Application". At the top, there is a search bar with the text "Application:". Below it, a dropdown menu is open, showing the selected option "MARx - Medicare Advantage & Prescription Drug System" which is circled in red. Underneath the dropdown, there is a section titled "Application Description: Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Plan/Cost Contracts/ Medicaid State Agency." and a link for "Help Desk Information". A blue "Next" button is located at the bottom right of the form.

7. Select your role from the drop-down menu.
A role is usually provided to the user by their company; the MAPD Help Desk cannot advise which role to select. If your employer needs assistance determining which role to request, please have them contact the MAPD Help Desk. Our number is 800-927-8069 and we are open Monday through Friday, 8:00 AM - 6:00 PM ET.

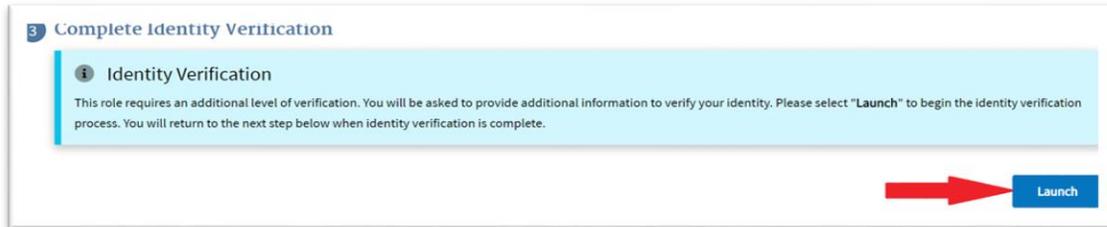
Note: New Plans establishing connectivity for the first time will need to have an External Point of Contact (EPOC) and Medicare Advantage (MA) Submitter in place to begin and test connectivity. The MA Representative role is optional but is required for analysis and support of business processes.



The screenshot shows a web interface titled "2 Select a Role". At the top, there is a search bar with the text "Select a Role". Below it, a dropdown menu is open, showing a list of roles: "Authorizer", "IUI Authorizer", "State Authorizer", "MAPD Helpdesk", "EPOC", and "MA State/Territory Approver". A circled number "3" is placed next to the "IUI Authorizer" option. A blue "Next" button is located at the bottom right of the form.

8. Complete the Identity Verification process by selecting 'Launch.'

Note: If you have other roles or have previously completed this step for another application, you do not need to complete this step.



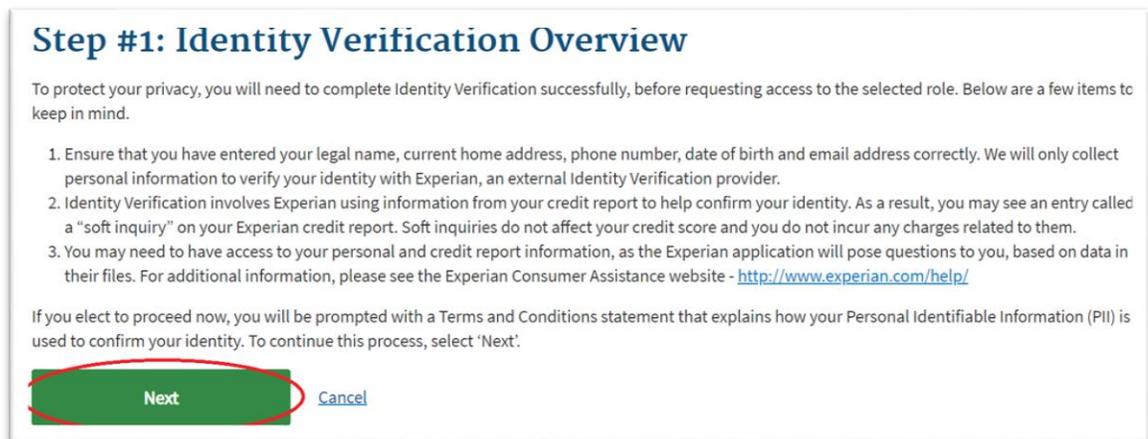
3 Complete Identity Verification

i Identity Verification

This role requires an additional level of verification. You will be asked to provide additional information to verify your identity. Please select "Launch" to begin the identity verification process. You will return to the next step below when identity verification is complete.

Launch

9. When the 'Identity Verification Overview' screen pops up, select 'Next.'



Step #1: Identity Verification Overview

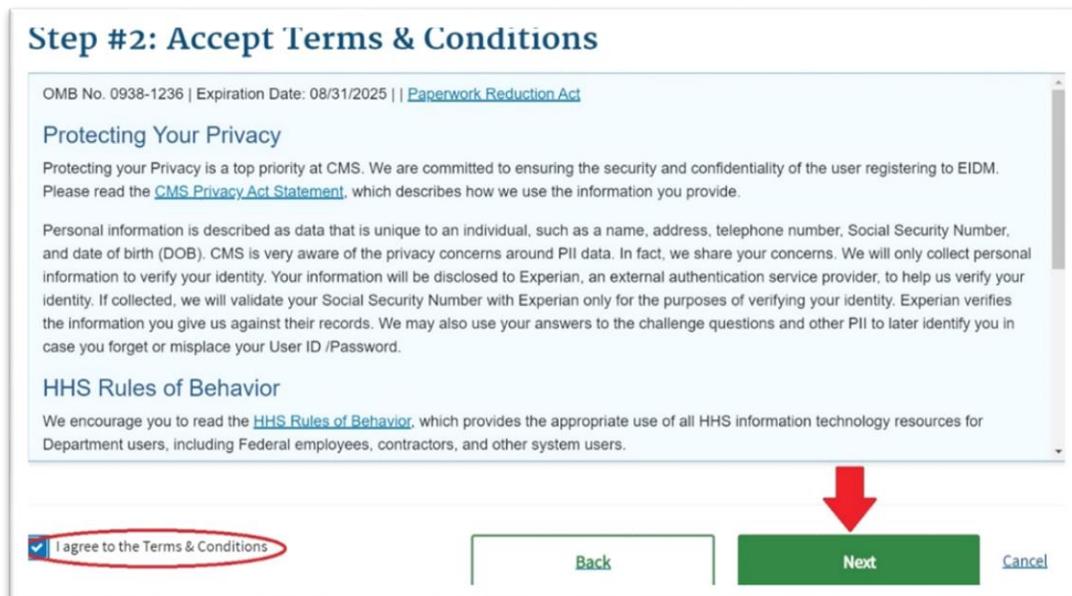
To protect your privacy, you will need to complete Identity Verification successfully, before requesting access to the selected role. Below are a few items to keep in mind.

1. Ensure that you have entered your legal name, current home address, phone number, date of birth and email address correctly. We will only collect personal information to verify your identity with Experian, an external Identity Verification provider.
2. Identity Verification involves Experian using information from your credit report to help confirm your identity. As a result, you may see an entry called a "soft inquiry" on your Experian credit report. Soft inquiries do not affect your credit score and you do not incur any charges related to them.
3. You may need to have access to your personal and credit report information, as the Experian application will pose questions to you, based on data in their files. For additional information, please see the Experian Consumer Assistance website - <http://www.experian.com/help/>

If you elect to proceed now, you will be prompted with a Terms and Conditions statement that explains how your Personal Identifiable Information (PII) is used to confirm your identity. To continue this process, select 'Next'.

Next Cancel

10. Agree to the 'Terms & Conditions' and select 'Next.'



Step #2: Accept Terms & Conditions

OMB No. 0938-1236 | Expiration Date: 08/31/2025 | [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.

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 agree to the Terms & Conditions

Back Next Cancel

11. Enter your personal information. Verify the information populated on the screen and click the checkbox to indicate you have read the information and it is accurate.

Note: If you have any difficulty completing the verification process, return to this screen and try the process again.

Check here if you have read and verified the information above is accurate and complete as required by Identity Verification

Back

Next

[Cancel](#)

12. The next screen will tell you if you were verified against the Experian Verification Support Service’s database. If you are unable to be verified, please follow the steps in the red Error message box that appears. If you cannot be verified after contacting Experian, please contact the MAPD Help Desk at 1-800-927-8069, Monday – Friday, from 8:00 AM – 6:00 PM ET.

✖ Error
✕

We were unable to verify the information that you have provided. Please contact Experian Verification Support Services at 1-866-578-5409 and provide the Review Reference Number - L341778506. To request access to an application please log back in after speaking with the Experian Support Services.

13. When the verification process is complete, you will be routed back to the ‘Request Application Access’ screen for Business Contact Information. Enter your information and select ‘Next.’

3 Enter Business Contact Information

All fields are required unless marked (optional).

Social Security Number

Enter Company Name

Enter Address Line 1

Address Line 2 (optional)

Enter City

Select State ▼

Enter ZIP Code

ZIP+4 Code (optional)

Enter Company Phone Number

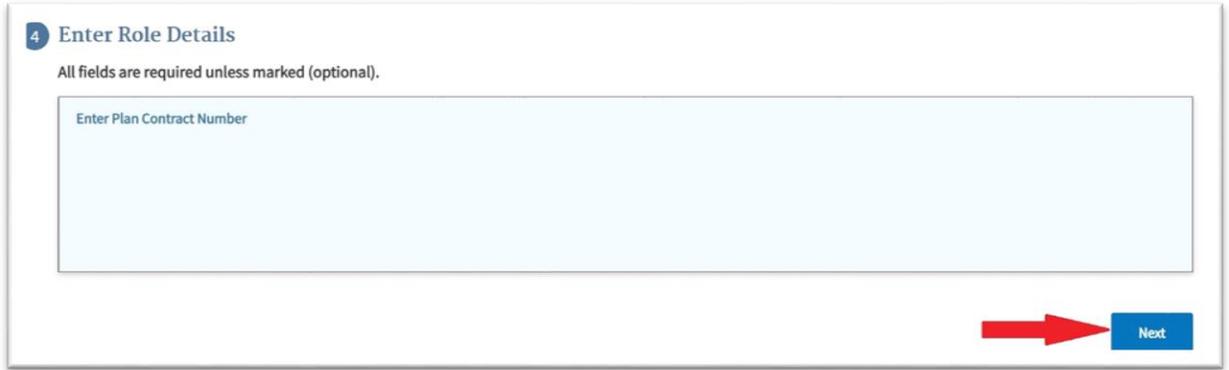
Extension (optional)

Enter Office Phone Number

Extension (optional)

Next

14. The next screen prompts you to enter your Plan contract number. The Plan contract number is a letter followed by four (4) numbers, such as H1234. If you have more than one contract to enter, add the additional contract by entering a comma followed by a space and then the next contract number (i.e. H1234, S1234). Select 'Next.'



4 Enter Role Details

All fields are required unless marked (optional).

Enter Plan Contract Number

Next

A red arrow points to the 'Next' button.

15. Enter your 'Reason for Request' and select 'Submit.'



5 Enter Reason for Request

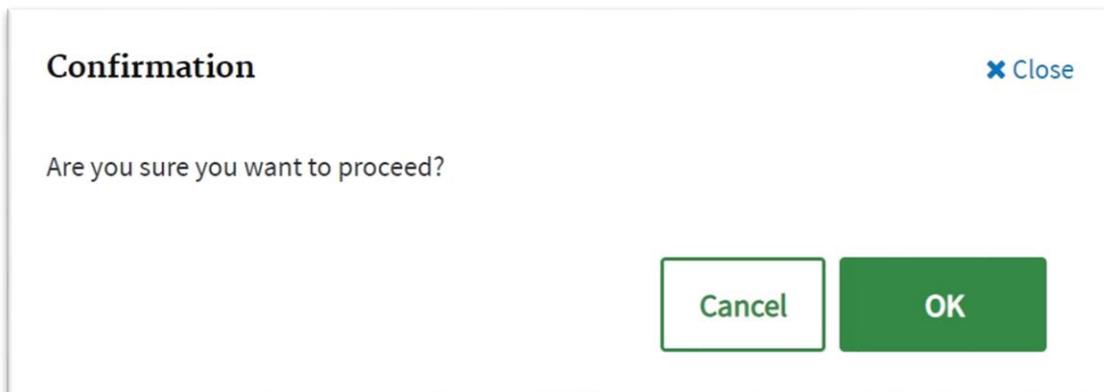
Enter a Reason for Request

Required field.

Submit

A red arrow points to the 'Submit' button.

16. You will be asked if you wish to proceed. Select 'OK.'



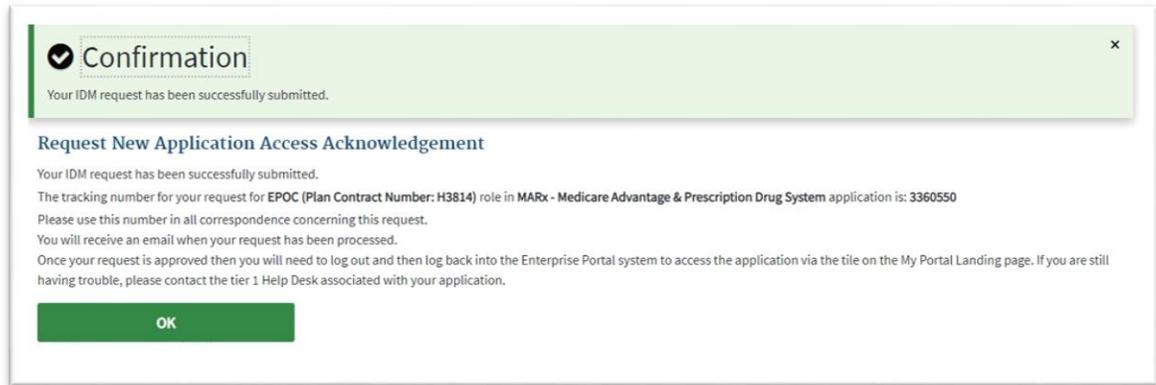
Confirmation ✕ Close

Are you sure you want to proceed?

Cancel OK

17. The 'Request New Application Access Acknowledgement' screen will display a tracking number.

Note: Save this request ID for your records. An email will be sent acknowledging the request, with a tracking number and email for each contract requested. Select 'OK.'

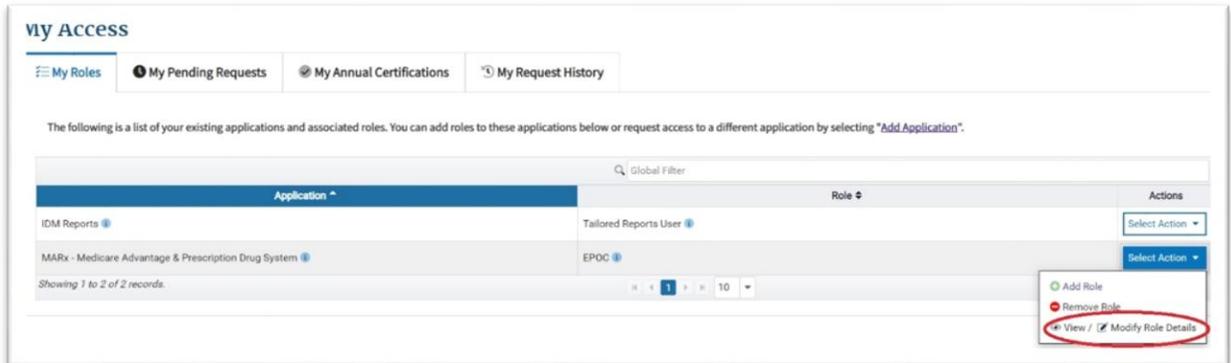


Add a New Contract to Your Existing Role

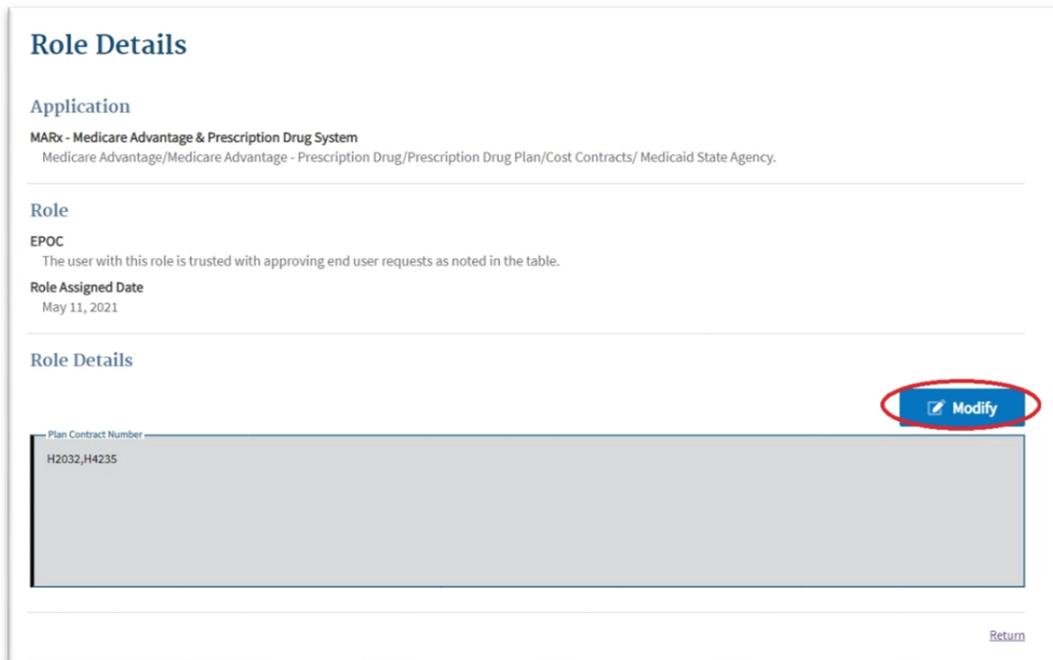
1. Navigate to the [CMS Enterprise Portal](https://portal.cms.gov) at portal.cms.gov.
2. Enter your user ID, password, and agree to the 'Terms & Conditions.'
3. Obtain an MFA code using your preferred method.
4. Enter code and select 'Verify,' or if using Okta Verify, select 'Send Push', and accept the notification on your application.
5. At the top of the page, you will see your name. From the drop-down menu under your name, select 'My Access.'



- The 'My Access' page displays your current roles and access. Choose 'Select Action' and 'Modify Role Details.'



- The 'Role Details' screen will display. Select 'Modify.'



- In the 'Plan Contract Number' box, enter your Plan Contract Number(s). The Plan Contract Number is a letter followed by four (4) numbers, such as H1234. If you have more than one (1) contract to enter, add the additional contract(s) by entering a comma followed by a space and the next contract number (e.g. H1234, S1234).

WARNING: Do not remove any contracts from your existing list. If you remove these contracts, you will remove your access to those contracts.

4 Enter Role Details

All fields are required unless marked (optional).

Enter Plan Contract Number

Next

9. Enter your 'Reason for Change' and select 'Submit.'

Enter a Reason for Change

Submit

10. The 'Request Modify Role Details Acknowledgment' screen populates with a tracking number.

Note: Save this request ID for your records. An email will be sent acknowledging the request and you will have a tracking number and email for each contract requested. Select 'Ok.'

Confirmation x

Your IDM request has been successfully submitted.

Request New Application Access Acknowledgement

Your IDM request has been successfully submitted.

The tracking number for your request for **MA Representative** (Plan Contract Number:) role in **MARx - Medicare Advantage & Prescription Drug System** application is: **3368145**

Please use this number in all correspondence concerning this request.

You will receive an email when your request has been processed.

Once your request is approved then you will need to log out and then log back into the Enterprise Portal system to access the application via the tile on the My Portal Landing page. If you are still having trouble, please contact the tier 1 Help Desk associated with your application.

OK

Email Notification of Role Approval

From: donotreply@cms.gov donotreply@cms.gov
Sent:
To:
Subject: [EXTERNAL] CMS Enterprise Portal – Role Request Approval

Your IDM request ##### has been approved.

The following is the Justification for Action that was entered: Approve Medicare Eligibility

You requested: **MARx - Medicare Advantage & Prescription Drug System**
Application:
Role: XXXXXXXXX
Attribute Value: H###

If you have questions or need assistance, please use the following information to contact the Application Help Desk:

MAPD Help Desk
mapdhelp@cms.hhs.gov <<mailto:mapdhelp@cms.hhs.gov>>
1-800-927-8069

Thank you,
CMS Identity Management System

Please do not reply to this system generated email.

Error Message

Until their role provisioning is fully completed, users will receive the following error message when launching the MARx User Interface (UI) application. Provisioning may take 24-48 hours following approval by CMS.