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Steps for IACS Defined "Organizations" to Access Their Physician Quality Reporting System (Physician Quality Reporting, previously called Physician Quality Reporting Initiative or PQRI) or Electronic Prescribing (eRx) Incentive Program Feedback Reports

Note: This article was revised on June 29, 2011, to modify certain language to keep it current. See also MLN SE0922 at <http://www.cms.gov/MLN MattersArticles/downloads/SE0922.pdf> for an alternative process for accessing feedback reports.

Provider Types Affected

This article is directed to group practices that are corporations or limited liability companies or practices paid by Medicare Part B under a Taxpayer Identification Number (TIN) or the Employer Identification Number (EIN), in which at least one eligible professional successfully reported at least one valid Quality-Data Code (QDC) under the Physician Quality Reporting System or eRx Incentive Program.

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Provider Action Needed

Feedback reports can be accessed from the Physician and Other Health Care Professionals Quality Reporting Portal (Portal), which is a secure website that requires an Individuals Authorized Access to CMS Computer Services (IACS) account. For access to certain CMS provider Internet applications, including feedback reports, an organization must first register in the CMS security system known as IACS. IACS registration provides a user ID and password that may be used to access CMS applications such as the Portal. Each individual only registers in IACS once, but multiple users are required.

Check the “Verify TIN Report Portlet” at <http://www.qualitynet.org/pgri> to see if a Physician Quality Reporting or eRx Incentive Program feedback report is available for your TIN.

Note: Do not register as an organization in IACS if you are a private practice that is paid directly by Medicare Part B under a Social Security Number (SSN). Those practices must register as “Individual Practitioners” and access their feedback reports personally because they may not have the requisite Internal Revenue Service (IRS) documents described in this article. Refer to <http://www.cms.gov/MLNMattersArticles/downloads/SE0830.pdf> for information about how to register in IACS as an individual practitioner and access feedback reports.

I. Registering in IACS as an “Organization.”

The entire registration process may take several weeks to complete.

To access your feedback report for Physician Quality Reporting or the eRx Incentive Program, register in IACS as an “organization” if you are:

- A practice that is paid under a TIN or EIN or a group practice as described at the beginning of this document that receives Medicare payments on behalf of its members, or
- An individual practitioner who has reassigned benefits to a group practice or is paid under a TIN/EIN **and** is directed by that organization to register in IACS to access the feedback reports of that organization. Professionals who have reassigned Medicare benefits to a group practice should otherwise NOT register in IACS to view the group practice’s feedback reports.

IACS-defined “organization” registration requires entry of a Legal Business Name (LBN) and a TIN or EIN. CMS will verify that information against IRS documents submitted by the Security Official (SO) for the organization.

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- One Physician Quality Reporting or eRx feedback report will be prepared for each TIN that successfully reports at least one valid QDC.
- The group practice will be responsible for sharing National Provider Identifier (NPI)-level reports information with the appropriate professionals in the group practice.
- Multiple individuals can be approved as End Users to access the feedback report for each organization registered in IACS.

II. Steps for “Organizations” to Access Their Feedback Reports

Step 1: The Organization Security Official (SO) must register and be approved in IACS.

If your organization already has an SO approved in IACS, another user will not be allowed to register as an SO.

The SO for the organization is the first person in that organization to register in IACS. The SO is the person who registers the organization in the system and updates the organization's profile information. *Only one user is allowed the SO role for an organization.* The SO is trusted by the organization to approve subsequent registration requests of Backup Security Official(s), End Users, and EHR Submitters. Because of these approval roles, the ***SO is not permitted to access any applications, including the Portal.***

It is strongly suggested a Backup Security Official (BSO) be designated as well. This will avoid delays for approval in the event an SO leaves the organization or is otherwise unavailable.

- Go to <https://applications.cms.hhs.gov> on the CMS website and register as an SO. “A Quick Reference Guide” is available at <http://www.qualitynet.org/pqri> on the Internet. The SO should then receive an e-mail from CMS' QualityNet Help Desk requesting IRS documentation and the e-mail will include the physical address to which the documentation should be sent.
- Submit IRS documentation containing IRS letterhead, a typed Legal Business Name (LBN) and a typed TIN (EIN) to the QualityNet Help Desk. Examples include photocopies of an IRS CP-575 form, IRS 147C letter, or a Federal Tax Deposit Coupon. The Legal Business Name and TIN used to register in IACS must match the Legal Business Name and TIN that are shown on the IRS documents.

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- Once the IACS registration information has been verified by the QualityNet Help Desk, the SO will receive an IACS user ID and password via e-mail.
- If an organization is going to submit its Physician Quality Reporting or eRx Incentive Program data through a qualified EHR, 2-factor authentication is required. The SO must have 2-factor authentication authority to approve the EHR submitter role requests.

Step 2: An Organization's optional Backup Security Official (BSO) must register in IACS and be approved by the SO.

A BSO has approval authority in the absence of the SO. The BSO can also be promoted to the SO in the event that the current SO status changes.

- Go to <https://applications.cms.hhs.gov> on the CMS website. "A Quick Reference Guide" is available at <http://www.qualitynet.org/pqri> on the Internet.
- IACS will send an e-mail to the SO for approval.
- If approved, the BSO will receive an IACS user ID and password via e-mail.
- If an organization is going to submit its Physician Quality Reporting or eRx Incentive Program data through a qualified EHR, 2-factor authentication is required. The SO must have 2-factor authentication authority to approve the EHR submitter role requests.

Step 3: Organization End Users must register in IACS and be approved by the SO/BSO.

An End User is usually a staff member who is trusted to perform Medicare business for the organization. The End User of the organization is the only role that is allowed to access feedback reports in the Portal.

- Go to <https://applications.cms.hhs.gov> on the CMS website and register as an End User in an organization. "A Quick Reference Guide" is available at www.qualitynet.org/pqri on the Internet.
- IACS will send an e-mail to the SO/BSO for approval.
- If ***approved, the end user will*** receive an IACS user ID and password via e-mail.

Step 4: Enter Portal

Go to <http://www.qualitynet.org/pqri> and use your IACS user ID and password to gain access to your feedback report.

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III. IACS Quick Reference Guides

More information on registering for the SO, BSO, End User, or EHR Submitter roles can be found at <http://www.qualitynet.org/pgri> by selecting the “Quick Reference Guide” link in the center of the page.

IV. Additional Help for IACS, Physician Quality Reporting, or eRx Incentive Program

CMS has established the QualityNet Help Desk to support access to and registration for IACS. The QualityNet Help Desk can be reached at 1-866-288-8912 (TTY 1-877-715-6222) or by e-mail at Qnetsupport@sdps.org. Hours of operation are Monday through Friday 7:00 a.m. to 7:00 p.m. CST.

For questions concerning the status of incentive payments and any offset applied, contact your Carrier or Medicare Administrative Contractor (MAC) provider call center. The Provider Call Center Toll-Free Numbers Directory, which offers information on how to contact the appropriate provider call center, is available for download at http://www.cms.hhs.gov/MLNGenInfo/01_Overview.asp on the CMS website.

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