

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash – Under the Affordable Care Act, Medicare beneficiaries may now receive coverage for an Annual Wellness Visit (AWV), which is a yearly office visit that focuses on preventive health. In addition, Medicare also provides coverage for the Initial Preventive Physical Examination (IPPE), commonly known as the "Welcome to Medicare" visit. To learn more about the AWV and the IPPE, please refer to the CMS Medicare Learning Network® publication at http://www.cms.gov/MLNProducts/downloads/mps_guide_web-061305.pdf on the Centers for Medicare & Medicaid Services (CMS) website.

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Alternative Process for Individual Eligible Professionals to Access Physician Quality Reporting System (Physician Quality Reporting, formerly called Physician Quality Reporting Initiative or PQRI) and Electronic Prescribing (eRx) Feedback Reports

Note: The article was revised on June 29, 2011, to modify certain language to keep it current.

Provider Types Affected

Individual eligible professionals requesting feedback reports based on their individual National Provider Identifier (NPI) have an alternative means of accessing those reports. Physicians and other practitioners who qualify as individual eligible professionals under the Centers for Medicare & Medicaid Services (CMS) Physician Quality Reporting System (Physician Quality Reporting) and the eRx Incentive Program can request feedback reports through their claims processing contractor. The MLN Matters® article (MM6394) listing individual eligible professionals under these incentive programs may be found at <http://www.cms.gov/MLNMattersArticles/downloads/MM6394.pdf> on the CMS website.

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What You Need to Know

- CMS created an alternative process that individual eligible professionals may use to request Physician Quality Reporting System or eRx Incentive Program feedback reports based on their **individual** NPI.
- Based on the nature of your questions (e.g., status of your incentive payment, measures, coding, or the feedback reports), you may need to contact different entities.

Background

In the past, eligible professionals could only access their feedback reports through a secure website after first registering in the CMS security system known as Individuals Authorized Access to the CMS Computer Services (IACS). CMS now offers an alternative feedback report request process.

This new process eliminates the need for individual eligible professionals to register in IACS for their feedback report.

Alternative Feedback Report Request Process for Individual Eligible Professionals

When reports are released, individual eligible professionals can call their respective carrier or Medicare Administrative Contractor (MAC) Provider Contact Center to request Physician Quality Reporting System or eRx Incentive Program feedback reports that will contain data based on their individual NPI. This means that eligible professionals who are paid under a Taxpayer Identification Number (TIN) or Employer Identification Number (EIN) by Medicare Part B can request each individual feedback report as well.

When requesting individual feedback reports, eligible professionals will be asked for their individual National Provider Identifier (NPI) number and an e-mail address. Eligible professionals can then expect to receive an e-mail containing the feedback report within 30 days of the request. If no report is available, the provider will receive an e-mail notification.

Eligible Professionals Requesting Reports Based on TIN for Group Practice Information

Eligible professionals who request feedback reports based on TIN or group practice information will still be required to access their feedback reports via the Physician and Other Health Care Professionals Quality Reporting Portal (Portal) after first registering in IACS. An IACS user identification and password are required to access the Portal at <http://www.qualitynet.org/pqri> on the Internet.

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

Additional Help for Physician Quality Reporting, eRx Incentive Program, and IACS

For help accessing IACS, the Portal, or feedback reports, for questions about your feedback report(s) or the programs themselves, contact the QualityNet Help Desk at **1-866-288-8912** (TTY 1-877-715-6222) or via e-mail at Onetsupport@sdps.org. Hours of operation are Monday through Friday 7:00 a.m. to 7:00 p.m. CST.

To request an NPI-level feedback report, or for questions concerning the status of incentive payments and any offset applied, contact your carrier or 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.gov/MLNGenInfo/01_Overview.asp on the CMS website.

Additional Information

Please remember that eligible professional and group practice provider enrollment information must be current in the Medicare Provider Enrollment Chain and Ownership System (PECOS) in order to request an IACS account. An IACS account is needed to access the Portal and view or download TIN-level feedback reports. See <http://www.cms.gov/MedicareProviderSupEnroll/> for more information, including a link to Internet-based PECOS.

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