

# Obtaining the 'PV-PQRS Group Representative' Role in IACS

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## **Introduction**

The Physician Value-Physician Quality Reporting System (PV-PQRS) Group Representative role allows the user to perform the following tasks on behalf of the group practice:

- Register to participate in the PQRS Group Practice Reporting Option (GPRO).
- Obtain the group practice's Quality and Resource Use Report (QRUR) and Supplemental QRUR.

Information about registering to participate in the PQRS GPRO and obtaining QRURs is available at <http://www.cms.gov/PhysicianFeedbackProgram>.

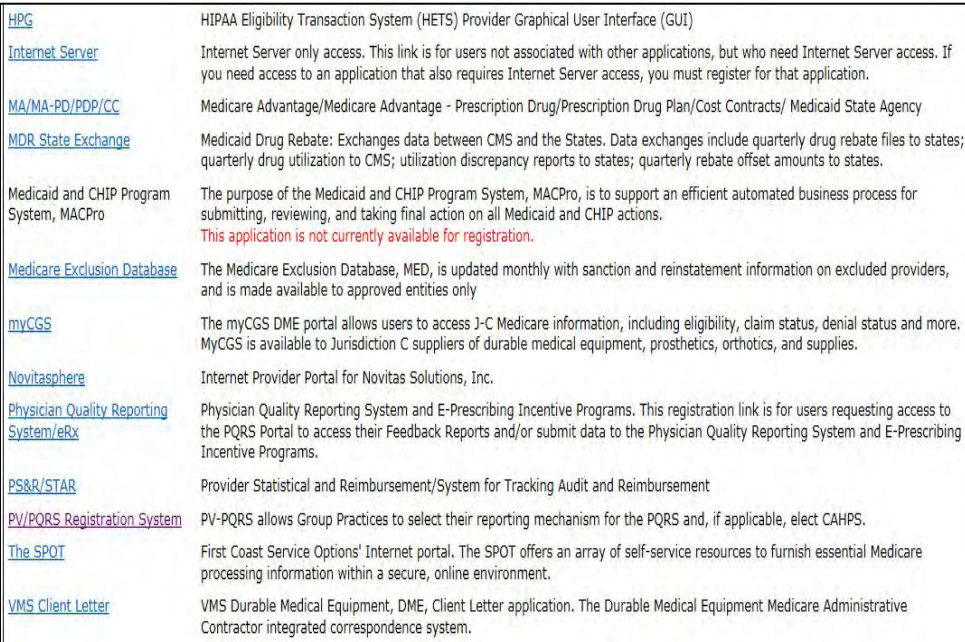
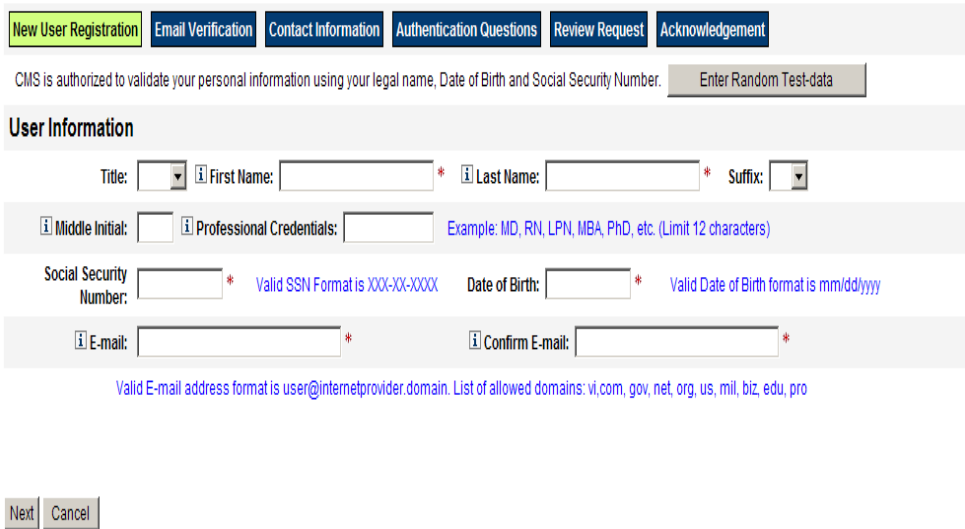
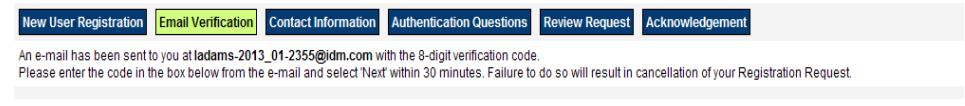
Group practices are identified in IACS by their Medicare billing Taxpayer Identification Number (TIN). A group practice consists of **two or more eligible professionals** (as identified by their National Provider Identifier (NPI)) that bill under the TIN. To find out if a TIN is already registered in IACS and who is the TIN's Group Security Official, please contact the QualityNet Help Desk and provide the TIN and the name of the group practice.

Please gather the following information before you begin the process for signing up for an IACS account with a PV-PQRS Group Representative role:

- **User Information:** First Name, Last Name, Social Security Number, Date of Birth, and E-mail.
- **Professional Contact Information:** Office Telephone, Company Name, and Address.
- **Organization Information:**
  - Group practice's Medicare billing TIN.

**Step-by-Step Instructions:** You have **15 minutes** to complete each screen (unless a different time is noted on the screen). Otherwise, you will lose all of the information you filled in and will need to start the process again.

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Steps	Screenshots
<p>1. Navigate to <a href="https://applications.cms.hhs.gov">https://applications.cms.hhs.gov</a>.</p> <p>2. Select <b>Enter CMS Applications Portal</b>, select <b>Account Management</b>, select <b>New User Registration</b>, and select <b>PV/PQRS Registration System</b>.</p>	 <p><b>HPG</b> Internet Server MA/MA-PD/PDP/CC MDR State Exchange Medicaid and CHIP Program System, MACPro Medicare Exclusion Database myCGS Novitasphere Physician Quality Reporting System/eRx PS&amp;R/STAR PV/PQRS Registration System The SPOT VMS Client Letter</p> <p>HIPAA Eligibility Transaction System (HETS) Provider Graphical User Interface (GUI) Internet Server only access. This link is for users not associated with other applications, but who need Internet Server access. If you need access to an application that also requires Internet Server access, you must register for that application. Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Plan/Cost Contracts/ Medicaid State Agency Medicaid Drug Rebate: Exchanges data between CMS and the States. Data exchanges include quarterly drug rebate files to states; quarterly drug utilization to CMS; utilization discrepancy reports to states; quarterly rebate offset amounts to states. The purpose of the Medicaid and CHIP Program System, MACPro, is to support an efficient automated business process for submitting, reviewing, and taking final action on all Medicaid and CHIP actions. <b>This application is not currently available for registration.</b> The Medicare Exclusion Database, MED, is updated monthly with sanction and reinstatement information on excluded providers, and is made available to approved entities only The myCGS DME portal allows users to access J-C Medicare information, including eligibility, claim status, denial status and more. MyCGS is available to Jurisdiction C suppliers of durable medical equipment, prosthetics, orthotics, and supplies. Internet Provider Portal for Novitas Solutions, Inc. Physician Quality Reporting System and E-Prescribing Incentive Programs. This registration link is for users requesting access to the PQRS Portal to access their Feedback Reports and/or submit data to the Physician Quality Reporting System and E-Prescribing Incentive Programs. Provider Statistical and Reimbursement/System for Tracking Audit and Reimbursement PV-PQRS allows Group Practices to select their reporting mechanism for the PQRS and, if applicable, elect CAHPS. First Coast Service Options' Internet portal. The SPOT offers an array of self-service resources to furnish essential Medicare processing information within a secure, online environment. VMS Durable Medical Equipment, DME, Client Letter application. The Durable Medical Equipment Medicare Administrative Contractor integrated correspondence system.</p>
<p>3. After accepting the <b>Terms and Conditions</b>, enter the required <b>User Information</b> in the <b>New User Registration</b> screen and select <b>Next</b>.</p> <p><b>Note:</b> A valid E-mail address is required in order to receive the verification code that needs to be entered in step 4.</p>	 <p><b>New User Registration</b></p> <p>CMS is authorized to validate your personal information using your legal name, Date of Birth and Social Security Number. <input type="button" value="Enter Random Test-data"/></p> <p><b>User Information</b></p> <p>Title: <input type="text"/> First Name: <input type="text"/> * Last Name: <input type="text"/> * Suffix: <input type="text"/></p> <p>Middle Initial: <input type="text"/> Professional Credentials: <input type="text"/> Example: MD, RN, LPN, MBA, PhD, etc. (Limit 12 characters)</p> <p>Social Security Number: <input type="text"/> * Valid SSN Format is XXX-XX-XXXX Date of Birth: <input type="text"/> * Valid Date of Birth format is mm/dd/yyyy</p> <p>E-mail: <input type="text"/> * Confirm E-mail: <input type="text"/> *</p> <p>Valid E-mail address format is user@internetprovider.domain. List of allowed domains: vi.com, gov, net, org, us, mil, biz, edu, pro</p> <p><input type="button" value="Next"/> <input type="button" value="Cancel"/></p>
<p>4. Enter the verification code sent to your registered email and select <b>Next</b>.</p> <p><b>Note:</b> The registered email is the email you provided in Step 3.</p>	 <p><b>E-mail Address Verification</b></p> <p>An e-mail has been sent to you at <a href="mailto:ladams-2013_01-2355@idm.com">ladams-2013_01-2355@idm.com</a> with the 8-digit verification code. Please enter the code in the box below from the e-mail and select 'Next' within 30 minutes. Failure to do so will result in cancellation of your Registration Request.</p> <p>Verification Code: <input type="text" value="25882500"/> * <a href="#">Re-send verification code</a></p>

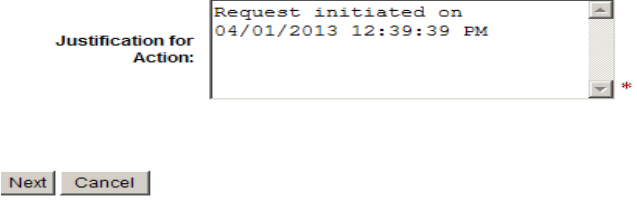
If you have questions or need further assistance, please contact the QualityNet Help Desk by phone at (866) 288-8912 (TTY 1-877-715-6222) or by email at [qnet-support@hcqis.org](mailto:qnet-support@hcqis.org). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

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<p>5. Enter the required information in the <b>Professional Contact Information</b> section.</p> <p><i>Note: The User Information section is pre-populated from Step 3.</i></p>	<p><b>New User Registration</b></p> <p> <a href="#">New User Registration</a> <a href="#">Email Verification</a> <a href="#">Contact Information</a> <a href="#">Authentication Questions</a> <a href="#">Review Request</a> <a href="#">Acknowledgement</a> </p> <p>CMS is authorized to validate your personal information using your legal name, Date of Birth and Social Security Number. <a href="#">Enter Random Test-data</a></p> <p><b>User Information</b></p> <p>             Title: <input type="text" value="Ms."/> <input type="text" value="First Name: Lea"/> * <input type="text" value="Last Name: Smith-Adams"/> * Suffix: <input type="text"/> </p> <p> <input type="text" value="Middle Initial: K"/> <input type="text" value="Professional Credentials: BS"/> Example: MD, RN, LPN, MBA, PhD, etc. (Limit 12 characters)         </p> <p>             Social Security Number: <input type="text" value="235-50-0000"/> * Valid SSN Format is XXX-XX-XXXX Date of Birth: <input type="text" value="03/29/1973"/> * Valid Date of Birth format is mm/dd/yyyy         </p> <p> <input type="text" value="E-mail: ladams-2013_01-2355@idm.com"/> * <input type="text" value="Confirm E-mail: ladams-2013_01-2355@idm.com"/> *         </p> <p>Valid E-mail address format is user@internetprovider.domain. List of allowed domains: vi.com, gov, net, org, us, mil, biz, edu, pro</p> <p><b>Professional Contact Information</b></p> <p> <input type="text" value="Office Telephone: 235-236-2360"/> * <input type="text" value="Ext: 235"/> Valid Phone Number Format is XXX-XXX-XXXX         </p> <p> <input type="text" value="Company Name: ABCD Inc."/> * <input type="text" value="Company Telephone: 235-235-2360"/> <input type="text" value="Ext: 235"/> </p> <p> <input type="text" value="Address 1: 101 Main Street"/> * <input type="text" value="Address 2: Suite 102"/> </p> <p> <input type="text" value="City: Baltimore"/> * <input type="text" value="State/Territory: MD"/> * <input type="text" value="Zip Code: 23493"/> * - <input type="text" value="2349"/> </p>
<p>6. Select the <b>PV PQRS Group Representative</b> role under <b>Access Request</b>.</p> <p><i>Note: The screen will refresh after you select the role and display the appropriate fields that you need to complete.</i></p>	<p><b>Access Request</b></p> <p>User Type: <a href="#">PV/PQRS Registration System</a></p> <p>Role: <input type="text" value="PV PQRS Group Representative"/> *</p>
<p>7. Enter you group practice's Medicare billing <b>TIN</b> and select <b>Search</b>.</p>	<p><b>Organization Search</b></p> <p> <input type="text" value="TIN: "/> * Group Practice's 9 digit Medicare Billing TIN in XX-XXXXXXX format         </p> <p><input type="button" value="Search"/></p>
<p>8. Select the Organization's Name from the <b>Organization</b> dropdown menu.</p> <p><i>Note: If your Organization cannot be found, please verify that your group practice has an approved primary PV-PQRS Group Security Official and you</i></p>	<p>Select the Organization you want to associate with, from the list below.</p> <p> <input type="text" value="Organization: "/> * <input type="button" value="New Search"/> <a href="#">Click 'New Search' to search for a new Organization.</a> </p>

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<p><i>entered the group practice's Medicare billing TIN correctly. If you do not know your Group Security Official, contact the QualityNet Help Desk.</i></p>																													
<p>9. Enter the <b>Justification for Action</b> (e.g., new user or modify existing account) and select <b>Next</b>.</p>																													
<p>10. Complete at least two <b>Authentication Questions</b> and select <b>Next</b>. (<i>Note: Fields are case sensitive</i>)</p>	<p><b>Authentication Questions</b></p> <p>Please answer at least 2 of the following questions, and then select "Next" to proceed with registration.</p> <p> <a href="#">New User Registration</a> <a href="#">Email Verification</a> <a href="#">Contact Information</a> <a href="#">Authentication Questions</a> <a href="#">Review Request</a> <a href="#">Acknowledgement</a> </p> <table border="1"> <thead> <tr> <th>Question</th><th>Answer</th></tr> </thead> <tbody> <tr> <td>What is your grandmother's maiden name?</td><td><input type="text" value="i"/></td></tr> <tr> <td>What was the model of your first car?</td><td><input type="text" value="1"/></td></tr> <tr> <td>What is the middle name of your oldest cousin?</td><td><input type="text"/></td></tr> <tr> <td>What was the name of your first pet?</td><td><input type="text"/></td></tr> <tr> <td>What was your childhood phone number?</td><td><input type="text"/></td></tr> <tr> <td>What was the first name of your first boyfriend?</td><td><input type="text"/></td></tr> <tr> <td>What was the first name of your first girlfriend?</td><td><input type="text"/></td></tr> <tr> <td>What is the name of your first elementary school?</td><td><input type="text"/></td></tr> <tr> <td>What was your childhood street name?</td><td><input type="text"/></td></tr> <tr> <td>What was the name of your first employer?</td><td><input type="text"/></td></tr> <tr> <td>What was your grandfather's profession?</td><td><input type="text"/></td></tr> <tr> <td>What was the name of your first college roommate?</td><td><input type="text"/></td></tr> <tr> <td>Where was your wedding reception held?</td><td><input type="text"/></td></tr> </tbody> </table> <p> <a href="#">Back</a> <a href="#">Next</a> <a href="#">Cancel</a> </p>	Question	Answer	What is your grandmother's maiden name?	<input type="text" value="i"/>	What was the model of your first car?	<input type="text" value="1"/>	What is the middle name of your oldest cousin?	<input type="text"/>	What was the name of your first pet?	<input type="text"/>	What was your childhood phone number?	<input type="text"/>	What was the first name of your first boyfriend?	<input type="text"/>	What was the first name of your first girlfriend?	<input type="text"/>	What is the name of your first elementary school?	<input type="text"/>	What was your childhood street name?	<input type="text"/>	What was the name of your first employer?	<input type="text"/>	What was your grandfather's profession?	<input type="text"/>	What was the name of your first college roommate?	<input type="text"/>	Where was your wedding reception held?	<input type="text"/>
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12. Record the registration request tracking number displayed on the <b>Registration Acknowledgement</b> screen.	<div><h3>Registration Acknowledgement</h3><div><a href="#">New User Registration</a><a href="#">Email Verification</a><a href="#">Contact Information</a><a href="#">Authentication Questions</a><a href="#">Review Request</a><a href="#">Acknowledgement</a></div><p>Your IACS request has been successfully submitted.</p><p>The tracking number for your request is: <b>REQ-1364575271971</b> Please use this number in all correspondence concerning this request.</p><p>You will be contacted via e-mail after your request has been processed.</p><p>Click 'OK' to close your browser window.</p><div><a href="#">OK</a></div></div>																																																																																										

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<u>Steps</u>	<u>Screenshots</u>
<p>13. Once the request is approved, you will receive an IACS User ID and temporary password in two separate emails sent to the registered email address.</p> <p><i>Note: Your request must be approved by the group practice's primary or backup Security Official within 12 calendar days after it is submitted. Otherwise, the request will be canceled and need to be resubmitted.</i></p> <p>14. After receiving your IACS User ID and temporary password, log into <a href="https://applications.cms.hhs.gov">https://applications.cms.hhs.gov</a> to change your password. Select <b>Enter CMS Applications Portal</b>, select <b>Account Management</b>, select <b>My Profile</b>, and accept the <b>Terms and Conditions</b>. Enter your IACS User ID and temporary password in the <b>Login to IACS</b> screen and select <b>Log In</b>. Change the password when prompted.</p> <p>15. You will be able to use your IACS User ID and password to log into <a href="https://portal.cms.gov">https://portal.cms.gov</a> in order to:</p> <ul style="list-style-type: none"> <li>• Register to participate in the PQRS GPRO; and</li> <li>• Obtain the group practice's QRUR and Supplemental QRUR.</li> </ul>	

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## How to Retrieve a Forgotten Password

If you forget your IACS password, then you can reset the password by following the steps listed below.

1	Navigate to <a href="https://applications.cms.hhs.gov">https://applications.cms.hhs.gov</a> .
2	After accepting the <b>Terms and Conditions</b> , enter your IACS User ID and then select the <b><i>Forgot Your Password?</i></b> hyperlink.
3	Enter the SSN and the E-mail address and select <b><i>Next</i></b> .
4	When prompted, answer the Authentication Questions and select <b><i>Next</i></b> .
5	On the <b>Change Password</b> screen, enter the new password.
6	Confirm new password and select <b><i>Change Password</i></b> .
7	On the <b>Change Password Results</b> screen, select <b><i>OK</i></b> .

**Note:** You will not be allowed to change the password more than once a day.

## How to Reset an Expired Password (Password expired after 60 days)

Your IACS password must be changed at least once every 60 days. In the event your password does expire, you will be prompted to change your password when you log into your IACS account by following the steps listed below.

1	Navigate to <a href="https://applications.cms.hhs.gov">https://applications.cms.hhs.gov</a> .
2	After accepting the <b>Terms and Conditions</b> , enter your IACS User ID and Password on the <b>Login to IACS</b> screen and select <b><i>Login</i></b> .
3	The system will display a message that your password has expired and you will be prompted to change your password.
4	On <b>Change Password</b> screen, enter your current password, a new password and re-enter the new password again.
5	Select <b><i>Change Password</i></b> to complete the Change Password process.
6	On the <b>Change Password Results</b> screen, select <b><i>OK</i></b> .

**Note:** The IACS password must conform to the following CMS Password Policy:

- The password must be changed at least every 60 days.
- The password must be eight characters long.
- The password must start with an alphabetical character.
- The password must contain at least one number.
- The password must contain at least one lower case letter.
- The password must contain at least one upper case letter.
- The password must not contain the User ID.
- The password must not contain four consecutive characters from any of the previous six passwords.
- The password must be different from the previous six passwords.

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