

Obtaining the 'PV-PQRS Group Security Official' Role in IACS

Introduction

The primary or backup Physician Value-Physician Quality Reporting System (PV-PQRS) Group Security Official 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.
- Approve requests for the "PV-PQRS Group Representative" role in IACS.

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


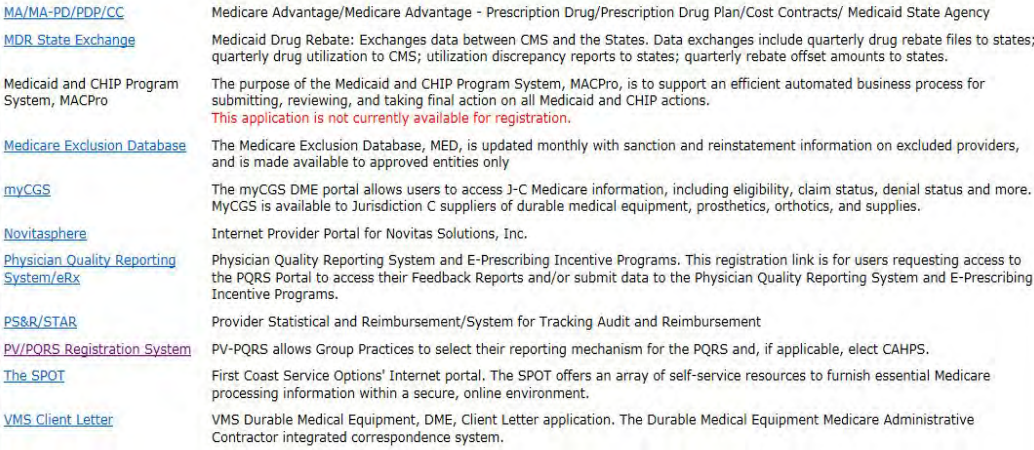
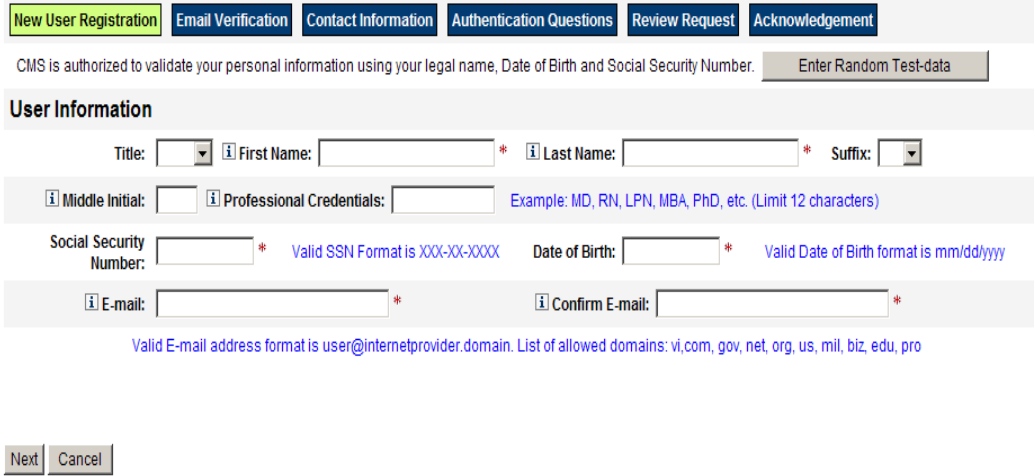
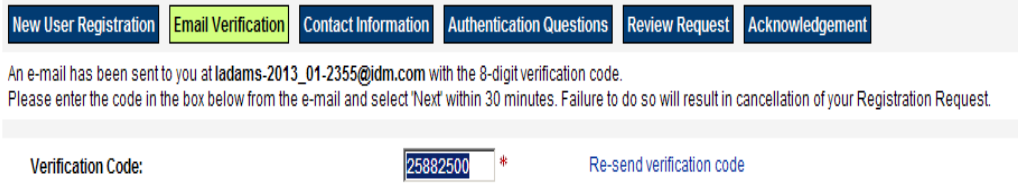
Group practices are identified in IACS by their Medicare billing Taxpayer Identification Number (TIN). A group practice consists of **two or more eligible professionals** (as identified by their National Provider Identifier (NPI)) that bill under the TIN. To find out if a TIN is already registered in 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 Security Official 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:**
 - For a **primary** Group Security Official role: Group practice's Medicare billing TIN, Legal Business Name, Rendering National Provider Identifiers (NPIs) for **two different** eligible professionals who bill under the TIN and their corresponding individual Provider Transaction Access Numbers (PTANs) (*do not use the GROUP NPI or GROUP PTAN*), Address, and Phone Number.
 - OR**
 - For a **backup** Group Security Official role: 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. Please follow each step listed below unless otherwise noted for primary or backup role-specific screens.

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Steps	Screenshots
<p>1. Navigate to https://applications.cms.hhs.gov</p> <p>2. Select Enter CMS Applications Portal, select Account Management, select New User Registration, and select PV/PQRS Registration System.</p> 	 <p>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&R/STAR PV/PQRS Registration System The SPOT VMS Client Letter</p> <p>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. <i>This application is not currently available for registration.</i> 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 Terms and Conditions, enter the required User Information in the New User Registration screen and select Next.</p> <p>Note: A valid E-mail address is required in order to receive the verification code that needs to be entered in step 4.</p>	 <p>New User Registration</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>User Information</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 Next.</p> <p>Note: The registered email is the email you provided in Step 3.</p>	 <p>E-mail Address Verification</p> <p>Email Verification</p> <p>An e-mail has been sent to you at ladams-2013_01-2355@idm.com 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"/> 25882500 * Re-send verification code</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. 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 Professional Contact Information section.</p> <p><i>Note: The User Information section is pre-populated from Step 3.</i></p>	<p>New User Registration</p> <p> New User Registration Email Verification Contact Information Authentication Questions Review Request Acknowledgement </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>User Information</p> <p> Title: <input type="text" value="Ms."/> * First Name: <input type="text" value="Hannah"/> * Last Name: <input type="text" value="Smith-Walker"/> * Suffix: <input type="text"/> </p> <p> Middle Initial: <input type="text" value="V"/> Professional Credentials: <input type="text" value="BCom"/> Example: MD, RN, LPN, MBA, PhD, etc. (Limit 12 characters) </p> <p> Social Security Number: <input type="text" value="356-50-0011"/> * 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> E-mail: <input type="text" value="hwalker-2013_01-7851@idm.com"/> * Confirm E-mail: <input type="text" value="hwalker-2013_01-7851@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>Professional Contact Information</p> <p> Office Telephone: <input type="text" value="785-785-7853"/> * Ext: <input type="text" value="784"/> Valid Phone Number Format is XXX-XXX-XXXX </p> <p> Company Name: <input type="text" value="ABCD Inc."/> * Company Telephone: <input type="text" value="784-784-7849"/> Ext: <input type="text" value="784"/> </p> <p> Address 1: <input type="text" value="101 Main Street"/> * Address 2: <input type="text" value="Suite 102"/> </p> <p> City: <input type="text" value="Baltimore"/> * State/Territory: <input type="text" value="MD"/> * Zip Code: <input type="text" value="78582"/> * - <input type="text" value="7858"/> </p>
<p>6. Select the PV PQRS Group Security Official role under Access Request.</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>If you are requesting a primary Group Security Official role, proceed to Step 7(a).</p> <p>If you are requesting a backup Group Security Official role, proceed to Step 7(b).</p>	<p>Access Request</p> <p>User Type: PV/PQRS Registration System</p> <p>Role: <input type="text" value="PV PQRS Group Security Official"/> *</p>
<p>7. (a) Primary Group Security Official:</p> <p>If you are the first person in your group practice to sign up for an IACS account, select Create a New Organization. Then proceed to Step 8(a).</p> <p>OR(b) Backup Group Security Official:</p> <p>If you are signing up for an</p>	<p>Access Request</p> <p>User Type: PV/PQRS Registration System</p> <p>Role: <input type="text" value="PV PQRS Group Security Official"/> *</p> <p> <input checked="" type="radio"/> Create a new Organization <input type="radio"/> Associate to an Existing Organization </p>

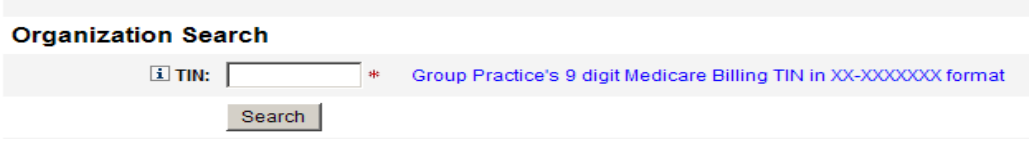
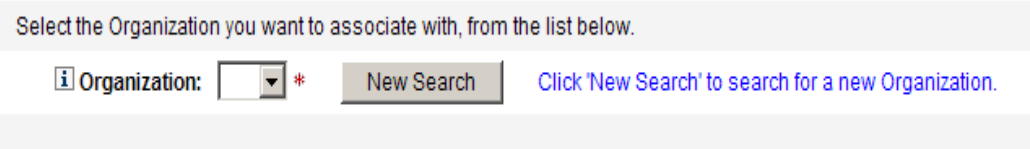
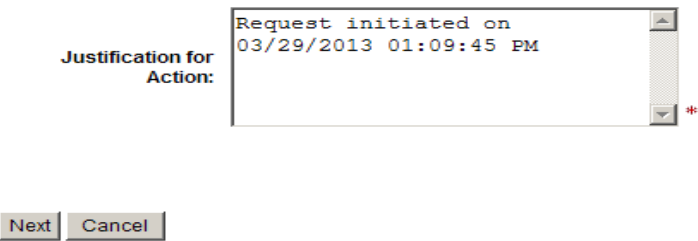
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<p>IACS account in order to become your group practice's backup Group Security Official, select Associate to an Existing Organization. Then proceed to Step 8(b)(1).</p>	
<p>8. (a) Primary Group Security Official: Enter your group practice's Medicare billing TIN; enter rendering NPIs for two different eligible professionals who bill under the TIN (<i>do not use the group NPI</i>) and enter their corresponding individual PTANs (<i>do not use the group PTAN</i>); and enter the remaining required Organization Information. Then proceed to Step 9.</p> <p>Example: Healthy Clinic with Medicare billing TIN 74-7575757 has ten eligible professionals in the group. Enter the rendering NPI and individual PTAN combinations for two of the eligible professionals: Dr. Smith and Dr. Beaver.</p> <ul style="list-style-type: none"> Dr. Smith's rendering NPI is 4545454545 and the corresponding individual PTAN is G676767676. <i>Note: PTANs are alphanumeric therefore, enter the alpha characters.</i> Dr. Beaver's rendering NPI is 2525252525 and the corresponding individual PTAN is 0012789456. <i>Note: All leading zeros in the PTAN should be entered.</i> 	 <p>Organization Information</p> <p>TIN: 74-7575757 * Group Practice's 9 digit Medicare Billing TIN in XX-XXXXXXX format</p> <p>Legal Business Name: Healthy Clinic * Group Practice's Legal Business Name</p> <p>NPI 1: 4545454545 * PTAN 1: G676767676 * Individual Physician's PTAN corresponding to NPI 1</p> <p>NPI 2: 2525252525 * PTAN 2: 0012789456 * Individual Physician's PTAN corresponding to NPI 2</p> <p>NPI 3: * PTAN 3: * Individual Physician's PTAN corresponding to NPI 3</p> <p>Address Line 1: 101 Main St * Address Line 2: *</p> <p>City: Baltimore * State: MD * Zip Code: 21244 * Zip 4: *</p> <p>Country: United States</p> <p>Phone Number: 410-111-2222 * Group Practice's 10 digit contact phone number in XXX-XXX-XXXX format</p> <p>Fax Number: * Group Practice's 10 digit fax number in XXX-XXX-XXXX format</p>

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<p>8. (b)(1) Backup Group Security Official: Enter your group practice's Medicare billing TIN and select Search.</p>	
<p>8. (b)(2) Backup Group Security Official: Select the Organization's Name from the Organization 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 entered the group practice's Medicare billing TIN correctly. If you do not know the primary Group Security Official, contact the QualityNet Help Desk.</i></p>	
<p>9. Enter the Justification for Action (e.g., new user or modify existing account) and select Next.</p>	


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10. Complete at least <u>two</u> Authentication Questions and select Next . (<i>Note: Fields are case sensitive</i>)	<div><h3>Authentication Questions</h3><p>Please answer at least 2 of the following questions, and then select "Next" to proceed with registration.</p><div>New User Registration Email Verification Contact Information Authentication Questions Review Request Acknowledgement</div><table><thead><tr><th>Question</th><th>Answer</th></tr></thead><tbody><tr><td>What is your grandmother's maiden name?</td><td>Smith</td></tr><tr><td>What was the model of your first car?</td><td>Honda</td></tr><tr><td>What is the middle name of your oldest cousin?</td><td></td></tr><tr><td>What was the name of your first pet?</td><td></td></tr><tr><td>What was your childhood phone number?</td><td></td></tr><tr><td>What was the first name of your first boyfriend?</td><td></td></tr><tr><td>What was the first name of your first girlfriend?</td><td></td></tr><tr><td>What is the name of your first elementary school?</td><td></td></tr><tr><td>What was your childhood street name?</td><td></td></tr><tr><td>What was the name of your first employer?</td><td></td></tr><tr><td>What was your grandfather's profession?</td><td></td></tr><tr><td>What was the name of your first college roommate?</td><td></td></tr><tr><td>Where was your wedding reception held?</td><td></td></tr></tbody></table><div>Back Next Cancel</div></div>	Question	Answer	What is your grandmother's maiden name?	Smith	What was the model of your first car?	Honda	What is the middle name of your oldest cousin?		What was the name of your first pet?		What was your childhood phone number?		What was the first name of your first boyfriend?		What was the first name of your first girlfriend?		What is the name of your first elementary school?		What was your childhood street name?		What was the name of your first employer?		What was your grandfather's profession?		What was the name of your first college roommate?		Where was your wedding reception held?	
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11. Verify that the information is correct on the Review Registration Details screen and select Submit .	<div><h3>Review Registration Details</h3><div>New User RegistrationEmail VerificationContact InformationAuthentication QuestionsReview RequestAcknowledgement</div><p>The following is the information you entered on the New User Registration Form. Please review the information below to verify correctness.</p><ul style="list-style-type: none">- To modify any of the information, click 'Edit'.- If the information is correct and you wish to proceed, click 'Submit'.<div><table><tr><td>First Name:</td><td>Hannah</td><td>MI:</td><td>V</td><td>Last Name:</td><td>Smith-Walker</td></tr><tr><td>Title:</td><td>Ms.</td><td>Suffix:</td><td></td><td>Professional Credentials:</td><td>BCom</td></tr><tr><td>Social Security Number:</td><td colspan="5">*****0011</td></tr><tr><td>Date of Birth:</td><td colspan="5">03/29/1973</td></tr><tr><td>E-mail:</td><td colspan="5">hwalker2013_01-7851@idm.com</td></tr><tr><td>Office Telephone:</td><td colspan="5">785-785-7853 X784</td></tr></table> <table><tr><td>Company Name:</td><td>ABCD Inc</td><td>Company Telephone:</td><td>784-784-7849 X784</td></tr><tr><td>Address 1:</td><td>101 Main St</td><td>Address 2:</td><td>Suite 102</td></tr><tr><td>City:</td><td>Baltimore</td><td>State/Territory:</td><td>MD</td></tr><tr><td></td><td></td><td>Zip Code:</td><td>78582-7858</td></tr></table> <table><tr><td>User Type:</td><td colspan="3">PV/PQRS Registration System</td></tr><tr><td>Role:</td><td colspan="3">PV PQRS Group Security Official</td></tr><tr><td>TIN:</td><td colspan="3">74-5757575</td></tr><tr><td>Legal Business Name:</td><td colspan="3">Healthy Clinic</td></tr><tr><td>NPI 1:</td><td>4545454545</td><td>PTAN 1:</td><td>G676767676</td></tr><tr><td>NPI 2:</td><td>2525252525</td><td>PTAN 2:</td><td>0012789456</td></tr><tr><td>NPI 3:</td><td></td><td>PTAN 3:</td><td></td></tr><tr><td>Address Line 1:</td><td>101 Main St</td><td>Address Line 2:</td><td></td></tr><tr><td>City:</td><td>Baltimore</td><td>State:</td><td>MD</td></tr><tr><td>Zip 4:</td><td></td><td>Zip Code:</td><td>21244</td></tr><tr><td>Phone Number:</td><td colspan="3">410-111-2222</td></tr><tr><td>Fax Number:</td><td colspan="3"></td></tr></table> Authentication Questions<table><tr><th>Question</th><th>Answer</th></tr><tr><td>What is your grandmother's maiden name?</td><td>Smith</td></tr><tr><td>What was the model of your first car?</td><td>Honda</td></tr></table><div>SubmitEditCancel</div></div></div>	First Name:	Hannah	MI:	V	Last Name:	Smith-Walker	Title:	Ms.	Suffix:		Professional Credentials:	BCom	Social Security Number:	*****0011					Date of Birth:	03/29/1973					E-mail:	hwalker2013_01-7851@idm.com					Office Telephone:	785-785-7853 X784					Company Name:	ABCD Inc	Company Telephone:	784-784-7849 X784	Address 1:	101 Main St	Address 2:	Suite 102	City:	Baltimore	State/Territory:	MD			Zip Code:	78582-7858	User Type:	PV/PQRS Registration System			Role:	PV PQRS Group Security Official			TIN:	74-5757575			Legal Business Name:	Healthy Clinic			NPI 1:	4545454545	PTAN 1:	G676767676	NPI 2:	2525252525	PTAN 2:	0012789456	NPI 3:		PTAN 3:		Address Line 1:	101 Main St	Address Line 2:		City:	Baltimore	State:	MD	Zip 4:		Zip Code:	21244	Phone Number:	410-111-2222			Fax Number:				Question	Answer	What is your grandmother's maiden name?	Smith	What was the model of your first car?	Honda
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12. Record the registration request tracking number displayed on the Registration Acknowledgement screen.	<div><h3>Registration Acknowledgement</h3><div>New User RegistrationEmail VerificationContact InformationAuthentication QuestionsReview RequestAcknowledgement</div><p>Your IACS request has been successfully submitted.</p><div> Print</div><p>The tracking number for your request is: REQ-1364575271971 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>OK</div></div>																																																																																																										

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<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: The Centers for Medicare and Medicaid Services (CMS) will review a request for a <u>primary Group Security Official</u> role and notify the requestor of approval or denial within 24 hours after the request is submitted. CMS will approve a request for a <u>backup Group Security Official</u> role after verifying with the <u>primary Group Security Official</u> by phone that the requestor should have the backup Group Security Official role.</i></p> <p>14. After receiving your IACS User ID and temporary password, log into https://applications.cms.hhs.gov to change your password. Select Enter CMS Applications Portal, select Account Management, select My Profile, and accept the Terms and Conditions. Enter your IACS User ID and temporary password in the Login to IACS screen and select Log In. Change your password when prompted.</p> <p>15. You will be able to use your IACS User ID and password to log into https://portal.cms.gov in order to:</p> <ul style="list-style-type: none"> • Register to participate in the PQRS GPRO; and • Obtain the group practice's QRUR and Supplemental QRUR. 	

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Approval of 'PV-PQRS Group Representative' Roles

The primary or backup Group Security Official must approve requests for 'PV-PQRS Group Representative' roles. The request must be approved within 12 calendar days after it has been submitted. Otherwise, the request will be canceled and need to be resubmitted.

Step-by-Step Instructions

1. Navigate to <https://applications.cms.hhs.gov> .
2. Click **Enter CMS Applications Portal**, select **Account Management**, and select **My Profile**.
3. After accepting the **Terms and Conditions**, enter your IACS User ID and Password on the **Login to IACS** screen and select **Login**.
4. Select **Pending Approvals**.
Note: The **Pending Approvals** link will only appear if there is a request pending for a representative role.
5. Click on the appropriate request under the **Process** heading on the **Inbox** screen.
6. Review the request information and enter the **Approval/Rejection Justification**.
7. Select **Approve** to approve the request, **Reject** to reject the request, or **Defer** to defer the request.

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

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

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.

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 qnetupport@hcqis.org. Normal business hours are Monday-Friday from 8 am to 8 pm EST.