

National Provider Call:
Physician Quality Reporting System
(PQRS)
and
Electronic Prescribing (eRx)
Incentive Program

December 18, 2012

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Agenda



◆ CMS Updates/Announcements

◆ Presentation

- ◆ It's Not too Late – 2012 PQRS-Medicare EHR Incentive Pilot Participation
- ◆ 2012 PQRS EHR Data Submission
 - ◆ EHR Submission Overview
 - ◆ Individuals Authorized Access to CMS Computer Services (IACS) Accounts for EHR Submission
 - ◆ Steps for Reporting
- ◆ Program Year 2013 Self-Nomination Process
 - ◆ PQRS Group Practice Reporting Option (GPRO)
 - ◆ PQRS Registry Vendor
 - ◆ Maintenance of Certification Program
 - ◆ EHR Data Submission Vendor (DSV)

◆ Question and Answer Session

CMS Staff

ANNOUNCEMENTS

Program Year 2012

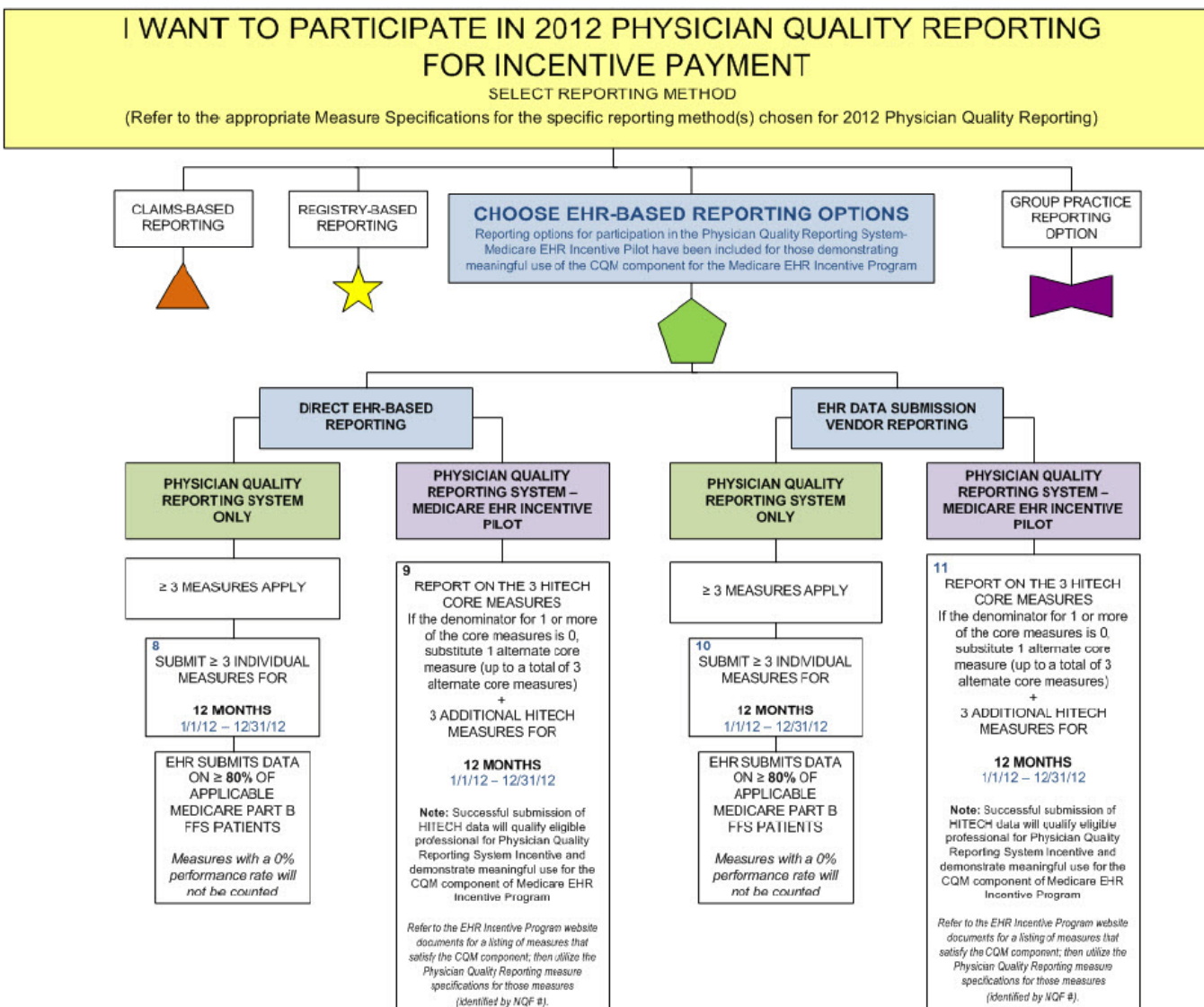
IT'S NOT TOO LATE – PQRS-MEDICARE EHR INCENTIVE PILOT PARTICIPATION

PQRS-Medicare EHR Incentive Pilot Overview



- ◆ The Medicare EHR Incentive Program provides incentive payments to eligible professionals, eligible hospitals, and critical access hospitals (CAHs) that successfully demonstrate meaningful use of certified electronic health record technology (CEHRT)
 - ◆ To successfully demonstrate meaningful use, eligible professionals, eligible hospitals, and CAHs must successfully attest to all meaningful use functional measures, including satisfactorily reporting (via attestation or electronically via the PQRS-Medicare EHR Incentive Pilot) the clinical quality measures (CQMs) as finalized in the July 28, 2012 Stage 1 final rule
- ◆ Beginning in 2012, qualified eligible professionals may satisfy the meaningful use objective to report CQMs to CMS by reporting them through:
 1. Medicare and Medicaid EHR Incentive Programs' web-based Registration and Attestation System (all eligible professionals); **or**
 2. Participation in the PQRS-Medicare EHR Incentive Pilot which utilizes the 2012 Physician Quality Reporting System (PQRS) EHR Measure Specifications (eligible professionals beyond their 1st year of demonstrating meaningful use)

PQRS-Medicare EHR Incentive Pilot Overview (cont.)



PQRS-Medicare EHR Incentive Pilot Overview (cont.)



◆ PQRS-Medicare EHR Incentive Pilot Satisfactorily Reporting

- ◆ Report on ALL three EHR Incentive Program core measures
- ◆ If there are no eligible patients for the core measures, report on up to three EHR Incentive Program alternate core measures, **AND**
- ◆ Report on three (of the 38) additional measures
 - ◇ Eligible professionals using the Direct EHR-based reporting method who do not have at least one patient in the denominator of any of the overlapping 44 HITECH measures are not allowed to participate in the PQRS-Medicare EHR Incentive Pilot
- ◆ Submission Period: January 1–December 31, 2012

PQRS-Medicare EHR Incentive Pilot Overview (cont.)



- ◆ Eligible professionals participating in the 2012 PQRS-Medicare EHR Incentive Pilot are required to:
 - ◆ Report (CQMs) based on a full calendar year (January 1–December 31)
 - ◆ Submit required data to CMS by **February 28, 2013, at 11:59 p.m. ET**
- ◆ Successful participation in the 2012 PQRS-Medicare EHR Incentive Pilot will be considered for the PQRS incentive eligibility and demonstrate meaningful use for the CQM component of Medicare EHR Incentive Program

PQRS-Medicare EHR Incentive Pilot Overview (cont.)



- ◆ To participate in the 2012 PQRS-Medicare EHR Incentive Pilot, the eligible professionals must have an Individuals Authorized Access to CMS Computer Services (IACS) account
 - ◆ For assistance with new and existing IACS accounts, review the *Quick Reference Guides* posted on the Physician and Other Health Care Professionals Quality Reporting Portal (Portal)
https://www.qualitynet.org/portal/server.pt/community/pqri_home/212
- ◆ The eligible professional must still attest to all other meaningful use functional measures to ensure EHR Incentive Program requirements for all of the objectives are performed

PQRS-Medicare EHR Incentive Pilot Overview (cont.)



◆ EHR Incentive Program Attestation

- ◆ The screen to the right shows how providers will select the PQRS-Medicare EHR Incentive Pilot (only applicable to submission of CQMs)

◆ Attestation Scenarios

Scenario #1: Provider wants to attest CQM results

- They should select 'no'

Scenario #2: Provider wants to submit CQM results through the PQRS-Medicare EHR Incentive Pilot only

- They should select 'yes'

Scenario #3: Provider wants to do both

- They should select 'no'

(This would allow for the CQM attestation screens to appear so CQM results can be entered. eReporting can still be done via the referenced link on this page even if this option is selected.)

PQRS-Medicare EHR Incentive Pilot Overview (cont.)



◆ Attestation Submission Receipt

- ◆ The screen to the right is what a user would receive after successfully attesting all of his/her MU objectives, and (s)he is then placed in “pending pilot” status until the electronic CQMs are received
- ◆ *Based on Scenario #2 on the previous slide* - selected ‘yes’ to submitting CQM results through the PQRS-Medicare EHR Incentive Pilot only

◆ Users do not have to take any further action in the attestation system

Attestation Submission Receipt

The EP demonstrates meaningful use of certified EHR technology by meeting the applicable objectives and associated measures.

- The meaningful use core measures are accepted and meet MU minimum standards.
- The meaningful use menu measures are accepted and meet MU minimum standards.

Your attestation will remain in a Pending Pilot status until it is confirmed that you have successfully submitted your CQMs electronically. The attestation status will then change to Accepted and you will not be required to take further action in the Registration and Attestation System.

Note: Please print this page for your records. You will not receive an e-mail confirmation of your attestation.

Please select the **Review Results** button below to view all measures. Select the Status Tab for additional information about your EHR incentive program participation.

Attestation Tracking Information

Attestation Confirmation Number: 1000041155

Name: rhoads stevens

TIN: XXX-XX-1903 (SSN)

NPI: 1194812503

EHR Certification Number: 123456789012345

EHR Reporting Period: 01/01/2012 - 12/31/2012

Attestation Submission Date: 11/15/2011

Reason for Attestation: You are a Medicare Eligible Professional completing an attestation for the EHR Incentive Program.

PQRS-Medicare EHR Incentive Pilot Overview (cont.)



- ◆ Changing election to participate in the PQRS-Medicare EHR Incentive Pilot
 - ◆ This may be done at any time up to the end of the Medicare EHR Incentive Program 2-month submission period, **January 1-February 28, 2013**, should the PQRS-Medicare EHR Incentive Pilot not be feasible

Medicare & Medicaid
EHR Incentive Program
Registration and Attestation System

Welcome John Doe | Log Out | Help | My Account

Home | Registration | Attestation | Status

4 Clinical Quality Measures

eReporting

Are you planning to participate in the Physician Quality Reporting System-Medicare EHR Incentive Pilot for 2012?

☐ Yes ☒ No

If you selected yes, you will need to electronically submit your clinical quality measures and you will NOT be able to attest CQM results. The reporting period for CQMs submitted electronically will be the **entire 2012 calendar year**. Please continue to submit your attestation in the Registration and Attestation System once you have completed the Meaningful Use Core and Meaningful Use Menu measures.

If you selected no, then you will be allowed to attest to the CQMs and you may also submit your CQMs electronically. To note, you will be paid based on your attestation and not be placed in a pending pilot status.

Please reference the [Clinical Quality Measure Specification Page](#) for more information on CQM eReporting.

Cancel eReporting

Canceling out of eReporting for CQMs will require you to report CQMs using the Registration and Attestation System, no later than 2 months from the end of the program year, in order to complete your attestation. The reporting period for the CQMs will be the same as entered on the Attestation Information page: **3/15/2012 – 7/20/2012**

Note: You will not be allowed to modify any previously entered information in the program.

Please confirm that you are canceling a prior election to participate in the Physician Quality Reporting System-Medicare EHR Incentive Pilot for 2012.

☐ Yes, I would like to cancel out of the eReporting for CQMs

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

[Previous](#) [Return to Attestation Progress](#) [Save & Continue](#)

Note: The Cancel E-Reporting Section appears on the screen only when the user chooses to cancel out of eReporting after the attestation is in "Pending Pilot" status

PQRS-Medicare EHR Incentive Pilot Overview (cont.)



- ◆ Utilize the *2012 EHR PQRS Measure Specifications* for reporting CQMs via the PQRS-Medicare EHR Incentive Pilot
 - ◆ Posted on the CMS PQRS web page, through the “Electronic Health Records Reporting” section in a ZIP file titled *2012 EHR Documents for Vendors* at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html> > Downloads
- ◆ Information regarding participation in the 2012 and 2013 PQRS-Medicare EHR Incentive Pilot is also available in the 2012 and 2013 PFS Final Rule published in the *Federal Register*
 - ◆ 2012 PQRS-EHR Incentive Pilot – <http://www.gpo.gov/fdsys/pkg/FR-2011-11-28/pdf/2011-28597.pdf>
 - ◆ 2013 PQRS-EHR Incentive Pilot – <http://www.gpo.gov/fdsys/pkg/FR-2012-11-16/pdf/2012-26900.pdf>

PQRS-Medicare EHR Incentive Pilot References



◆ Reference documents on the CMS PQRS website:

- ◆ *2012 EHR Measure Specifications* – Alternative Reporting Mechanisms page
- ◆ *2012 EHR Reporting Made Simple* – Educational Resources page

◆ User Guides located on the Portal sign-in page:

- ◆ *PQRS/eRx Submission User Guide*
- ◆ *PQRS/eRx Submission Report User Guide*
- ◆ *PQRS Portal User Guide*
- ◆ *PQRS/eRx Submission Engine Validation Tool (SEVT) User Guide*
- ◆ *EHR Submitter Role – Quick Reference Guide*

PQRS-Medicare EHR Incentive Pilot Help



- ◆ Contact your EHR vendor with technical questions and/or file submission errors
- ◆ If your vendor is unable to answer your questions, please contact the **QualityNet Help Desk**, available 7:00 a.m. to 7:00 p.m. CST Monday through Friday
 - ◆ **866-288-8912** (TTY 1-877-715-6222)
 - ◆ qnetsupport@sdps.org

Program Year 2012

PQRS EHR SUBMISSION

What is EHR Submission?



- ◆ An EHR is a systematic collection of electronic health information about individual patients or populations
 - ◆ A record in digital format capable of being shared across different health care settings
- ◆ CMS selects “qualified” EHR vendors annually
 - ◆ Vendors complete a thorough vetting process to verify their system and product(s) have the capability of providing the required data elements
 - ◆ Review the list of qualified EHR vendors and their product version(s) posted on the PQRS website <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/> > Electronic Health Record Reporting > Downloads
 - ◆ EHR systems certified by the Office of the National Coordinator (ONC) are considered qualified for purposes of reporting PQRS and should be included on the qualified EHR vendor list on the PQRS website

Disclaimer: While the listed EHR vendors and their qualified EHR systems and product(s) have successfully completed the vetting process, CMS cannot guarantee that any other product or version of software, other than what is listed in the posted document, will be compatible for EHR-based submission for PQRS or the eRx Incentive Program

What is EHR Submission?

(cont.)



- ◆ There are 2 types of PQRS EHR submission methods
 - ◆ Data Submission Vendor – qualified EHR data submission vendor submits measure data on the eligible professional's behalf
 - ◆ EHR Direct – eligible professional submits measure data directly from a qualified EHR system
- ◆ 2012 PQRS and eRx Incentive Program EHR data submission
January 1, 2013–February 28, 2013
 - ◆ Work with your vendor to submit early and often
 - ◆ Data submission extensions past the end dates will not be allowed
- ◆ Some qualified EHR systems are also capable of reporting the eRx Incentive Program measure to CMS
 - ◆ See the 2013 eRx Incentive Program Measure Specification for complete information at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/>
 - ◆ EHR-based reporting of 2012 eRx measure applies to 2012 eRx incentive and the 2014 eRx payment adjustment, not for 2013 eRx payment adjustment

IACS for EHR Submission



- ◆ IACS account is needed for submitting PQRS and eRx Incentive Program data via the Portal
- ◆ Practices paid under an Employer Identification Number (EIN) by Medicare Part B are considered an “organization” with IACS
- ◆ Practices paid under a Social Security Number (SSN) by Medicare Part B are considered an “Individual Practitioner” with IACS

Organizations: IACS Roles



- ◆ Eligible professionals who are paid under a TIN/EIN and would like to submit EHR/PII data will register for the following roles:
 1. **Security Official (SO):** This role creates the organization, approves roles for other users but will not have access to submit data via the Portal
 - ◆ The SO is the first person required to register with IACS for an organization
 - ◆ Once the SO has a User ID for IACS, others may register for an account

Organizations: IACS Roles (cont.)



2. Backup Security Official: This role has the ability to approve roles for other users but will not have access to submit data via the Portal

- ◇ It is not required to have a Backup Security Official

3. EHR Submitter: This role is part of a healthcare organization and is authorized to submit personally identifiable information (PII) to CMS applications

- ◇ A user within an organization is not allowed to have multiple roles
- ◇ A Security Official/Backup Security Official must approve the EHR Submitter role
- ◇ *Quick Reference Guides* are available on the Portal for complete information

Individual Practitioner: IACS Roles



- ◆ Eligible professionals who are paid under a SSN and would like to submit EHR/PII data will register for the Individual Practitioner role
 - ◆ To submit EHR/PII data, the Individual Practitioner role requires a 2-factor authentication (security identification pass code)
 - ◆ Eligible professionals should reference the *Individual Practitioner Role Quick Reference Guide* located on the Portal for guidance on how to review/edit their IACS registration, or contact the QualityNet Help Desk for assistance
- ◆ The provider is the only user eligible to register for this role with IACS
- ◆ Once the Individual Practitioner account and 2-factor authentication is set up, the provider may request the EHR Submitter role

Steps for 2012 EHR-based Reporting



◆ Step 1: Determine which measures apply to your practice

◆ PQRS Only

Eligible professionals reporting PQRS only must report at least three applicable measures

◆ PQRS-Medicare EHR Incentive Pilot

Eligible professionals participating in the PQRS-Medicare EHR Incentive Pilot must report three core and/or three alternate core, plus three additional measures

◆ Utilize the *2012 EHR Physician Quality Reporting System Measure Specifications* to report the CQM component of the EHR Incentive Program via the PQRS-Medicare EHR Incentive Pilot

◆ A list of the core, alternate core, and additional measures can be found in **Appendix A** of the *2012 Physician Quality Reporting System – Medicare EHR Incentive Program Pilot: Quick Reference Guide*

◆ Review the *2012 Physician Quality Reporting System EHR Measure Specifications*

> <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/> >
Electronic Health Record Reporting > Downloads

Steps for 2012 EHR-based Reporting (cont.)



◆ Step 2: Choose your vendor

◆ EHR Direct

- ◆ Review the list of qualified EHR vendors and their product version(s)

> <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/> > Electronic Health Record Reporting > Downloads

◆ Data Submission Vendor

- ◆ Review the list of qualified EHR Data Submission Vendors

> <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/> > Electronic Health Record Reporting > Downloads

◆ Step 3: Review measure specifications

- ◆ Review the *2012 Physician Quality Reporting System EHR Measure Specifications* and *2012 Physician Quality Reporting System EHR Measure Specifications Release Notes* to understand the details of the measures you choose to report

> <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/> > Electronic Health Record Reporting > Downloads

Steps for 2012 EHR-based Reporting (cont.)



◆ Step 4: Document patient information in your EHR

- ◆ Identify and capture *all* denominator eligible cases
- ◆ Review all denominator codes to ensure the quality action is performed and reported

◆ Step 5: Register for an IACS account

(If using a Data Submission Vendor, IACS is not required – proceed to Step 7)

- ◆ Request the EHR Submitter Role
 - ◇ If you already have an IACS account, request the EHR Submitter Role
- ◆ Refer to the *Obtaining the 'EHR Submitter Role' Quick Reference Guide* available on the Portal home page

>https://www.qualitynet.org/portal/server.pt/community/pqri_home/212#

Steps for 2012 EHR-based Reporting (cont.)



- ◆ **Step 6: Work with your qualified vendor to create files**
 - ◆ A qualified system should already be programmed to generate these files
- ◆ **Step 7: Participate in required testing for data submission or ensure your EHR DSV participates prior to payment submissions to ensure no data errors occur**
 - ◆ Work directly with your EHR vendor to discuss submission issues
- ◆ **Step 8: Submit final files or ensure your EHR Data Submission Vendor has submitted your files by the February 28, 2013 deadline**
 - ◆ Single file must be uploaded/submitted for each patient
 - ◆ Files can be batched
 - ◆ Email will be sent following each successful file upload
 - ◆ Submission Reports will be available to indicate file errors

Available Resources (cont.)



- ◆ Available Quick Reference Guides:
 - ◆ *Obtaining the Security Official Role*
 - ◆ *Obtaining the Backup Security Official Role*
 - ◆ *Obtaining the Individual Practitioner Role*
 - ◆ *Obtaining the EHR Submitter Role*
 - ◆ *IACS Account Troubleshooting Issues*
- ◆ How to find the Quick Reference Guides
 - ◆ Posted on the Portal at
https://www.qualitynet.org/portal/server.pt/community/pqri_home/212

Program Year 2013

SELF-NOMINATION PROCESS FOR GPROs, REGISTRIES, MAINTENANCE OF CERTIFICATION PROGRAM, & EHR DATA SUBMISSION VENDORS (DSVs)

Self-Nomination: Overview



◆ Self-nomination is a process used to express interest in participating in the following:

- ◆ Group practices wishing to participate in the 2013 PQRS and/or 2013 eRx Incentive Program group practice reporting option (GPRO)
- ◆ Registries that wish to participate in 2013 PQRS and/or eRx Incentive Program
- ◆ Specialty Boards that wish to participate in the 2013 PQRS Maintenance of Certification Incentive Program
- ◆ EHR DSVs that wish to participate in 2013 PQRS and/or eRx Incentive Program

Self-Nomination: PQRS GPRO



◆ How to sign-up for 2013 PQRS GPRO

1. Group practices can self-nominate for 2013 PQRS GPRO via the Communication Support Page (Portal) between **December 1, 2012–January 31, 2013**
 - ◆ An IACS log in and password are required to self-nominate via the Communication Support Page (Portal)
 - ◆ See the *Portal Quick Reference Guides* or contact the QualityNet Help Desk for assistance with IACS
2. A second timeframe to elect to report as a PQRS GPRO will occur during **summer 2013–October 2013**
 - ◆ CMS will distribute additional information and the URL for this website when it becomes available

Self-Nomination: PQRS GPRO (cont.)



- ◆ Complete information is available in the *2013 PQRS GPRO Requirements* document on the CMS PQRS website through the “Group Practice Reporting Option” link in the “Downloads” section
- ◆ GPROs are analyzed at the TIN level under the TIN submitted at the time of final self-nomination; therefore, if an organization or eligible professional changes TINs, the participation under the old TIN does not carry over to the new TIN, nor is it combined for final analysis

Note: *If you are a group practice consisting of 100 or more eligible professionals, beginning with 2013 program year, your physicians may also be subject to the 2015 Value-Based Payment Modifier, see CMS website*

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>

Self-Nomination: eRx GPRO



◆ How to sign-up for 2013 eRx GPRO

1. If the group practice is self-nominating to participate in the 2013 PQRS GPRO, the group can self-nominate for 2013 eRx GPRO at the same time via the Quality Reporting Communication Support Page (Communication Support Page-Portal) between **December 1, 2012–January 31, 2013**
 - ◆ An IACS log in and password are required to self-nominate via the Communication Support Page (Portal)
 - ◆ See the *Portal Quick Reference Guides* or contact the QualityNet Help Desk for assistance with IACS
2. If only self-nominating for 2013 eRx GPRO and not the PQRS GPRO, the group must send a self-nomination statement via email to PQRS_Vetting@mathematica-mpr.com between **December 1, 2012–January 31, 2013**

Self-Nomination: eRx GPRO (cont.)



3. If the group is part of an Accountable Care Organization (ACO), the group must send a self-nomination statement via email to PQRS_Vetting@mathematica-mpr.com
 - ◆ An ACO cannot self-nominate for 2013 PQRS GPRO, but must self-nominate if they wish to participate in 2013 eRx GPRO
 - ◆ Complete information is available in the *2013 eRx GPRO Requirements* document on the CMS eRx Incentive Program website through the “Group Practice Reporting Option” link in the “Downloads” section

Self-Nomination: Registry Vendors



◆ Self-nominate to be a 2013 PQRS and/or eRx Incentive Program Registry Vendor

- ◆ Vendors will submit an eRx and/or PQRS self-nomination statement via the Communication Support Page (Portal) between **December 1, 2012–January 31, 2013** in order to be qualified to submit registry data on behalf of providers
 - ◆ An IACS log in and password are required to self-nominate via the Communication Support Page (Portal)

Self-Nomination: Maintenance of Certification Program



- ◆ Self-nominate for the 2013 PQRS Maintenance of Certification Program
 - ◆ Specialty boards wishing to enable their members to be eligible for an additional 0.5% incentive will need to submit a PQRS self-nomination statement via the Communication Support Page (Portal) **December 1, 2012–January 31, 2013**
 - ◆ An IACS log in and password are required to self-nominate via the Communication Support Page (Portal)

***Note:** Eligible professionals wishing to participate in the Maintenance of Certification Program should contact his/her specialty board; self-nomination is not required*

Self-Nomination: EHR Data Submission Vendors



- ◆ Self-nominate to be a 2013 PQRS and/or eRx Incentive Program EHR DSV
 - ◆ Vendors will submit a PQRS and/or eRx Incentive Program self-nomination statement via the Communication Support Page (Portal)
December 1, 2012–January 31, 2013
 - ◆ An IACS log in and password are required to self-nominate via the Communication Support Page (Portal)

Self-Nomination: Vendor Information



- ◆ Additional information for vendors is available on the PQRS and eRx Incentive Program websites
- ◆ For assistance with new and existing IACS accounts contact the **QualityNet Help Desk**, available 7:00 a.m. to 7:00 p.m. CST Monday through Friday
 - ◆ **866-288-8912** (TTY 1-877-715-6222)
 - ◆ qnetsupport@sdps.org

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RESOURCES & WHO TO CALL FOR HELP

Resources



- ◆ **CMS PQRS Website**

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS>

- ◆ **CMS eRx Incentive Program Website**

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive>

- ◆ **Portal and Communication Support Page**

https://www.qualitynet.org/portal/server.pt/community/pqri_home/212

- ◆ **Medicare and Medicaid EHR Incentive Programs**

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms>

- ◆ **Value-Based Payment Modifier**

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>

- ◆ **FFS Provider Listserv**

<https://list.nih.gov/cgi-bin/wa.exe?A0=PHYSICIANS-L>

- ◆ **PQRS Frequently Asked Questions (FAQs)**

<https://questions.cms.gov/>

Where to Call for Help



◆ QualityNet Help Desk:

- ◆ Portal password issues
- ◆ PQRS/eRx feedback report availability and access
- ◆ IACS registration questions
- ◆ IACS login issues
- ◆ Program and measure-specific questions

866-288-8912 (TTY 877-715-6222)

7:00 a.m.–7:00 p.m. CST M-F or gnetsupport@sdps.org

You will be asked to provide basic information such as
name, practice, address, phone, and e-mail

◆ Provider Contact Center:

- ◆ Questions on status of 2012 PQRS/eRx Incentive Program incentive payment (during distribution timeframe)
- ◆ See *Contact Center Directory* at
<http://www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip>

◆ EHR Incentive Program Information Center:

888-734-6433 (TTY 888-734-6563)

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QUESTIONS & ANSWERS

Evaluate Your Experience with Today's National Provider Call



- ◆ To ensure that the National Provider Call (NPC) Program continues to be responsive to your needs, we are providing an opportunity for you to evaluate your experience with today's NPC. Evaluations are anonymous and strictly voluntary.
- ◆ To complete the evaluation, visit <http://npc.blhtech.com/> and select the title for today's call from the menu.
- ◆ All registrants will also receive a reminder email within two business days of the call. Please disregard this email if you have already completed the evaluation.
- ◆ We appreciate your feedback!

