

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

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>.

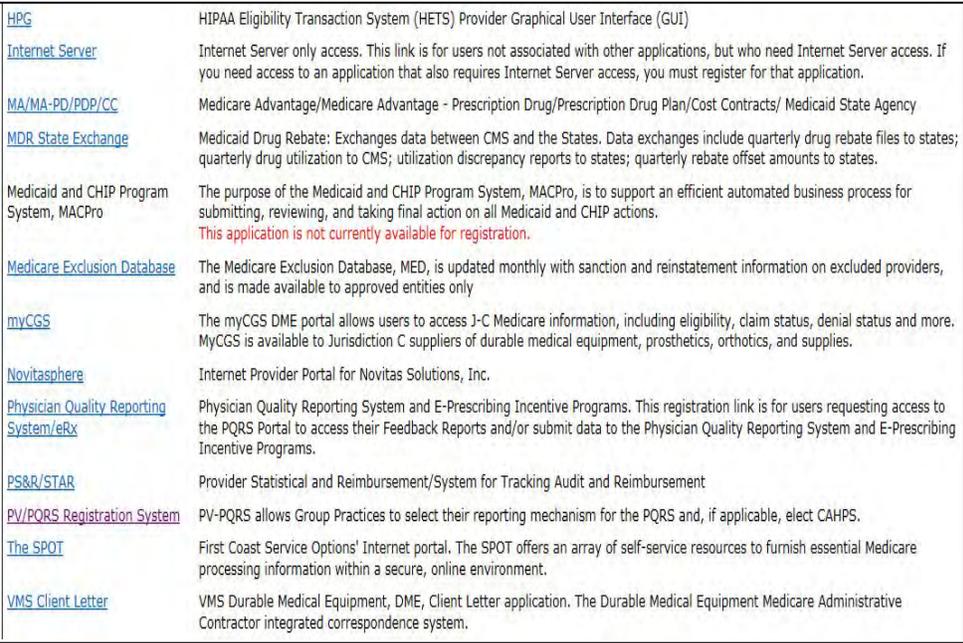
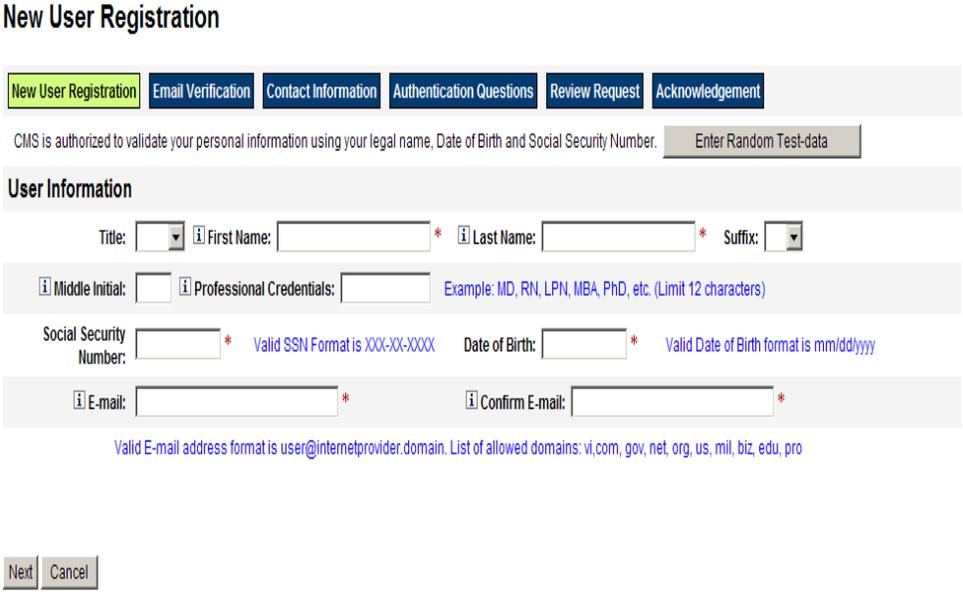
Group practices are identified in IACS by their Medicare billing Taxpayer Identification Number (TIN). A group practice consists of **two or more eligible professionals** (as identified by their National Provider Identifier (NPI)) that bill under the TIN. To find out if a TIN is already registered in 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 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>The screenshot shows a list of system links and their descriptions:</p> <ul style="list-style-type: none"> HPG: HIPAA Eligibility Transaction System (HETS) Provider Graphical User Interface (GUI) Internet Server: 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. MA/MA-PD/PDP/CC: Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Plan/Cost Contracts/ Medicaid State Agency MDR State Exchange: 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. Medicaid and CHIP Program System, MACPro: 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. This application is not currently available for registration. Medicare Exclusion Database: The Medicare Exclusion Database, MED, is updated monthly with sanction and reinstatement information on excluded providers, and is made available to approved entities only myCGS: 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. Novitasphere: Internet Provider Portal for Novitas Solutions, Inc. Physician Quality Reporting System/eRx: 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. PS&R/STAR: Provider Statistical and Reimbursement/System for Tracking Audit and Reimbursement PV/PQRS Registration System: PV-PQRS allows Group Practices to select their reporting mechanism for the PQRS and, if applicable, elect CAHPS. The SPOT: 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 Client Letter: VMS Durable Medical Equipment, DME, Client Letter application. The Durable Medical Equipment Medicare Administrative Contractor integrated correspondence system.
<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>The screenshot shows the 'New User Registration' form with the following fields:</p> <ul style="list-style-type: none"> Navigation: New User Registration (highlighted), Email Verification, Contact Information, Authentication Questions, Review Request, Acknowledgement Text: 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"/> Section: User Information Fields: Title (dropdown), First Name (*), Last Name (*), Suffix (dropdown), Middle Initial (input), Professional Credentials (input, Example: MD, RN, LPN, MBA, PhD, etc. (Limit 12 characters)), Social Security Number (*, Valid SSN Format is XXX-XX-XXXX), Date of Birth (*, Valid Date of Birth format is mm/dd/yyyy), E-mail (*), Confirm E-mail (*) Text: Valid E-mail address format is user@internetprovider.domain. List of allowed domains: vi.com, gov, net, org, us, mil, biz, edu, pro Buttons: <input type="button" value="Next"/> <input type="button" value="Cancel"/>
<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>The screenshot shows the 'E-mail Address Verification' screen with the following elements:</p> <ul style="list-style-type: none"> Navigation: New User Registration, Email Verification (highlighted), Contact Information, Authentication Questions, Review Request, Acknowledgement Text: An e-mail has been sent to you at ladams-2013_01-2355@dm.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. Form: Verification Code: <input type="text" value="25882500"/> * Text: Re-send verification code

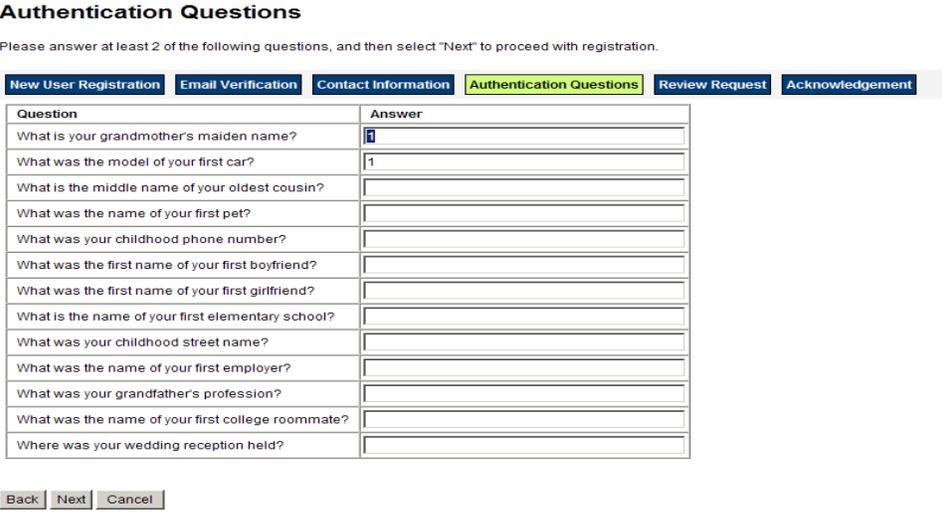
If you have questions or need further assistance, please contact the **QualityNet Help Desk** by phone at (866) 288-8912 (TTY 1-877-715-6222) or by email at qnet-support@hcqis.org. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

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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>6. Select the PV PQRS Group Representative 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>7. Enter you group practice's Medicare billing TIN and select Search.</p>	
<p>8. 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</i></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 Justification for Action (e.g., new user or modify existing account) and select Next.</p>	
<p>10. Complete at least <u>two</u> Authentication Questions and select Next. (<i>Note: Fields are case sensitive</i>)</p>	

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<p>11. Verify that the information is correct on the Review Registration Details screen and select Submit.</p>	<div style="border: 1px solid black; padding: 10px;"> <h3 style="margin-top: 0;">Review Registration Details</h3> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> New User Registration Email Verification Contact Information Authentication Questions Review Request Acknowledgement </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 style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">First Name:</td> <td style="width: 30%;">Lea</td> <td style="width: 10%;">MI:</td> <td style="width: 10%;">K</td> <td style="width: 20%;">Last Name:</td> <td style="width: 20%;">Smith-Adams</td> </tr> <tr> <td>Title:</td> <td>Ms.</td> <td>Suffix:</td> <td></td> <td>Professional Credentials:</td> <td>BS</td> </tr> <tr> <td>Social Security Number:</td> <td colspan="5">*****0000</td> </tr> <tr> <td>Date of Birth:</td> <td colspan="5">03/29/1973</td> </tr> <tr> <td>E-mail:</td> <td colspan="5">ladams-2013_01-2355@jdm.com</td> </tr> <tr> <td>Office Telephone:</td> <td colspan="5">235-236-2360 X235</td> </tr> <tr> <td colspan="6"> </td> </tr> <tr> <td>Company Name:</td> <td>ABCD Inc.</td> <td>Company Telephone:</td> <td colspan="3">235-235-2350 X235</td> </tr> <tr> <td>Address 1:</td> <td>101 Main Street</td> <td>Address 2:</td> <td colspan="3">Suite 102</td> </tr> <tr> <td>City:</td> <td>Baltimore</td> <td>State/Territory:</td> <td>MD</td> <td>Zip Code:</td> <td>23493-2349</td> </tr> <tr> <td>User Type:</td> <td colspan="5">PV/PQRS Registration System</td> </tr> <tr> <td>Role:</td> <td colspan="5">PV PQRS Group Representative</td> </tr> <tr> <td>Organization:</td> <td colspan="5">NG</td> </tr> </table> </div> <p>Authentication Questions</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="width: 70%;">Question</th> <th style="width: 30%;">Answer</th> </tr> </thead> <tbody> <tr> <td>What is your grandmother's maiden name?</td> <td style="text-align: center;">1</td> </tr> <tr> <td>What was the model of your first car?</td> <td style="text-align: center;">1</td> </tr> </tbody> </table> <div style="display: flex; justify-content: center; margin-top: 10px;"> Submit Edit Cancel </div> </div>	First Name:	Lea	MI:	K	Last Name:	Smith-Adams	Title:	Ms.	Suffix:		Professional Credentials:	BS	Social Security Number:	*****0000					Date of Birth:	03/29/1973					E-mail:	ladams-2013_01-2355@jdm.com					Office Telephone:	235-236-2360 X235											Company Name:	ABCD Inc.	Company Telephone:	235-235-2350 X235			Address 1:	101 Main Street	Address 2:	Suite 102			City:	Baltimore	State/Territory:	MD	Zip Code:	23493-2349	User Type:	PV/PQRS Registration System					Role:	PV PQRS Group Representative					Organization:	NG					Question	Answer	What is your grandmother's maiden name?	1	What was the model of your first car?	1
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<p>12. Record the registration request tracking number displayed on the Registration Acknowledgement screen.</p>	<div style="border: 1px solid black; padding: 10px;"> <h3 style="margin-top: 0;">Registration Acknowledgement</h3> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> New User Registration Email Verification Contact Information Authentication Questions Review Request Acknowledgement </div> <p>Your IACS request has been successfully submitted. Print</p> <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 style="margin-top: 20px; text-align: center;"> 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: 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 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 the 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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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 Forgot Your Password? hyperlink.
3	Enter the SSN and the E-mail address and select Next .
4	When prompted, answer the Authentication Questions and select Next .
5	On the Change Password screen, enter the new password.
6	Confirm new password and select Change Password .
7	On the Change Password Results screen, select OK .

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 Login .
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 Change Password to complete the Change Password process.
6	On the Change Password Results screen, select OK .

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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