

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

## Introduction

The Physician Value-Physician Quality Reporting System (PV-PQRS) Individual Representative role allows the user to perform the following task on behalf of the solo practitioner:

- Obtain a solo practitioner's Quality and Resource Use Report (QRUR).

Information about obtaining QRURs is available at <http://www.cms.gov/PhysicianFeedbackProgram>.

Solo practitioners are identified in IACS by their Medicare billing Taxpayer Identification Number (TIN) and rendering National Provider Identifier (NPI). A solo practitioner consists of **only one eligible professional** (as identified by the National Provider Identifier (NPI)) that bills under the TIN. To find out if a TIN is already registered in IACS and who is the TIN's Individual approver, please contact the QualityNet Help Desk and provide the TIN and the name of the solo practitioner.

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

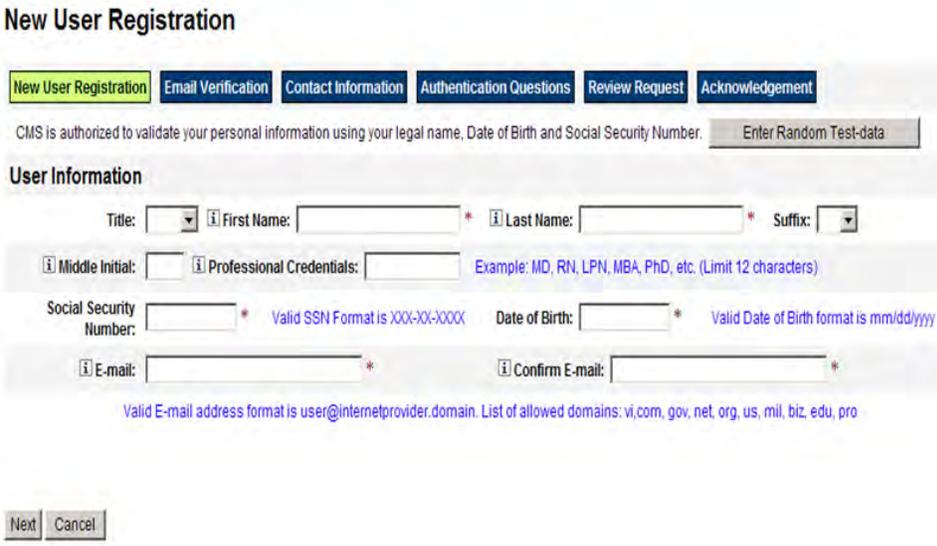
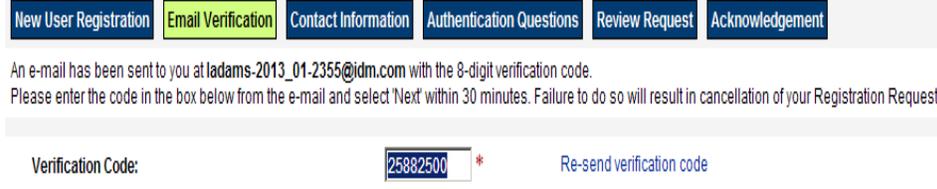
- **User Information:** First Name, Last Name, Social Security Number, Date of Birth, and E-mail.
- **Professional Contact Information:** Office Telephone, Company Name, and Address.
- **Individual Eligible Professional Information:**
  - Solo practitioner's Medicare billing TIN and rendering NPI.

**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.

Steps	Screenshots
1. Navigate to <a href="https://applications.cms.hhs.gov">https://applications.cms.hhs.gov</a>	
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> .	 <ul style="list-style-type: none"> <li><a href="#">HPG</a> HIPAA Eligibility Transaction System (HETS) Provider Graphical User Interface (GUI)</li> <li><a href="#">Internet Server</a> 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.</li> <li><a href="#">MA/MA-PD/PDP/CC</a> Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Plan/Cost Contracts/ Medicaid State Agency</li> <li><a href="#">MDR State Exchange</a> 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.</li> <li>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. <i>This application is not currently available for registration.</i></li> <li><a href="#">Medicare Exclusion Database</a> The Medicare Exclusion Database, MED, is updated monthly with sanction and reinstatement information on excluded providers, and is made available to approved entities only</li> <li><a href="#">myCGS</a> 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.</li> <li><a href="#">Novitasphere</a> Internet Provider Portal for Novitas Solutions, Inc.</li> <li><a href="#">Physician Quality Reporting System/eRx</a> 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.</li> <li><a href="#">PS&amp;R/STAR</a> Provider Statistical and Reimbursement/System for Tracking Audit and Reimbursement</li> <li><a href="#">PV/PQRS Registration System</a> PV-PQRS allows Group Practices to select their reporting mechanism for the PQRS and, if applicable, elect CAHPS.</li> <li><a href="#">The SPOT</a> 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.</li> <li><a href="#">VMS Client Letter</a> VMS Durable Medical Equipment, DME, Client Letter application. The Durable Medical Equipment Medicare Administrative Contractor integrated correspondence system.</li> </ul>

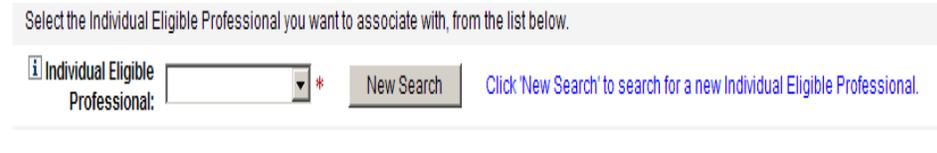
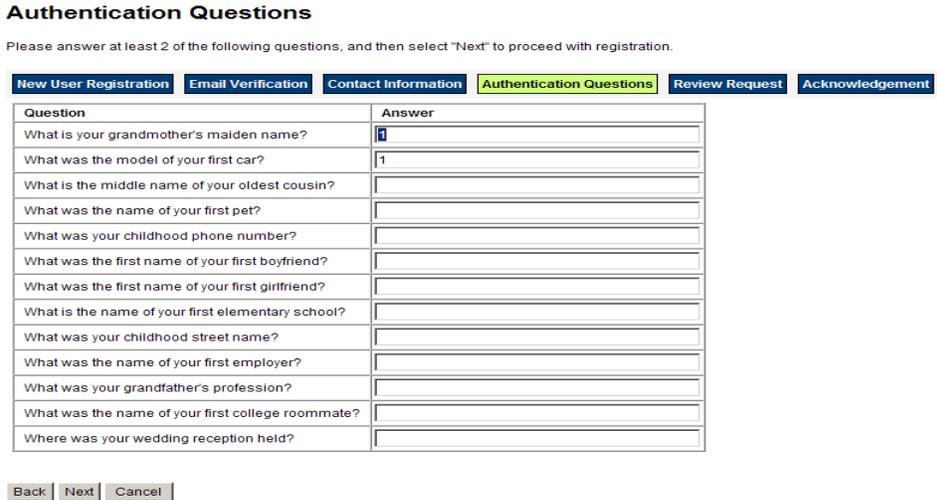
If you have questions or need further assistance, please contact the QualityNet Help Desk by phone at (866) 288-8912 (TTY 1-877-715-6222) or by email at [qnet-support@hcqis.org](mailto:qnet-support@hcqis.org). Normal business hours are Monday-Friday from 8 am to 8 pm EST.

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Steps	Screenshots
<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><i>Note: A valid E-mail address is required in order to receive the verification code that needs to be entered in step 4.</i></p>	 <p><b>New User Registration</b></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>Next Cancel</p>
<p>4. Enter the verification code sent to your registered email and select <b>Next</b>.</p> <p><i>Note: The registered email is the email you provided in Step 3.</i></p>	 <p><b>E-mail Address Verification</b></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" value="25882500"/> * Re-send verification code</p>
<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><b>User Information</b></p> <p>Title: <input type="text"/> First Name: First * Last Name: Last * Suffix: <input type="text"/></p> <p>Middle Initial: M Professional Credentials: MD Example: MD, RN, LPN, MBA, PhD, etc. (Limit 12 characters)</p> <p>Social Security Number: 121-45-1112 * Valid SSN Format is XXX-XX-XXXX Date of Birth: 01/01/2001 * Valid Date of Birth format is mm/dd/yyyy</p> <p>E-mail: test1@test.com * Confirm E-mail: test1@test.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>Office Telephone: 301-301-3011 * Ext: <input type="text"/> Valid Phone Number Format is XXX-XXX-XXXX</p> <p>Company Name: MY ABCD DR * Company Telephone: <input type="text"/> Ext: <input type="text"/></p> <p>Address 1: 2910 Lord Baltimore Dr * Address 2: <input type="text"/></p> <p>City: Baltimore * State/Territory: MD * Zip Code: 21212 * - <input type="text"/></p>

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Steps	Screenshots
<p>6. Select the <b>PV PQRS Individual 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>7. Enter the solo practitioner's Medicare billing <b>TIN</b> and rendering <b>NPI</b> and select <b>Search</b>.</p>	
<p>8. Select the solo practitioner's name from the <b>Individual Eligible Professional</b> dropdown menu.</p> <p><i>Note: If the solo practitioner cannot be found, then please verify that there is an approved primary PV-PQRS Individual approver for the solo practitioner and you entered the solo practitioner's Medicare billing TIN and rendering NPI correctly. If you do not know your Individual approver, 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 <u>two</u> <b>Authentication Questions</b> and select <b>Next</b>. (<i>Note: Fields are case sensitive</i>)</p>	

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<p>11. Verify that the information is correct on the <b>Review Registration Details</b> screen and select <b>Submit</b>.</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;"> <span style="background-color: #003366; color: white; padding: 2px 5px;">New User Registration</span> <span style="background-color: #003366; color: white; padding: 2px 5px;">Email Verification</span> <span style="background-color: #003366; color: white; padding: 2px 5px;">Contact Information</span> <span style="background-color: #003366; color: white; padding: 2px 5px;">Authentication Questions</span> <span style="background-color: #92d050; color: white; padding: 2px 5px;">Review Request</span> <span style="background-color: #003366; color: white; padding: 2px 5px;">Acknowledgement</span> </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"> <li>- To modify any of the information, click 'Edit'.</li> <li>- If the information is correct and you wish to proceed, click 'Submit'.</li> </ul> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">First Name:</td> <td style="width: 30%;">Daniel</td> <td style="width: 10%;">MI:</td> <td style="width: 10%;">N</td> <td style="width: 20%;">Last Name:</td> <td style="width: 20%;">Smith-Miller</td> </tr> <tr> <td>Title:</td> <td>Mr.</td> <td>Suffix:</td> <td>Jr.</td> <td>Professional Credentials:</td> <td>BEd</td> </tr> <tr> <td>Social Security Number:</td> <td>*****0000</td> <td colspan="4"></td> </tr> <tr> <td>Date of Birth:</td> <td>05/08/1973</td> <td colspan="4"></td> </tr> <tr> <td>E-mail:</td> <td colspan="5">dmiller-2013_01-6069@idm.com</td> </tr> <tr> <td>Office Telephone:</td> <td colspan="5">606-607-6077 X607</td> </tr> <tr> <td colspan="6"> </td> </tr> <tr> <td>Company Name:</td> <td>ABCD Inc.</td> <td>Company Telephone:</td> <td colspan="3">607-607-6074 X607</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>60758-6075</td> </tr> <tr> <td>User Type:</td> <td colspan="5">PVPQRS Registration System</td> </tr> <tr> <td>Role:</td> <td colspan="5">PV PQRS Individual Representative</td> </tr> <tr> <td>Individual Eligible Professional:</td> <td colspan="5">1191</td> </tr> </table> <div style="margin-top: 10px;"> <p><b>Authentication Questions</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Question</th> <th>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="margin-top: 10px; display: flex; justify-content: space-between;"> <span>Submit</span> <span>Edit</span> <span>Cancel</span> </div> </div> </div> </div>	First Name:	Daniel	MI:	N	Last Name:	Smith-Miller	Title:	Mr.	Suffix:	Jr.	Professional Credentials:	BEd	Social Security Number:	*****0000					Date of Birth:	05/08/1973					E-mail:	dmiller-2013_01-6069@idm.com					Office Telephone:	606-607-6077 X607											Company Name:	ABCD Inc.	Company Telephone:	607-607-6074 X607			Address 1:	101 Main Street	Address 2:	Suite 102			City:	Baltimore	State/Territory:	MD	Zip Code:	60758-6075	User Type:	PVPQRS Registration System					Role:	PV PQRS Individual Representative					Individual Eligible Professional:	1191					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 <b>Registration Acknowledgement</b> 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;"> <span style="background-color: #003366; color: white; padding: 2px 5px;">New User Registration</span> <span style="background-color: #003366; color: white; padding: 2px 5px;">Email Verification</span> <span style="background-color: #003366; color: white; padding: 2px 5px;">Contact Information</span> <span style="background-color: #003366; color: white; padding: 2px 5px;">Authentication Questions</span> <span style="background-color: #003366; color: white; padding: 2px 5px;">Review Request</span> <span style="background-color: #92d050; color: white; padding: 2px 5px;">Acknowledgement</span> </div> <p>Your IACS request has been successfully submitted.  Print</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 style="margin-top: 20px; text-align: center;"> <span style="border: 1px solid #ccc; padding: 2px 5px;">OK</span> </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 solo practitioner's primary or backup Individual approver 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>• Obtain a solo practitioner's 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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