

Obtaining the ‘PV-PQRS Group Representative’ Role Quick Reference Guide

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:

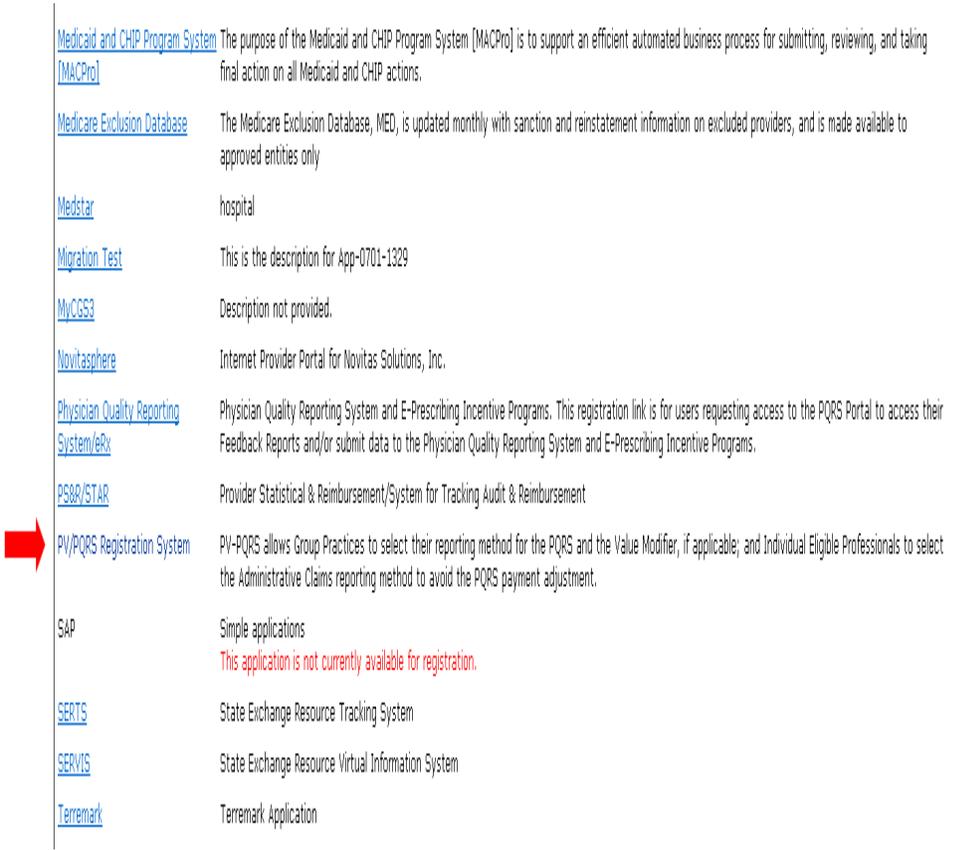
- Select/change the group practice’s PQRS group reporting mechanism for 2014.
- In general, if the group practice has 25 or more eligible professionals (EPs), then the group can elect to supplement its PQRS reporting mechanism with the Consumer Assessment of Health Providers and Systems (CAHPS) for PQRS survey. However, if the group practice has 100 or more EPs and has selected the Web Interface reporting mechanism for 2014, then the group is **required** to report the CAHPS survey. Group practices that have elected or are required to report the CAHPS survey may choose to include their performance on the 2014 CAHPS survey in the calculation of the group’s 2016 Value-Based Payment Modifier.
- If available, view the group practice’s Quality and Resource Use Report and 2012 Episodes Report (after May 2014).

Group practices are identified in IACS by their Medicare billing Taxpayer Identification Number (TIN).

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

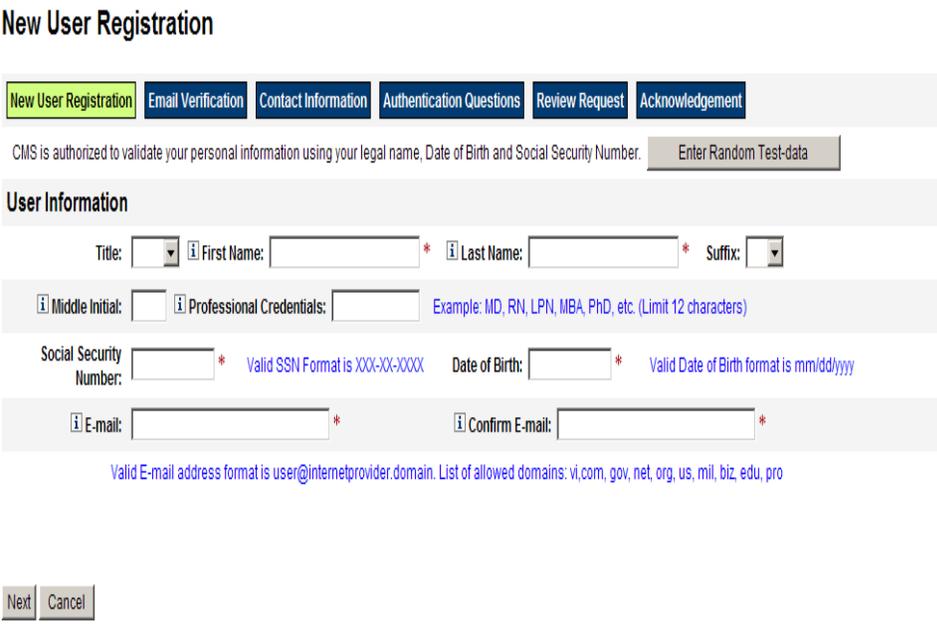
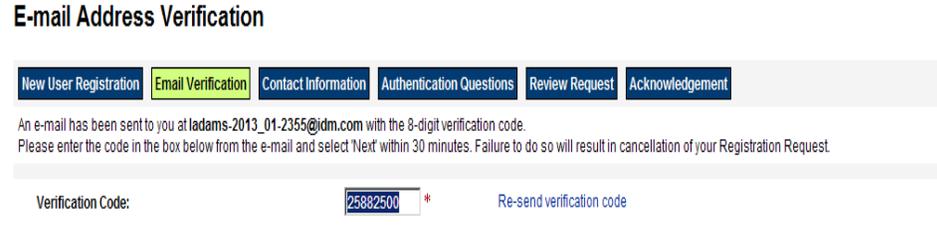
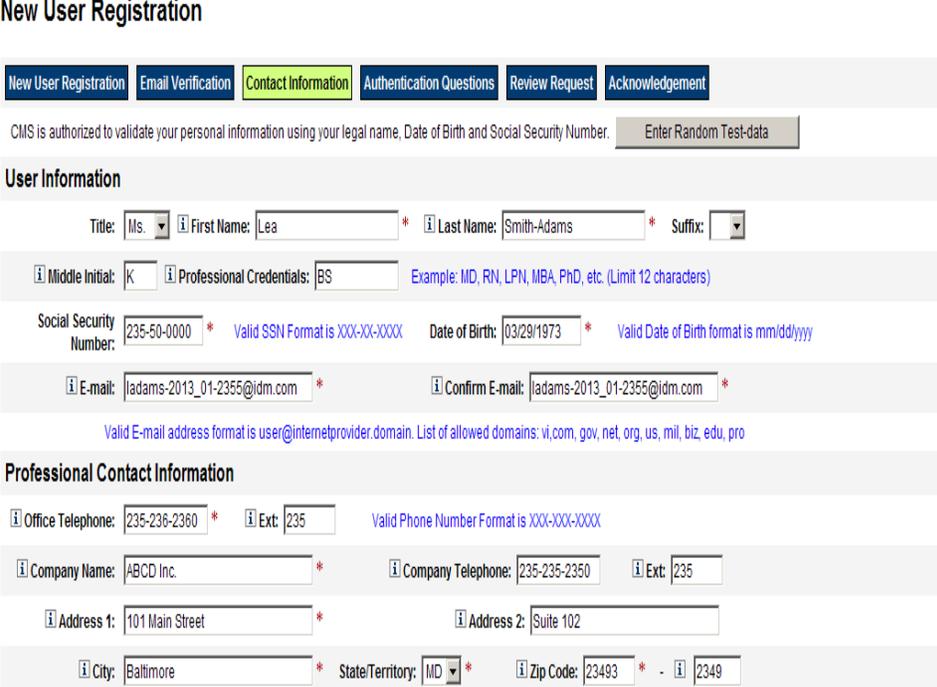
- **User Information:** First Name, Last Name, Social Security Number, Date of Birth, and E-mail.
- **Professional Contact Information:** Office Telephone, Company Name, and Address.
- **Organization Information:**
 - Group practice’s Medicare billing TIN.

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.

| Steps | Screenshots | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|---|---|-------------------------|----------|--------------------------------|---|------------------------|---------------------------|------------------------------|--|--|---|---------------------------|--|---|--|---------------------|---|-----------------------|---|------------------------|--|---------------------------|-----------------------|
| <ol style="list-style-type: none"> 1. Navigate to https://applications.cms.hhs.gov. 2. Select Enter CMS Applications Portal, select Account Management, select New User Registration, and select PV/PQRS Registration System. |  <table border="1"> <tr> <td>Medicaid and CHIP Program System (MACPro)</td> <td>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.</td> </tr> <tr> <td>Medicare Exclusion Database</td> <td>The Medicare Exclusion Database, MED, is updated monthly with sanction and reinstatement information on excluded providers, and is made available to approved entities only</td> </tr> <tr> <td>Medstar</td> <td>hospital</td> </tr> <tr> <td>Migration Test</td> <td>This is the description for App-0701-1329</td> </tr> <tr> <td>MyCGS3</td> <td>Description not provided.</td> </tr> <tr> <td>Novitasphere</td> <td>Internet Provider Portal for Novitas Solutions, Inc.</td> </tr> <tr> <td>Physician Quality Reporting System/eRx</td> <td>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.</td> </tr> <tr> <td>PSBR/STAR</td> <td>Provider Statistical & Reimbursement/System for Tracking Audit & Reimbursement</td> </tr> <tr> <td> PV/PQRS Registration System</td> <td>PV-PQRS allows Group Practices to select their reporting method for the PQRS and the Value Modifier, if applicable; and Individual Eligible Professionals to select the Administrative Claims reporting method to avoid the PQRS payment adjustment.</td> </tr> <tr> <td>SAP</td> <td>Simple applications <i>This application is not currently available for registration.</i></td> </tr> <tr> <td>SERTS</td> <td>State Exchange Resource Tracking System</td> </tr> <tr> <td>SERVIS</td> <td>State Exchange Resource Virtual Information System</td> </tr> <tr> <td>Terremark</td> <td>Terremark Application</td> </tr> </table> | 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. | 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 | Medstar | hospital | Migration Test | This is the description for App-0701-1329 | MyCGS3 | Description not provided. | 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. | PSBR/STAR | Provider Statistical & Reimbursement/System for Tracking Audit & Reimbursement |  PV/PQRS Registration System | PV-PQRS allows Group Practices to select their reporting method for the PQRS and the Value Modifier, if applicable; and Individual Eligible Professionals to select the Administrative Claims reporting method to avoid the PQRS payment adjustment. | SAP | Simple applications <i>This application is not currently available for registration.</i> | SERTS | State Exchange Resource Tracking System | SERVIS | State Exchange Resource Virtual Information System | Terremark | Terremark Application |
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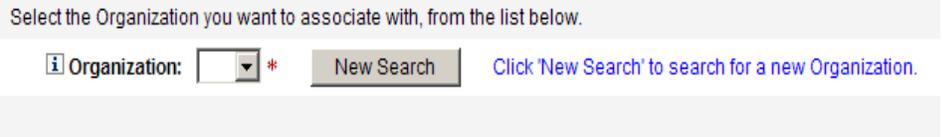
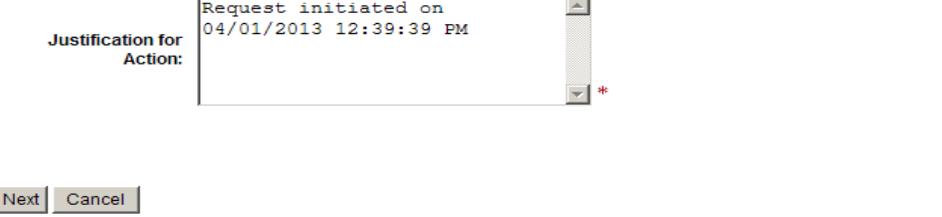
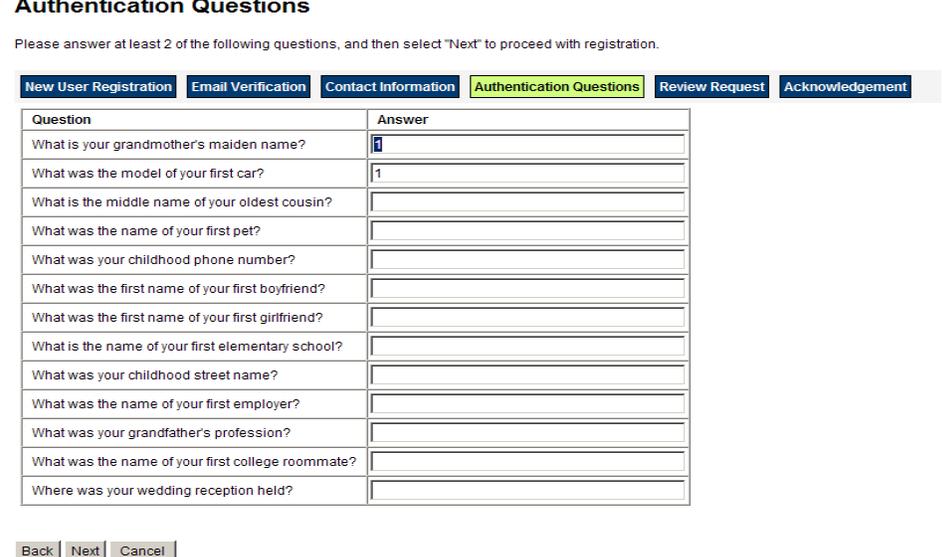
If you have questions or need further assistance, please contact the QualityNet Help Desk by phone at (866) 288-8912 (TTY 1-877-715-6222) or by email at qnet-support@sdps.org. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

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| Steps | Screenshots |
|---|---|
| <p>3. After accepting the Terms and Conditions, enter the required User Information in the New User Registration screen and select Next.</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="text" value="Enter Random Test-data"/></p> <p>User Information</p> <p>Title: <input type="text"/> <input type="text"/> <input type="text"/> * <input type="text"/> * Suffix: <input type="text"/></p> <p><input type="text"/> <input type="text"/> <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><input type="text"/> <input type="text"/> * <input type="text"/> * <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><i>Note: The registered email is the email you provided in Step 3.</i></p> |  <p>E-mail Address Verification</p> <p> New User Registration Email Verification Contact Information Authentication Questions Review Request Acknowledgement </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 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="text" value="Enter Random Test-data"/></p> <p>User Information</p> <p>Title: <input type="text" value="Ms."/> <input type="text" value="Lea"/> * <input type="text" value="Smith-Adams"/> * Suffix: <input type="text"/></p> <p><input type="text" value="K"/> <input type="text" value="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="ladams-2013_01-2355@idm.com"/> * <input type="text" value="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>Professional Contact Information</p> <p><input type="text" value="235-236-2360"/> * <input type="text" value="235"/> Valid Phone Number Format is XXX-XXX-XXXX</p> <p><input type="text" value="ABCD Inc."/> * <input type="text" value="235-236-2350"/> <input type="text" value="235"/></p> <p><input type="text" value="101 Main Street"/> * <input type="text" value="Suite 102"/></p> <p><input type="text" value="Baltimore"/> * <input type="text" value="MD"/> * <input type="text" value="23493"/> * - <input type="text" value="2349"/></p> |

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| <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>Access Request</p> <p>User Type: PV/PQRS Registration System</p> <p>Role: PV PQRS Group Representative *</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>7. Enter your group practice's Medicare billing TIN and select Search.</p> |  <p>Organization Search</p> <p>TIN: * Group Practice's 9 digit Medicare Billing TIN in XX-XXXXXX format</p> <p>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 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>Select the Organization you want to associate with, from the list below.</p> <p>Organization: * New Search Click 'New Search' to search for a new Organization.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>9. Enter the Justification for Action (e.g., new user or modify existing account) and select Next.</p> |  <p>Justification for Action: Request initiated on 04/01/2013 12:39:39 PM *</p> <p>Next Cancel</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>10. Complete at least <u>two</u> Authentication Questions and select Next. (<i>Note: Fields are case sensitive</i>)</p> |  <p>Authentication Questions</p> <p>Please answer at least 2 of the following questions, and then select "Next" to proceed with registration.</p> <p>New User Registration Email Verification Contact Information Authentication Questions Review Request Acknowledgement</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>6</td> </tr> <tr> <td>What was the model of your first car?</td> <td>1</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> <p>Back Next Cancel</p> | Question | Answer | What is your grandmother's maiden name? | 6 | What was the model of your first car? | 1 | 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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|--|--|------------------|-----------------|---------------------------|-------------|------------|-------------|--------|-----|---------|--|---------------------------|----|-------------------------|-----------|--|--|--|--|----------------|------------|--|--|--|--|---------|-----------------------------|--|--|--|--|-------------------|-------------------|--|--|--|--|---------------|--|--|-----------|--------------------|--|------------|--|--|-----------------|-------------------|--|-------|-----------|------------------|----|------------|-----------|--|--|--|--|-----------|------------|------------|-----------------------------|--|--|--|--|-------|------------------------------|--|--|--|--|---------------|----|--|--|--|--|----------|--------|---|---|---------------------------------------|---|
| <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>*****0000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Date of Birth:</td> <td>03/29/1973</td> <td></td> <td></td> <td></td> <td></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="3">Company Name:</td> <td>ABCD Inc.</td> <td colspan="2">Company Telephone:</td> </tr> <tr> <td colspan="3">Address 1:</td> <td>101 Main Street</td> <td colspan="2">235-235-2350 X235</td> </tr> <tr> <td>City:</td> <td>Baltimore</td> <td>State/Territory:</td> <td>MD</td> <td>Address 2:</td> <td>Suite 102</td> </tr> <tr> <td></td> <td></td> <td></td> <td></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> <p>Authentication Questions</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <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="display: flex; justify-content: flex-end; gap: 10px;"> Submit Edit Cancel </div> </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: | | Address 1: | | | 101 Main Street | 235-235-2350 X235 | | City: | Baltimore | State/Territory: | MD | Address 2: | Suite 102 | | | | | 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 |
| First Name: | Lea | MI: | K | Last Name: | Smith-Adams | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: | Ms. | Suffix: | | Professional Credentials: | BS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Security Number: | *****0000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Office Telephone: | 235-236-2360 X235 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company Name: | | | ABCD Inc. | Company Telephone: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address 1: | | | 101 Main Street | 235-235-2350 X235 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | Baltimore | State/Territory: | MD | Address 2: | Suite 102 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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;"> OK </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

Obtaining the 'PV-PQRS Group Representative' Role Quick Reference Guide

| <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 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> <ol style="list-style-type: none"> (1) Select/change the group practice's PQRS group reporting mechanism and elect CAHPS (if applicable) for 2014 between April 1, 2014 and September 30, 2014; and (2) If available, view the group practice's Quality and Resource Use Report and 2012 Episodes Report (after May 2014). <p>Additional information is available at http://www.cms.gov/PhysicianFeedbackProgram.</p> | This column is intentionally left blank in the original document |

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