

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

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 individual eligible professional (EP):

- Select the CMS-calculated administrative claims reporting mechanism in 2013 in order for the individual EP to avoid the PQRS payment adjustment in 2015.

Individual EPs are identified in IACS by their Medicare billing Taxpayer Identification Number (TIN) and rendering National Provider Identifier (NPI).

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:**
 - Individual EP'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 (if available)
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 .	
3. After accepting the Terms and Conditions , enter the required User Information in the New User Registration screen and select Next .	
4. Enter the verification code sent to your registered email and select Next . Note: The registered email is the email you provided in Step 3.	

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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<p>5. Enter the required information in the Professional Contact Information section.</p> <p>Note: The User Information section is pre-populated from Step 3.</p>	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between; background-color: #f0f0f0; padding: 2px;"> New User Registration Email Verification Contact Information Authentication Questions Review Request Acknowledgement </div> <p style="font-size: small; margin-top: 5px;">CMS is authorized to validate your personal information using your legal name, Date of Birth and Social Security Number. Enter Random Test-data</p> <h3 style="margin-top: 10px;">User Information</h3> <p>Title: Ms. <input type="text" value="Hannah"/> * <input type="text" value="Smith-Walker"/> * Suffix: ▼</p> <p><input type="text" value="V"/> <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><input type="text" value="hwalker-2013_01-7851@idm.com"/> * <input type="text" value="hwalker-2013_01-7851@idm.com"/> *</p> <p style="font-size: x-small; color: blue;">Valid E-mail address format is user@internetprovider.domain. List of allowed domains: vj.com, gov, net, org, us, mil, biz, edu, pro</p> <h3 style="margin-top: 10px;">Professional Contact Information</h3> <p><input type="text" value="785-785-7853"/> * <input type="text" value="784"/> Valid Phone Number Format is XXX-XXX-XXXX</p> <p><input type="text" value="ABCD Inc."/> * <input type="text" value="784-784-7849"/> <input type="text" value="784"/></p> <p><input type="text" value="101 Main Street"/> * <input type="text" value="Suite 102"/></p> <p><input type="text" value="Baltimore"/> * State/Territory: MD * <input type="text" value="78582"/> * - <input type="text" value="7858"/></p> </div>
<p>6. Select the PV PQRS Individual Representative role under Access Request.</p> <p>Note: The screen will refresh after you select the role and display the appropriate fields that you need to complete.</p>	<div style="border: 1px solid black; padding: 5px;"> <h3 style="margin-top: 0;">Access Request</h3> <p>User Type: PV/PQRS Registration System</p> <p>Role: PV PQRS Individual Representative *</p> </div>
<p>7. Enter the individual EP's Medicare billing TIN and rendering NPI and select Search.</p>	<div style="border: 1px solid black; padding: 5px;"> <h3 style="margin-top: 0;">Search for an Individual Eligible Professional</h3> <p><input type="text" value="78-7854956"/> * Individual Eligible Professional's 9 digit Medicare Billing TIN in XX-XXXXXXX format</p> <p><input type="text" value="cpuwqatb"/> * Individual Eligible Professional's 10 digit NPI number</p> <p style="text-align: center;"><input type="button" value="Search"/></p> </div>
<p>8. Select the individual EP's name from the Individual Eligible Professional dropdown menu.</p> <p>Note: If the individual EP cannot be found, then please verify that there is an approved primary PV-PQRS Individual approver for the individual EP and you entered the individual EP's Medicare billing TIN and rendering NPI correctly. If you do not know your Individual approver, contact the QualityNet Help Desk.</p>	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: small; margin-top: 0;">Select the Individual Eligible Professional you want to associate with, from the list below.</p> <p><input type="text" value=""/> * <input type="button" value="New Search"/> Click 'New Search' to search for a new Individual Eligible Professional.</p> </div>

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<p>9. Enter the Justification for Action (e.g., new user or modify existing account) and select Next.</p>	<div style="border: 1px solid black; padding: 5px;"> <p>Justification for Action:</p> <div style="border: 1px solid gray; padding: 2px; min-height: 40px;">Request initiated on 04/01/2013 12:55:52 PM</div> <p style="text-align: right;">*</p> <p style="text-align: center;"> <input type="button" value="Next"/> <input type="button" value="Cancel"/> </p> </div>																																																																														
<p>10. Complete at least <u>two</u> Authentication Questions and select Next. (Note: Fields are case sensitive)</p>	<h3 style="text-align: center;">Authentication Questions</h3> <p style="text-align: center;">Please answer at least 2 of the following questions, and then select "Next" to proceed with registration.</p> <div style="border: 1px solid gray; padding: 5px; margin-bottom: 5px;"> New User Registration Email Verification Contact Information Authentication Questions Review Request Acknowledgement </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <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>1</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 style="text-align: center;"> <input type="button" value="Back"/> <input type="button" value="Next"/> <input type="button" value="Cancel"/> </p>	Question	Answer	What is your grandmother's maiden name?	1	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>	<h3 style="text-align: center;">Review Registration Details</h3> <div style="border: 1px solid gray; padding: 5px; margin-bottom: 5px;"> 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'. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">First Name:</td> <td style="width: 30%;">Daniel</td> <td style="width: 10%;">MI:</td> <td style="width: 10%;">N</td> <td style="width: 15%;">Last Name:</td> <td style="width: 5%;">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></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Date of Birth:</td> <td>05/08/1973</td> <td></td> <td></td> <td></td> <td></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>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">PV/PQRS 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="border: 1px solid gray; padding: 5px; margin-top: 10px;"> <p>Authentication Questions</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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>1</td></tr> <tr><td>What was the model of your first car?</td><td>1</td></tr> </tbody> </table> <p style="text-align: center;"> <input type="button" value="Submit"/> <input type="button" value="Edit"/> <input type="button" value="Cancel"/> </p> </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:	PV/PQRS 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 Registration Acknowledgement screen.</p>	<p>Registration Acknowledgement</p> <p>New User Registration Email Verification Contact Information Authentication Questions Review Request Acknowledgement</p> <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> <p><input type="button" value="OK"/></p>
<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. Note: Your request must be approved by the individual EP'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.</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 and access the PV-PQRS Registration System between July 15, 2013 and October 15, 2013.</p>	

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