

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):

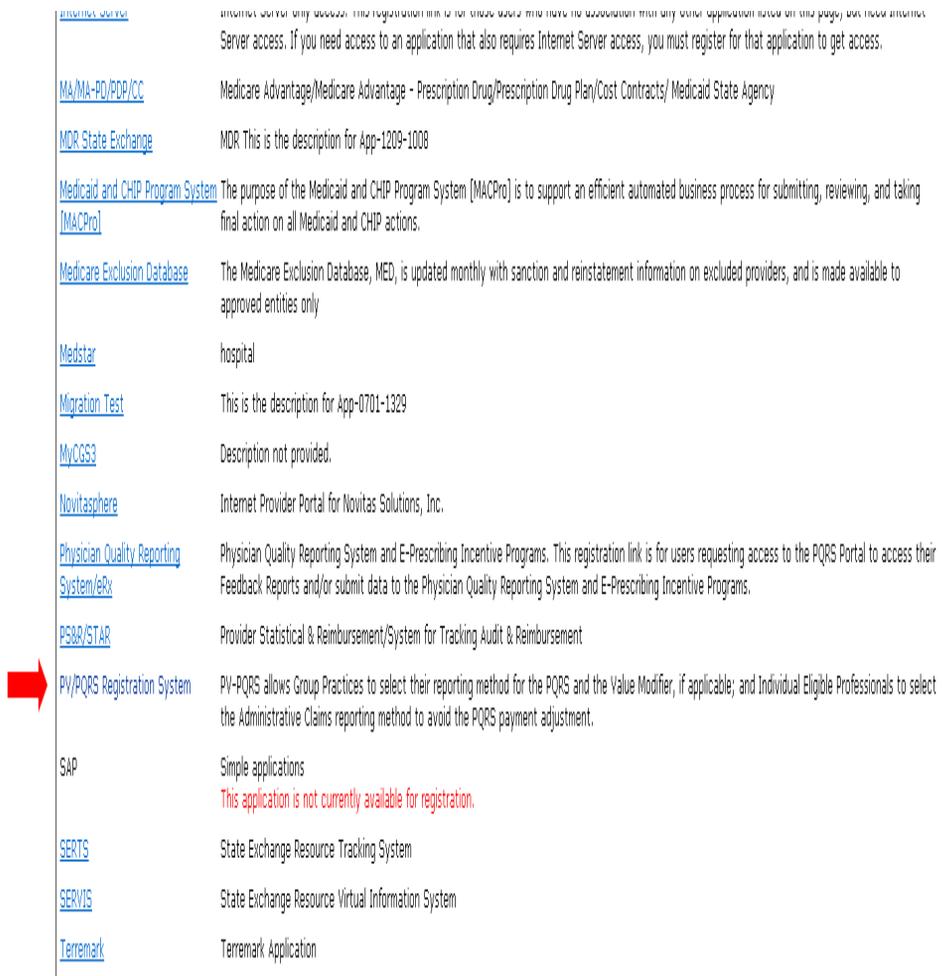
- View the individual EP's selection of the CMS-calculated administrative claims reporting mechanism in 2013 in order for the individual EP to avoid the PQRS payment adjustment in 2015 (if available).

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:

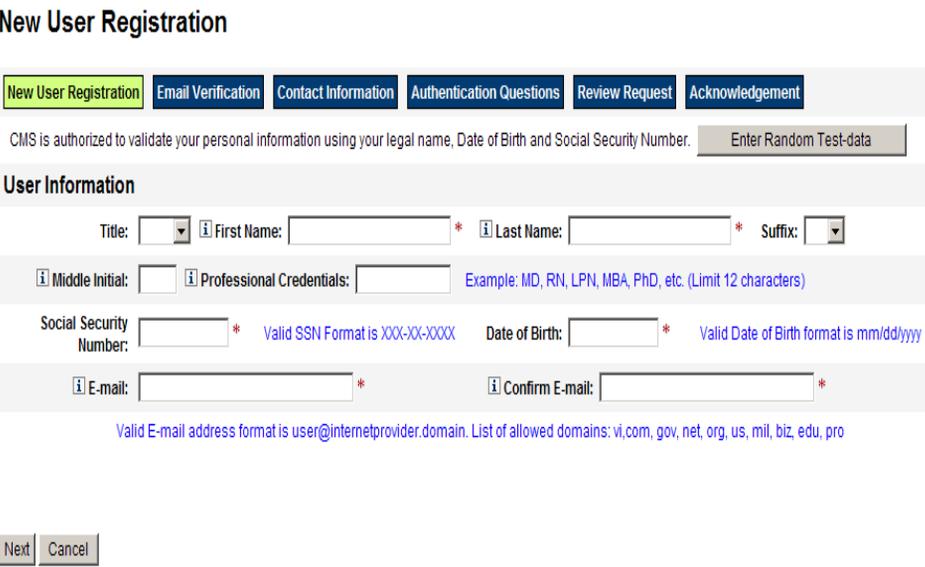
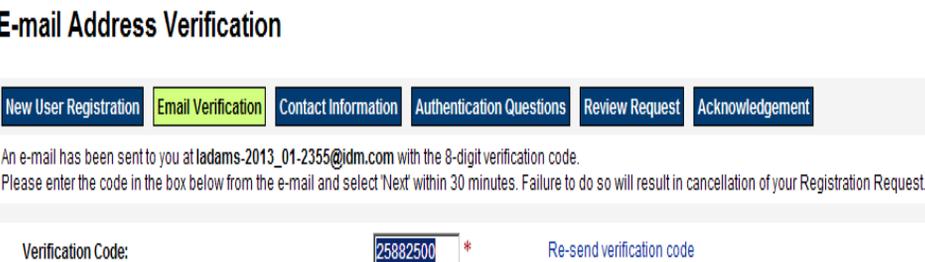
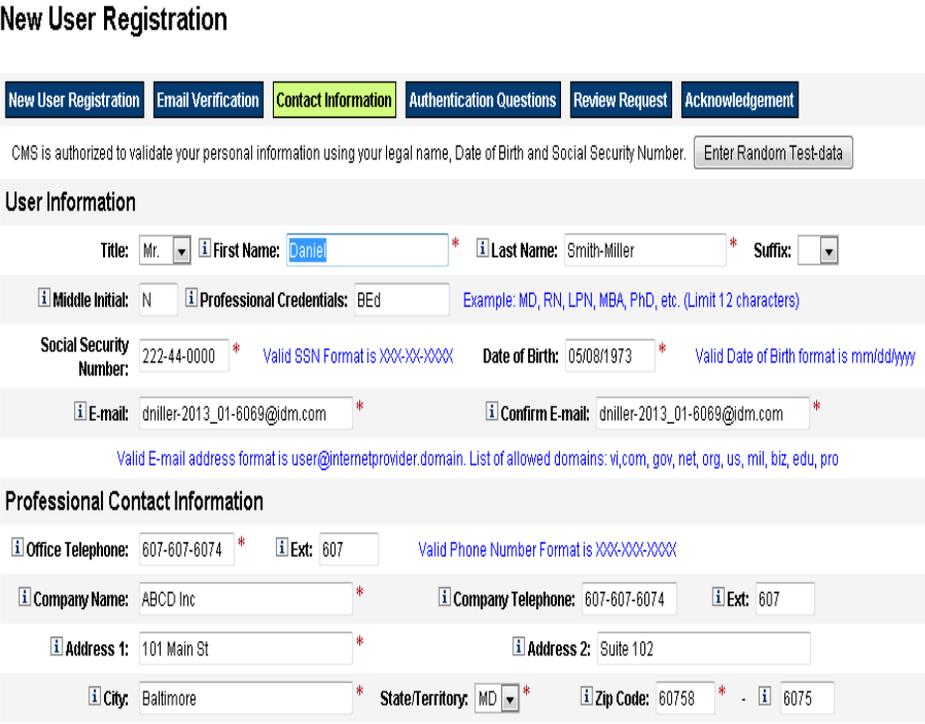
- **User Information:** First Name, Last Name, Social Security Number, Date of Birth, and E-mail.
- **Professional Contact Information:** Office Telephone, Company Name, and Address.
- **Individual Eligible Professional Information:**
 - Individual EP's Medicare billing TIN and rendering NPI.

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
<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. 	 <p>The screenshot shows a list of applications available for registration. A red arrow points to the 'PV/PQRS Registration System' link. The list includes:</p> <ul style="list-style-type: none"> Internet Server: Internet Server only access. This registration link is for those users who have no association with any other application listed on this page, but need Internet Server access. If you need access to an application that also requires Internet Server access, you must register for that application to get access. MA/MA-PD/PDP/CC: Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Plan/Cost Contracts/ Medicaid State Agency MDR State Exchange: MDR This is the description for App-1209-1008 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 MyCGSS: 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. PSR/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

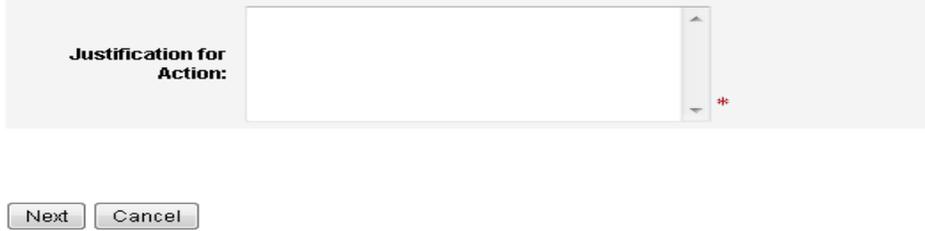
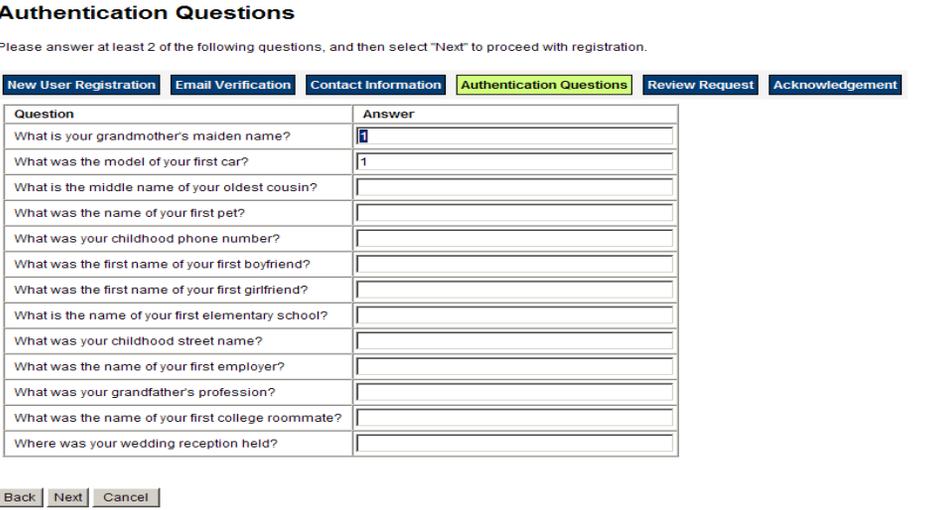
If you have questions or need further assistance, please contact the QualityNet Help Desk by phone at (866) 288-8912 (TTY 1-877-715-6222) or by email at qnetssupport@sdps.org. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

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<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"/> First Name: <input type="text"/> * Last Name: <input type="text"/> * Suffix: <input type="text"/></p> <p> <input type="text"/> 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> <input type="text"/> 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><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: Mr. <input type="text"/> First Name: <input type="text" value="Daniel"/> * Last Name: <input type="text" value="Smith-Miller"/> * Suffix: <input type="text"/></p> <p> <input type="text"/> Middle Initial: N <input type="text"/> Professional Credentials: <input type="text" value="BED"/> Example: MD, RN, LPN, MBA, PhD, etc. (Limit 12 characters) </p> <p>Social Security Number: <input type="text" value="222-44-0000"/> * Valid SSN Format is XXX-XX-XXXX Date of Birth: <input type="text" value="05/08/1973"/> * Valid Date of Birth format is mm/dd/yyyy</p> <p> <input type="text"/> E-mail: <input type="text" value="dniller-2013_01-6069@idm.com"/> * Confirm E-mail: <input type="text" value="dniller-2013_01-6069@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"/> Office Telephone: <input type="text" value="607-607-6074"/> * <input type="text"/> Ext: <input type="text" value="607"/> Valid Phone Number Format is XXX-XXX-XXXX </p> <p> <input type="text"/> Company Name: <input type="text" value="ABCD Inc"/> * <input type="text"/> Company Telephone: <input type="text" value="607-607-6074"/> <input type="text"/> Ext: <input type="text" value="607"/> </p> <p> <input type="text"/> Address 1: <input type="text" value="101 Main St"/> * <input type="text"/> Address 2: <input type="text" value="Suite 102"/> </p> <p> <input type="text"/> City: <input type="text" value="Baltimore"/> * <input type="text"/> State/Territory: <input type="text" value="MD"/> * <input type="text"/> Zip Code: <input type="text" value="60758"/> * - <input type="text"/> <input type="text" value="6075"/> </p>

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<p>6. Select the PV PQRS Individual 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 Individual Representative *</p>																												
<p>7. Enter the individual EP's Medicare billing TIN and rendering NPI and select Search.</p>	 <p>Search for an Individual Eligible Professional</p> <p>TIN: 78-7878787 * Individual Eligible Professional's 9 digit Medicare Billing TIN in XXX-XXXXXXX format</p> <p>NPI: 1454145414 * Individual Eligible Professional's 10 digit NPI number</p> <p>Search</p>																												
<p>8. Select the individual EP's name from the Individual Eligible Professional dropdown menu.</p> <p><i>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.</i></p>	 <p>Select the Individual Eligible Professional you want to associate with, from the list below.</p> <p>Individual Eligible Professional: [Dropdown] * New Search Click 'New Search' to search for a new Individual Eligible Professional.</p>																												
<p>9. Enter the Justification for Action (e.g., new user or modify existing account) and select Next.</p>	 <p>Justification for Action:</p> <p>[Text Area]</p> <p>Next Cancel</p>																												
<p>10. Complete at least two 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>[Input]</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>[Input]</td> </tr> <tr> <td>What was the name of your first pet?</td> <td>[Input]</td> </tr> <tr> <td>What was your childhood phone number?</td> <td>[Input]</td> </tr> <tr> <td>What was the first name of your first boyfriend?</td> <td>[Input]</td> </tr> <tr> <td>What was the first name of your first girlfriend?</td> <td>[Input]</td> </tr> <tr> <td>What is the name of your first elementary school?</td> <td>[Input]</td> </tr> <tr> <td>What was your childhood street name?</td> <td>[Input]</td> </tr> <tr> <td>What was the name of your first employer?</td> <td>[Input]</td> </tr> <tr> <td>What was your grandfather's profession?</td> <td>[Input]</td> </tr> <tr> <td>What was the name of your first college roommate?</td> <td>[Input]</td> </tr> <tr> <td>Where was your wedding reception held?</td> <td>[Input]</td> </tr> </tbody> </table> <p>Back Next Cancel</p>	Question	Answer	What is your grandmother's maiden name?	[Input]	What was the model of your first car?	1	What is the middle name of your oldest cousin?	[Input]	What was the name of your first pet?	[Input]	What was your childhood phone number?	[Input]	What was the first name of your first boyfriend?	[Input]	What was the first name of your first girlfriend?	[Input]	What is the name of your first elementary school?	[Input]	What was your childhood street name?	[Input]	What was the name of your first employer?	[Input]	What was your grandfather's profession?	[Input]	What was the name of your first college roommate?	[Input]	Where was your wedding reception held?	[Input]
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<p>11. Verify that the information is correct on the Review Registration Details screen and select Submit.</p>	
<p>12. Record the registration request tracking number displayed on the Registration Acknowledgement screen.</p>	

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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 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.</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">• View the individual EP's selection of the CMS-calculated administrative claims reporting mechanism in 2013 in order for the individual EP to avoid the PQRS payment adjustment in 2015 (if available). <p>Additional information is available at http://www.cms.gov/PhysicianFeedbackProgram.</p>	

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