

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

Introduction

The primary or backup Physician Value-Physician Quality Reporting System (PV-PQRS) Individual approver role allows the user to perform the following tasks on behalf of the individual eligible professional (EP):

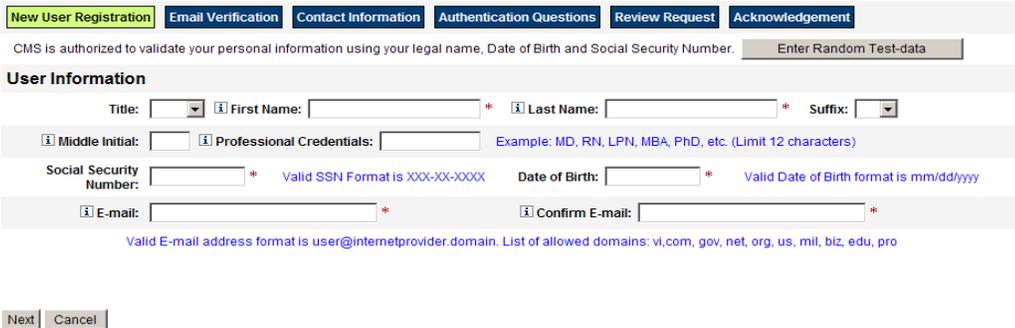
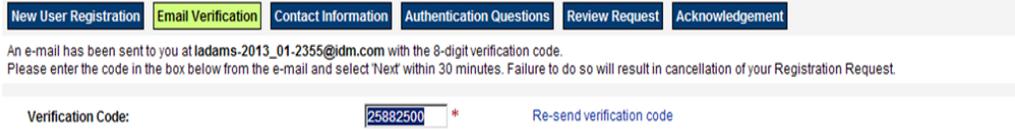
- Select the CMS-calculated administrative claims reporting mechanism in 2013 in order for the individual EP to avoid the PQRS payment adjustment in 2015.
- Approve requests for the “PV-PQRS Individual Representative” role in IACS.

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 approver 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:**
 - For a **primary** Individual approver role: First Name, Last Name, Individual EP’s Medicare billing TIN, Individual EP’s rendering NPI and the corresponding Provider Transaction Access Number (PTAN), Address, and Phone Number.
 - OR**
 - For a **backup** Individual approver role: 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. Please follow each step listed below unless otherwise noted for primary or backup role-specific screens.

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 .	 <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. 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>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>
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.	 <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>

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 Individual' Role Quick Reference Guide

5. Enter the required information in the **Professional Contact Information** section.

Note: The User Information section is pre-populated from Step 3.

New User Registration

New User Registration | Email Verification | **Contact Information** | Authentication Questions | Review Request | Acknowledgement

CMS is authorized to validate your personal information using your legal name, Date of Birth and Social Security Number.

User Information

Title: First Name: * Last Name: * Suffix:

Middle Initial: Professional Credentials: 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: *

Valid E-mail address format is user@internetprovider.domain. List of allowed domains: vi.com, gov, net, org, us, mil, biz, edu, pro

Professional Contact Information

Office Telephone: * Ext: Valid Phone Number Format is XXX-XXX-XXXX

Company Name: * Company Telephone: Ext:

Address 1: * Address 2:

City: * State/Territory: * Zip Code: * -

6. Select the **PV PQRS Individual** role under **Access Request**.

Note: The screen will refresh after you select the role and display the appropriate fields that you need to complete.

If you are requesting a **primary** Individual approver role, proceed to Step 7(a).

If you are requesting a **backup** Individual approver role, proceed to Step 7(b).

Access Request

User Type:

Role: *

7. (a) **Primary Individual Approver:**
If you are the first person (the individual EP or an authorized representative of the individual EP) to sign up for an IACS account on behalf of the individual EP, select **Create a New Individual Eligible Professional**. Then, proceed to Step 8(a).

OR

(b) **Backup Individual Approver:**
If you are signing up for an IACS account in order to become the individual EP's backup approver,

Access Request

User Type:

Role: *

Create a new Individual Eligible Professional Associate to an Existing Individual Eligible Professional

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 Individual' Role Quick Reference Guide

<p>select Associate to an Existing Individual Eligible Professional. Then, proceed to Step 8(b)(1).</p>	
<p>8. (a) Primary Individual Approver: Enter the individual EP's Medicare billing TIN, rendering NPI, and corresponding PTAN; and enter the remaining required Individual Eligible Professional Information. Then, proceed to Step 9.</p>	<p>Individual Eligible Professional Information</p> <p><input type="text"/> First Name: <input type="text"/> * <input type="text"/> Middle Initial: <input type="text"/> <input type="text"/> Last Name: <input type="text"/> *</p> <p><input type="text"/> TIN: <input type="text"/> * Individual Eligible Professional's 9 digit Medicare Billing TIN in XX-XXXXXX format</p> <p><input type="text"/> NPI: <input type="text"/> * <input type="text"/> PTAN: <input type="text"/> * Individual Eligible Professional's PTAN number corresponding to NPI</p> <p><input type="text"/> Address Line 1: <input type="text"/> * <input type="text"/> Address Line 2: <input type="text"/></p> <p><input type="text"/> City: <input type="text"/> * <input type="text"/> State: <input type="text"/> * <input type="text"/> Zip Code: <input type="text"/> * - <input type="text"/> Zip 4: <input type="text"/></p> <p><input type="text"/> Country: United States</p> <p><input type="text"/> Phone Number: <input type="text"/> * Individual Eligible Professional's 10 digit contact number in XXX-XXX-XXXX format</p> <p><input type="text"/> Fax Number: <input type="text"/> Individual Eligible Professional's 10 digit fax number in XXX-XXX-XXXX format</p>
<p>8. (b) (1) Backup Individual Approver: Enter the individual EP's Medicare billing TIN and rendering NPI and select Search.</p>	<p>Search for an Individual Eligible Professional</p> <p><input type="text"/> TIN: <input type="text"/> * Individual Eligible Professional's 9 digit Medicare Billing TIN in XX-XXXXXX format</p> <p><input type="text"/> NPI: <input type="text"/> * Individual Eligible Professional's 10 digit NPI number</p> <p><input type="button" value="Search"/></p>
<p>8. (b)(2) Backup Individual Approver: 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 the primary Individual approver, contact the QualityNet Help Desk.</p>	<p>Select the Individual Eligible Professional you want to associate with, from the list below.</p> <p><input type="text"/> Individual Eligible Professional: <input type="text"/> * <input type="button" value="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: <input type="text" value="Request initiated on 04/01/2013 12:39:39 PM"/> *</p> <p><input type="button" value="Next"/> <input type="button" value="Cancel"/></p>

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 Individual' Role Quick Reference Guide

10. Complete at least **two Authentication Questions** and select **Next**. (Note: Fields are case sensitive)

Authentication Questions

Please answer at least 2 of the following questions, and then select "Next" to proceed with registration.

[New User Registration](#)
[Email Verification](#)
[Contact Information](#)
[Authentication Questions](#)
[Review Request](#)
[Acknowledgement](#)

Question	Answer
What is your grandmother's maiden name?	<input type="text" value="i"/>
What was the model of your first car?	<input type="text" value="1"/>
What is the middle name of your oldest cousin?	<input type="text"/>
What was the name of your first pet?	<input type="text"/>
What was your childhood phone number?	<input type="text"/>
What was the first name of your first boyfriend?	<input type="text"/>
What was the first name of your first girlfriend?	<input type="text"/>
What is the name of your first elementary school?	<input type="text"/>
What was your childhood street name?	<input type="text"/>
What was the name of your first employer?	<input type="text"/>
What was your grandfather's profession?	<input type="text"/>
What was the name of your first college roommate?	<input type="text"/>
Where was your wedding reception held?	<input type="text"/>

[Back](#)
[Next](#)
[Cancel](#)

11. Verify that the information is correct on the **Review Registration Details** screen and select **Submit**.

Review Registration Details

[New User Registration](#)
[Email Verification](#)
[Contact Information](#)
[Authentication Questions](#)
[Review Request](#)
[Acknowledgement](#)

The following is the information you entered on the New User Registration Form. Please review the information below to verify correctness.

- To modify any of the information, click 'Edit'.
- If the information is correct and you wish to proceed, click 'Submit'.

First Name:	First	MI:	M	Last Name:	Last
Title:		Suffix:		Professional Credentials:	MD
Social Security Number:	*****1112				
Date of Birth:	01/01/2001				
E-mail:	test1@test.com				
Office Telephone:	301-301-3011				
Company Name:	MY EYE DR	Company Telephone:			
Address 1:	2910 Lord Baltimore Dr	Address 2:			
City:	Baltimore	State/Territory:	MD	Zip Code:	21244
User Type:	PV/PQRS Registration System				
Role:	PV PQRS Individual				
First Name:	First	Middle Initial:		Last Name:	Last
TIN:	21-111112				
NPI:	1234567890	PTAN:	0987654321		
Address Line 1:	2810 Lord Baltimore Dr	Address Line 2:			
City:	Baltimore	State:	MD	Zip Code:	21244
Zip 4:					
Phone Number:	301-301-3011				
Fax Number:					

Authentication Questions

Question	Answer
What is your grandmother's maiden name?	Smith
What was the model of your first car?	Honda

[Submit](#)
[Edit](#)
[Cancel](#)

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 Individual' Role Quick Reference Guide

12. Record the registration request tracking number displayed on the **Registration Acknowledgement** screen.

Registration Acknowledgement

[New User Registration](#) [Email Verification](#) [Contact Information](#) [Authentication Questions](#) [Review Request](#) [Acknowledgement](#)

Your IACS request has been successfully submitted.



The tracking number for your request is: REQ-1364575271971
Please use this number in all correspondence concerning this request.

You will be contacted via e-mail after your request has been processed.

Click 'OK' to close your browser window.

OK

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: The Centers for Medicare and Medicare Services (CMS) will review a request for a primary Individual approver role and notify the requestor of approval or denial within 24 hours after the request is submitted. CMS will approve a request for a backup Individual approver role after verifying with the primary Individual approver by phone that the requestor should have the backup Individual approver role.

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.
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.

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 Individual' Role Quick Reference Guide

Approval of 'PV-PQRS Individual Representative' Roles

The primary or backup Individual approver must approve requests for 'PV-PQRS Individual Representative' roles. The request must be approved within 12 calendar days after it has been submitted. Otherwise, the request will be canceled and need to be resubmitted.

Step-by-Step Instructions

1. Navigate to <https://applications.cms.hhs.gov> .
2. Click **Enter CMS Applications Portal**, select **Account Management**, and select **My Profile**.
3. After accepting the **Terms and Conditions**, enter your IACS User ID and Password on the **Login to IACS** screen and select **Login**.
4. Select **Pending Approvals**.
Note: The **Pending Approvals** link will only appear if there is a request pending for a representative role.
5. Click on the appropriate request under the **Process** heading on the **Inbox** screen.
6. Review the request information and enter the **Approval/Rejection Justification**.
7. Select **Approve** to approve the request, **Reject** to reject the request, or **Defer** to defer the request.

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.