

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):

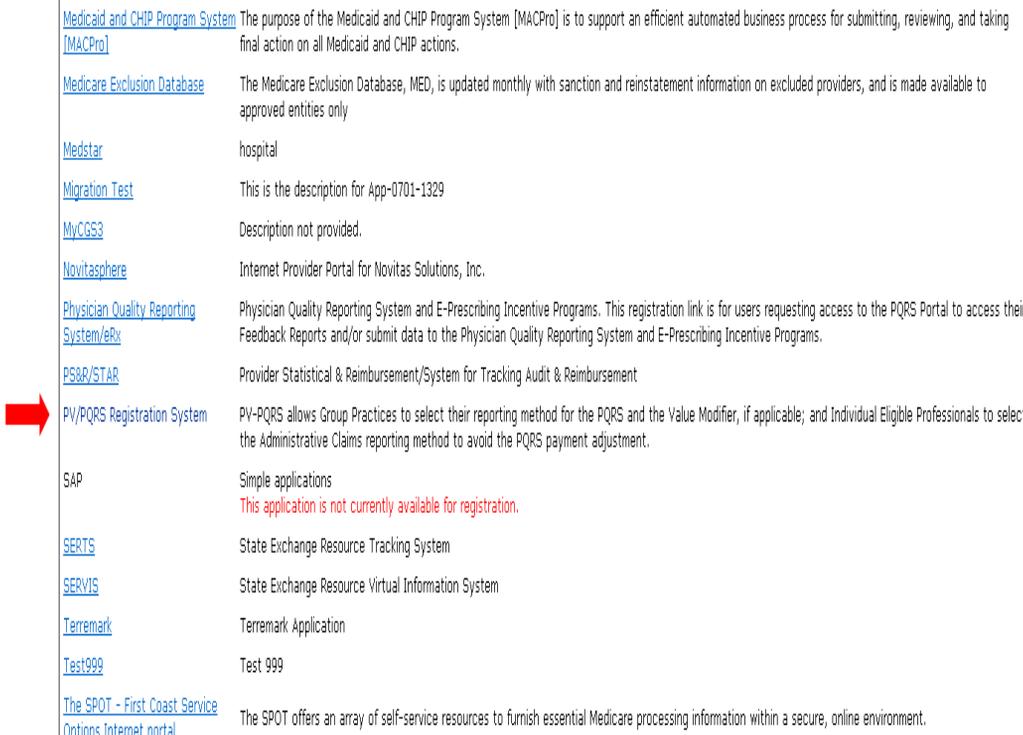
- View the individual EP's selection of the CMS-calculated administrative claims reporting mechanism in 2013 in order for the individual EP to avoid the PQRS payment adjustment in 2015 (if available).
- Approve requests for the "PV-PQRS Individual Representative" role in IACS.

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:

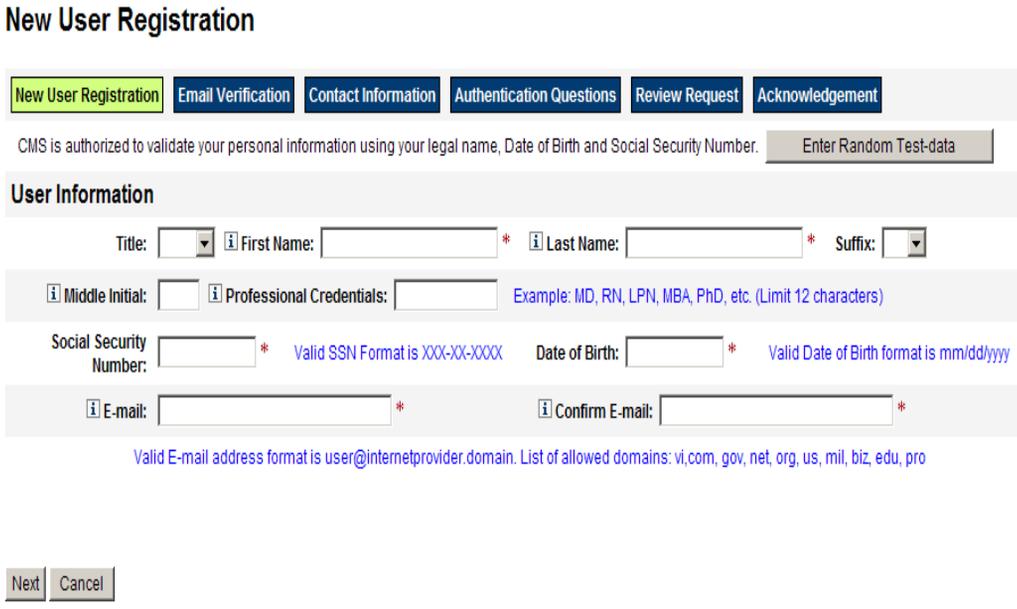
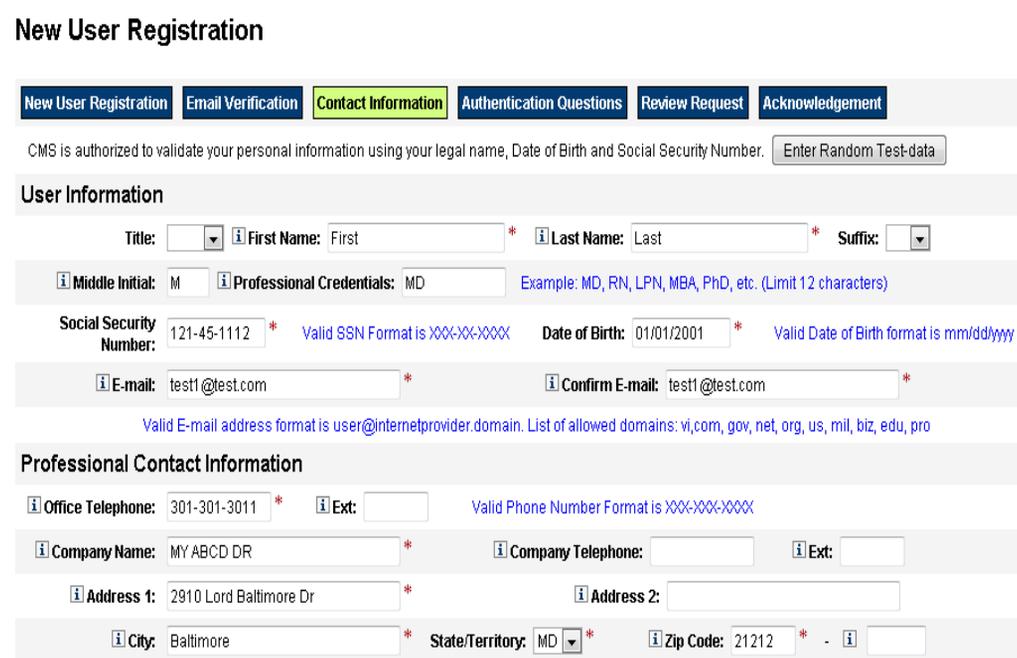
- **User Information:** First Name, Last Name, Social Security Number, Date of Birth, and E-mail.
- **Professional Contact Information:** Office Telephone, Company Name, and Address.
- **Individual Eligible Professional Information:**
 - For a **primary** Individual approver role: First Name, Last Name, Individual EP's Medicare billing TIN, Individual EP's rendering NPI and the corresponding individual Provider Transaction Access Number (PTAN) (*do not use the GROUP NPI or GROUP 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.

<u>Steps</u>	<u>Screenshots</u>																																
<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 various systems with their descriptions. A red arrow points to the 'PV/PQRS Registration System' entry.</p> <table border="1"> <thead> <tr> <th>System Name</th> <th>Description</th> </tr> </thead> <tbody> <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>PS&R/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> <tr> <td>Test999</td> <td>Test 999</td> </tr> <tr> <td>The SPOT - First Coast Service Options Internet portal</td> <td>The SPOT offers an array of self-service resources to furnish essential Medicare processing information within a secure, online environment.</td> </tr> </tbody> </table>	System Name	Description	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.	PS&R/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	Test999	Test 999	The SPOT - 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.
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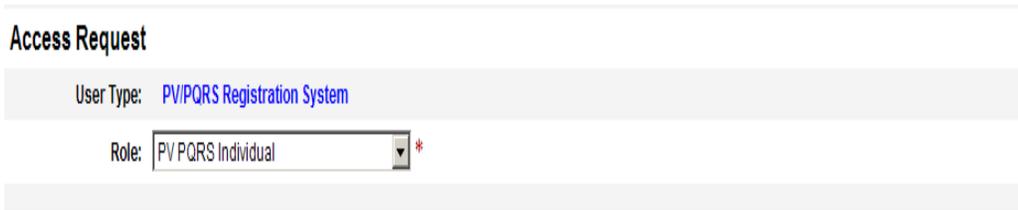
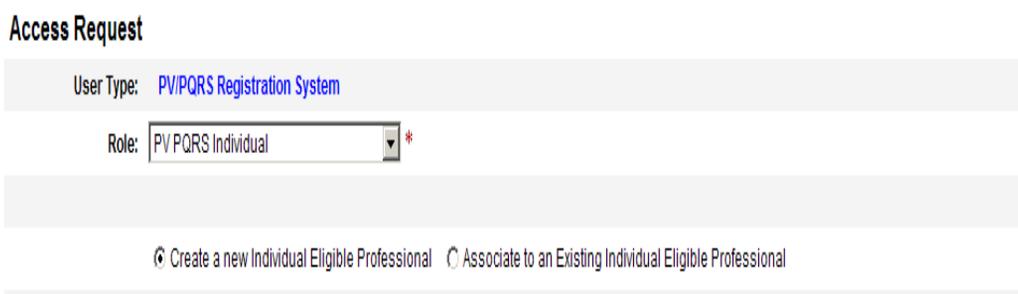
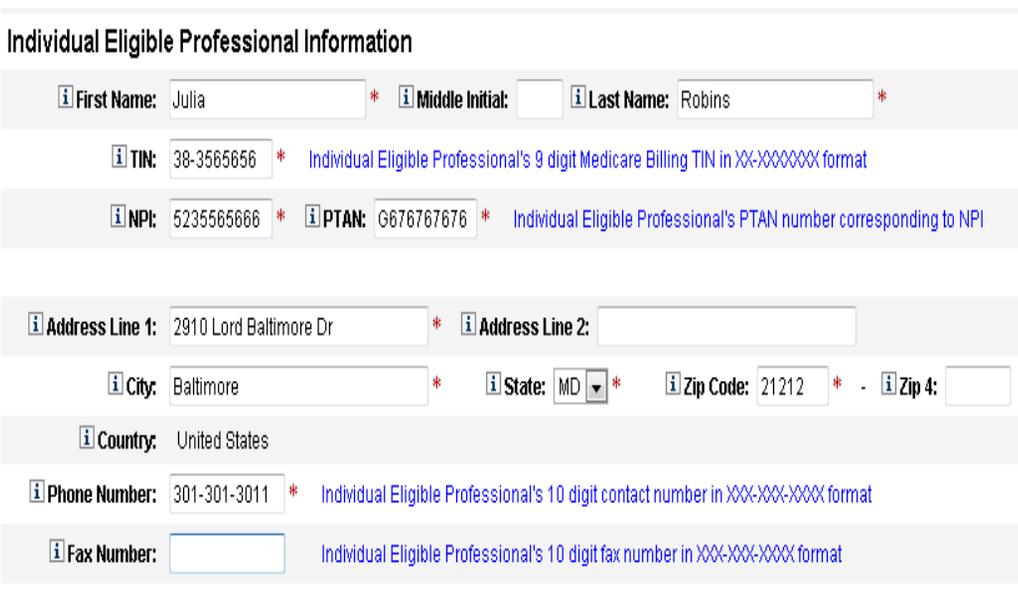
If you have questions or need further assistance, please contact the QualityNet Help Desk by phone at (866) 288-8912 (TTY 1-877-715-6222) or by email at qnet-support@sdps.org. Normal business hours are Monday-Friday from 8 am to 8 pm EST.

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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="button" 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>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><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@jdm.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="button" value="Enter Random Test-data"/></p> <p>User Information</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>Professional Contact Information</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>

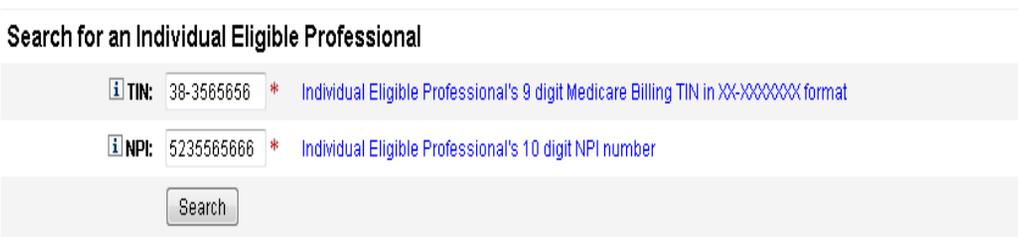
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<p>6. Select the PV PQRS Individual role under Access Request.</p> <p><i>Note: The screen will refresh after you select the role and display the appropriate fields that you need to complete.</i></p> <p>If you are requesting a primary Individual approver role, proceed to Step 7(a).</p> <p>If you are requesting a backup Individual approver role, proceed to Step 7(b).</p>	
<p>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).</p> <p style="text-align: center;">OR</p> <p>(b) Backup Individual Approver: If you are signing up for an IACS account in order to become the individual EP's backup approver, 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 individual PTAN (<i>do not use the GROUP NPI or GROUP PTAN</i>); and enter the remaining required Individual Eligible Professional Information. Then, proceed to Step 9.</p> <p>Example: Dr. Robins' Medicare billing TIN is 38-3565656. Her rendering NPI is 5235565666 and the corresponding individual PTAN is G676767676.</p> <p><i>Note: PTANs are alphanumeric therefore, enter the alpha characters. All leading zeros, if there are any in the individual</i></p>	

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<p><i>PTAN, should be entered.</i></p> <p>8. (b)(1) Backup Individual Approver: Enter the individual EP's Medicare billing TIN and rendering NPI and select Search.</p> <p>Example: Enter Dr. Robins' Medicare billing TIN 38-3565656 and rendering NPI 5235565666.</p>																													
<p>8. (b)(2) Backup Individual Approver: 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 the primary Individual approver, contact the QualityNet Help Desk.</i></p>																													
<p>9. Enter the Justification for Action (e.g., new user or modify existing account) and select Next.</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> <input type="button" value="New User Registration"/> <input type="button" value="Email Verification"/> <input type="button" value="Contact Information"/> <input type="button" value="Authentication Questions"/> <input type="button" value="Review Request"/> <input type="button" value="Acknowledgement"/> </p> <table border="1" data-bbox="537 1402 1292 1755"> <thead> <tr> <th>Question</th> <th>Answer</th> </tr> </thead> <tbody> <tr> <td>What is your grandmother's maiden name?</td> <td>Smith</td> </tr> <tr> <td>What was the model of your first car?</td> <td>Honda</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><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?	Smith	What was the model of your first car?	Honda	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>	
<p>12. Record the registration request tracking number displayed on the Registration Acknowledgement screen.</p>	

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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: The Centers for Medicare and Medicare Services (CMS) will review a request for a <u>primary Individual approver</u> role and notify the requestor of approval or denial within 24 hours after the request is submitted. CMS will approve a request for a <u>backup Individual approver</u> role after verifying with the <u>primary Individual approver</u> by phone that the requestor should have the backup Individual approver role.</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), and <p>Additional information is available at http://www.cms.gov/PhysicianFeedbackProgram.</p>	

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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.

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