



User Guide

2013 Interim Feedback Dashboard User Guide

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User Guide

2013 Interim Feedback Dashboard

Purpose

The *2013 Interim Feedback Dashboard User Guide* is designed to assist eligible professionals, and their authorized users, with accessing and interpreting the 2013 interim Dashboard data. The Dashboard allows organizations and eligible professionals to log-in to a web-based tool and access their 2013 Physician Quality Reporting System (PQRS) data on a quarterly basis in order to monitor the status of claims-based individual measures and measures group reporting. Additional information about the 2013 PQRS requirements is available on the Centers for Medicare & Medicaid Services (CMS) website at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS>.

Note: *The Dashboard does not provide the final data analysis for full-year reporting, or indicate 2013 PQRS incentive eligibility or subjectivity to the 2015 PQRS payment adjustment or the value based payment modifier to be implemented in 2015. The Dashboard will only provide claims-based data for 2013 interim feedback. Data submitted via Medicare-calculated administrative claims-based reporting, registry reporting, Group Practice Reporting Option (GPRO) Web Interface, Centers for Medicare & Medicaid Innovation (CMMI, includes Physician Group Practice [PGP] Transition Demonstration and Pioneer Accountable Care Organizations [ACO] participants), Medicare Shared Savings Program ACOs, or qualified Electronic Health Records (EHR) systems will not be included for purposes of the 2013 Dashboard data feedback. Data submitted for 2013 PQRS reporting via methods other than claims will be available for review in the fall of 2014 through the final PQRS feedback report.*

PQRS Program Overview

The 2006 Tax Relief and Health Care Act (TRHCA) authorized a physician quality reporting system, including an incentive payment, for eligible professionals who satisfactorily reported data on quality measures for Medicare Part B Physician Fee Schedule (PFS) covered professional services furnished to Medicare Fee-for-Service beneficiaries during the second half of 2007. CMS named this program the Physician Quality Reporting Initiative (PQRI), which was renamed Physician Quality Reporting System or PQRS in 2011.

PQRS was further modified as a result of The Medicare, Medicaid, and SCHIP Extension Act (MMSEA) and the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). MMSEA authorized CMS to establish two alternative reporting periods; the reporting of measures groups, and submission of data on PQRS quality measures through clinical data registries. For each program year, CMS implements PQRS through an annual rulemaking process published in the *Federal Register*. The program has expanded the number of measures and reporting options over time to facilitate quality reporting by a broad array of eligible professionals.

PQRS for the 2013 calendar year continues as a pay-for-reporting program that includes claims-, registry-, electronic health record (EHR)-, and Group Practice Reporting Option (GPRO) Web Interface-based reporting of data on 258 quality measures, including 22 measures groups. The two reporting periods for this program year include: January 1, 2013-December 31, 2013, and July 1, 2013-December 31, 2013 (for registry reporting of measures group[s] only). There are 13 options for satisfactorily reporting quality measures data for 2013 PQRS that differ based on the reporting period, the reporting option (individual measures or measures group[s]), and the selected data collection method (claims, participating registry, qualified/participating EHR, or GPRO Web Interface). Beginning in 2015, the program also applies a payment adjustment to eligible professionals who do not satisfactorily report data on quality measures for covered professional services during the 2013 program year.

For more information on the 2013 PQRS, please visit the CMS website at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS>.

Dashboard Overview

The Affordable Care Act of 2010 called for “timely feedback to eligible professionals on the performance of the eligible professional with respect to satisfactorily submitting data on quality measures.” As timely feedback is already provided, CMS indicated in the 2012-2013 PFS final rule the introduction of the Dashboard as an additional tool for eligible professionals to review their interim performance in PQRS. The Dashboard allows organizations and eligible professionals to log-in and access their interim 2013 PQRS reported data on a quarterly basis in order to monitor the status of claims-based individual measures and measures group reporting. The Dashboard should *not* be used to determine final data analysis for full-year program reporting, or final determination of 2013 PQRS incentive eligibility.

The Dashboard is available to each TIN with at least one eligible professional who submits one or more denominator-eligible Medicare Part B PFS claims. The Dashboard will display the most current data available on a cumulative quarterly basis for claims with dates of service during the following interim report periods, and processed into the National Claims History (NCH) by the given deadlines as follows:

Dashboard Data – Quarterly Claims Processing

| Dashboard Data Quarters | Claims Dates of Service | Processed into NCH Deadline |
|--|------------------------------|-----------------------------|
| 1 st Quarter (3-months) | January 1-March 31, 2013 | April 26, 2013 |
| 2 nd Quarter (6-months cumulative) | January 1-June 30, 2013 | July 26, 2013 |
| 3 rd Quarter (9-months cumulative) | January 1-September 30, 2013 | November 29, 2013 |
| 4 th Quarter (12-months cumulative) | January 1-December 31, 2013 | February 28, 2014 |

All Medicare Part B claims submitted for services furnished from January 1-December 31, 2013 and processed through February 28, 2014 will be analyzed to determine the eligible professional's *interim* participation in 2013 PQRS. The Dashboard will analyze data for those eligible professionals who reported individual measures or measures group(s) quality data codes (QDCs) to CMS via claims. Participation in PQRS is analyzed at the individual NPI-level within a Tax ID (TIN/NPI). Data provided through the Dashboard is separate from the final PQRS feedback reports that will be released in the fall of 2014.

Dashboard Content and Appearance

Dashboard data can be viewed as a TIN summary or as individual NPI detail. The TIN-level data (Table 1) provides a summary of claims submission data from all individual/rendering NPIs under the organizational TIN. NPI-level data (Table 2) provides detail of claims submission data from individual/rendering NPIs. Both TIN- and NPI-level data provide cumulative interim analysis for 2013 PQRS individual measures and measures groups on a quarterly basis throughout the program year.

As the Dashboard does not indicate 2013 PQRS incentive eligibility, Measure-Applicability Validation (MAV) will *not* be performed for those eligible professionals who report less than three individual measures via claims. Eligible professionals reporting less than three individual measures will need to refer to the information provided on the CMS PQRS website to ensure they are meeting the MAV and required performance rate criteria for successful reporting. Measures with 0% performance rates for all eligible patients (which will not count toward incentive eligibility) will be included in the Dashboard data.

An eligible professional's or group practice's election to participate in the Medicare-calculated administrative claims-based reporting mechanism will *not* be included in the Dashboard data.

Following are examples and additional information about the TIN- and NPI-level Dashboard data and appearance.

Table 1: Interim Reporting Summary for the Taxpayer Identification Number (Tax ID or TIN)

TIN-level analysis of claims submission from all individual/rendering NPIs under the organizational TIN will be available to authorized Individual Authorized Access to the CMS Computer Services (IACS) account users. TIN-level data will be provided in *Table 1: Interim Reporting Summary for the Taxpayer Identification Number (Tax ID or TIN)*, and will analyze each individual NPI who submitted at least one intent to report G-code for measures group reporting and/or at least one QDC on a Medicare Part B PFS claim during the applicable 2013 PQRS interim report period (see Example 1.1). The Dashboard will provide the following data:

- **Total # Measures Groups Reported:** The number of reported measures groups for the TIN/NPI. If the Intent G-code was reported, this field will show a '1'; indicating an attempt was made to report a measures group. This field will be populated with 'N/A' if no Intent G-code was reported, even if individual measures within the measures group were reported. The provider will see how many individual measures were reported in the next field titled "Total # Measures Reported."
- **Total # Measures Reported:** The total number of different individual measures or measures within a measures group reported for TIN/NPI (identified by measure-specific QDCs received) regardless of accuracy of reporting. The provider will see how many individual measures were accurately reported in the next field titled "Total # Measures Accurately Reported."
- **Total # Measures Accurately Reported:** The total number of different individual measures or measures within a measures group(s) reported for TIN/NPI based upon valid QDC submissions. Valid reporting is defined by numerator and denominator requirements as outlined in the measure specification. As previously mentioned, incentive eligibility is based upon the final analysis of 12-months of data, and the interim Dashboard data is not the final indicator of incentive eligibility for the reporting period.

For definition of terms related to Dashboard TIN-level data see **Appendix A**. For additional content detail, please refer to the footnotes of each table.

Note: The Dashboard may contain a partial or "masked" Social Security Number/Social Security Account Number (SSN/SSAN) as part of the TIN field. Care should be taken in the handling and disposition of Dashboard data to protect the privacy of the individual practitioner with which the SSN is potentially associated. Please ensure that Dashboard data is handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

The following screenshot is provided for example only and is subject to change. Minor changes in language and/or format should be expected.

Example 1.1: Interim Reporting Summary for the Taxpayer Identification Number (Tax ID or TIN)

2013 PQRS FEEDBACK DASHBOARD CONTENT - TIN - LEVEL

Table 1: Interim Reporting Summary for the Taxpayer Identification Number (Tax ID)

Tax ID Name*: John Q. Public Clinic
Tax ID Number: XXXXX6789

Reporting Time Period: Dates of service from 01/01/2013 to 03/31/2013 and processed by CMS Central Office by 04/26/2013.

| Interim Reporting Summary | | | | | |
|---------------------------|--------------|---|----------------------------------|---------------------------|--------------------------------------|
| NPI | NPI Name* | Method of Reporting | Total # Measures Groups Reported | Total # Measures Reported | Total # Measures Accurately Reported |
| 1000000001 | Doe, John | Measures Groups - 20 Beneficiaries via claims | 2 | 15 | 13 |
| 1000000002 | Smith, Susie | Individual Measure(s) reporting via claims | N/A | 4 | 3 |
| Summary | | | 2 | 19 | 16 |

This column indicates the total number of measures groups reported

This column indicates the number of different measures reported

This column indicates the number of measures where at least one valid QDC was received

*Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local A/B MAC and Carrier systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2013 Physician Quality Reporting System (PQRS) incentive payment or 2013 payment adjustment, only the system's ability to populate this field in the report.

For additional information, please refer to the 2013 Interim Feedback Dashboard User Guide on the CMS PQRS website at www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (TIN) field. Care should be taken in the handling and disposal of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

Figure 1.1 Screenshot of Table 1: Interim Reporting Summary for the Taxpayer Identification Number (Tax ID)

Table 2: Interim Reporting for NPI

NPI-level data reports can be requested for individual eligible professionals who submitted at least one denominator-eligible Medicare Part B PFS claim with a date of service during the interim report period. The Dashboard will allow eligible professionals, and their authorized users, to view data for individual measures reported, and/or measures group(s) reported. The following NPI-level reports will be available through the Dashboard depending on the NPIs reporting:

Table 2a: Interim Reporting Summary for the NPI (for individual measures and measures group[s] reporting)

Table 2b: Interim Individual Measure Detail for the NPI (for individual measures reporting only)

Table 2c: Interim Reporting Measure Group Detail for the NPI (for measures group[s] reporting only)

NPI-level Tables 2(a-c) will provide the following data:

Table 2a: Interim Reporting Summary for the NPI (see Example 2.1):

- **Method of Reporting:** The attempted method of reporting for the TIN/NPI.
- **Total # Measures Groups Reported:** The number of reported measures groups for the TIN/NPI. If the Intent G-code was reported, this field will show a 1; indicating an attempt was made to report a measures group. This field will be populated with 'N/A' if no Intent G-code was reported, even if individual measures within the measures group were reported. The provider will see how many individual measures were reported in the next field titled "Total # Measures Reported."
- **Total # Measures Reported:** The total number of different individual measures or measures within a measures group reported for TIN/NPI (identified by measure-specific QDCs received) regardless of accuracy of reporting. The provider will see how many individual measures were accurately reported in the next field titled "Total # Measures Accurately Reported."
- **Total # Measures Accurately Reported:** The total number of different individual measures or measures within a measures group(s) reported for TIN/NPI based upon valid QDC submissions. Valid reporting is defined by numerator and denominator requirements as outlined in the measure specification. As previously mentioned, incentive eligibility is based upon the final analysis of 12-months of data, and the interim Dashboard data is not the final indicator of incentive eligibility for the reporting period.

Table 2b: Interim Individual Measure Detail for the NPI (see Example 2.2):

- **Number of Eligible Instances:** The number of denominator-eligible instances the TIN/NPI was eligible to report the measure.
- **Number of Eligible Instances Where QDCs Were Accurately Reported:** The number of denominator-eligible instances that were accurately reported with a valid QDC(s). Valid reporting is defined by numerator and denominator requirements as outlined in the measure specification. As previously mentioned, incentive eligibility is based upon the final analysis of 12 months of data, and the interim Dashboard data is not the final indicator of incentive eligibility for the reporting period.
- **Number of Eligible Instances Where No QDC Was Reported:** The number of denominator-eligible instances where the TIN/NPI could have reported a QDC, but *did not*.

Table 2c: Interim Reporting Measures Group Detail for the NPI (see Example 2.3):

- **Measure #:** 2013 PQRS individual measure number within a measures group(s).
- **Measures Groups (with Measures Titles):** Title of the 2013 PQRS measures group(s) submitted by the TIN/NPI, and the title of the individual measure within the measures group.
- **Number of Eligible Instances Where QDCs Were Accurately Reported:** The number of denominator-eligible instances that were accurately reported with a valid QDC(s). This field will be populated with 'N/A' if no Intent G-code was reported, even if individual measures within the measures group were reported. Valid reporting is defined by numerator and denominator requirements as outlined in the measure specification. As previously mentioned, incentive eligibility is based upon the final analysis of 12 months of data, and the interim Dashboard data is not the final indicator of incentive eligibility for the reporting period.

For definition of terms related to Dashboard NPI-level data see **Appendix A**. For additional content detail, please refer to the footnotes of each table.

Note: *The Dashboard may contain a partial or "masked" SSN/SSAN as part of the TIN field. Care should be taken in the handling and disposition of Dashboard data to protect the privacy of the individual practitioner with which the SSN is potentially associated. Please ensure that Dashboard data is handled appropriately and disposed of properly to avoid a potential PII exposure or Identity Theft risk.*

The screenshots are provided for examples only and are subject to change. Minor changes in language and/or format should be expected.

Example 2.1: Table 2a: Interim Reporting Summary for NPI
 (Individual measures and measures group[s] reporting)
 2013 PQRS FEEDBACK DASHBOARD CONTENT - NPI - LEVEL

Table 2a: Interim Reporting Summary for the NPI

Tax ID Name*: John Q. Public Clinic
 Tax ID Number: XXXXX6789
 NPI Number: 1000000013
 NPI Name*: Doe, Jane

This column indicates the total number of measures groups reported

This column indicates the number of different measures reported

This column indicates the number of measures where at least one valid QDC was received

Reporting Time Period: Dates of service from 01/01/2013 to 03/31/2013 and processed by CMS Central Office by 04/26/2013.

| Interim Reporting Summary | | | |
|--|----------------------------------|---------------------------|--------------------------------------|
| Method of Reporting | Total # Measures Groups Reported | Total # Measures Reported | Total # Measures Accurately Reported |
| Individual Measure(s) reporting via Claims | N/A | 2 | 1 |
| Summary | N/A | 2 | 1 |

*Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local A/B MAC and Carrier systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 04/26/2013 Physician Quality Reporting System (PQRS) incentive payment or 2013 payment adjustment, only the system's ability to populate this field in the report.

For additional information, please refer to the 2013 Interim Feedback Dashboard User Guide on the CMS PQRS website at www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (TIN) field. Care should be taken in the handling and disposal of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

Figure 2.1 Screenshot of Table 2a: Interim Reporting Summary for NPI

Example 2.2: Table 2b: Interim Reporting Individual Measure Detail for the NPI
(Individual measures reporting only)

2013 PQRS FEEDBACK DASHBOARD CONTENT - NPI - LEVEL

Table 2b: Interim Reporting Individual Measure Detail for the NPI

Tax ID Name*: John Q. Public Clinic
 Tax ID Number: XXXXX6789
 NPI Number: 100000013
 NPI Name*: Doe, Jane

Reporting Time Period: Dates of service from 01/01/2013 to 03/31/2013 and processed by CMS Central Office by 04/26/2013.

This column indicates the number of denominator-eligible events that could have been reported

This column indicates the number of valid QDCs reported

This column indicates the number of denominator-eligible events that were not reported

| Interim Claims Reporting Detail for Individual Measures | | | | |
|---|--|------------------------------|--|--|
| Measure Number | Measure Title | Number of Eligible Instances | Number of Eligible Instances Where QDCs Were Accurately Reported | Number of Eligible Instances Where No QDC Was Reported |
| 32 | Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy | 90 | 74 | 8 |
| 36 | Stroke and Stroke Rehabilitation: Rehabilitation Services Ordered | 70 | 42 | 8 |
| 51 | Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation | 200 | 180 | 20 |
| 52 | Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy | 500 | 400 | 25 |

*Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local A/B MAC and Carrier systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 04/26/2013 Physician Quality Reporting System (PQRS) incentive payment or 2013 payment adjustment, only the system's ability to populate this field in the report.

For additional information, please refer to the 2013 Interim Feedback Dashboard User Guide on the CMS PQRS website at www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (TIN) field. Care should be taken in the handling and disposal of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

Figure 2.2 Screenshot of Table 2b: Interim Reporting Individual Measure Detail for the NPI

Example 2.3: Table 2c: Interim Reporting Measures Group Detail for the NPI
(Measures group[s] reporting only)

2013 PQRS FEEDBACK DASHBOARD CONTENT - NPI - LEVEL

Table 2c: Interim Reporting Measure Group Detail for the NPI

Tax ID Name*: John Q. Public Clinic
 Tax ID Number: XXXXX6789
 NPI Number: 1000000013
 NPI Name*: Doe, Jane

This column indicates the number of valid QDCs reported

Reporting Time Period: Dates of service from 01/01/2013 to 03/31/2013 and processed by CMS Central Office by 04/26/2013.

| Interim Claims Reporting Detail for Measures Groups 20 Beneficiaries Method | | |
|---|--|--|
| Measure # | Measures Groups (with Measures Titles) | Number of Eligible Instances Where QDCs Were Accurately Reported |
| Diabetes Mellitus Measures Group | | |
| 1 | Diabetes Mellitus: Hemoglobin A1c Poor Control | 30 |
| 2 | Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control | 30 |
| 3 | Diabetes Mellitus: High Blood Pressure Control | 29 |
| 117 | Diabetes Mellitus: Dilated Eye Exam | 30 |
| 119 | Diabetes Mellitus: Medical Attention for Nephropathy | 30 |
| 164 | Diabetes Mellitus: Foot Exam | 30 |

*Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local A/B MAC and Carrier systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 04/26/2013 Physician Quality Reporting System (PQRS) incentive payment or 2013 payment adjustment, only the system's ability to populate this field in the report.

For additional information, please refer to the 2013 Interim Feedback Dashboard User Guide on the CMS PQRS website at www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (TIN) field. Care should be taken in the handling and disposal of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

Figure 2.3 Screenshot of Table 2c: Interim Reporting Measures Group Detail for the NPI

Accessing the Dashboard

Eligible professionals or their authorized users are able to access the Dashboard via the Physician and Other Health Care Professionals Quality Reporting Portal (Portal), at <http://www.qualitynet.org/pqrs>, with Individual Authorized Access to the CMS Computer System (IACS) sign-in. The Portal is a CMS supported secured website that safely transfers and stores PQRS data. Eligible professionals or their authorized users will have the ability to access prior Dashboard data for up to two years. The Dashboard allows end users to immediately view the current interim data through the website. The Dashboard will not email data to the requestor. Downloadable and printable PQRS interim data will be available as an Adobe® Acrobat® PDF or HTML via the Dashboard.

The end user will be able to view TIN- or NPI-level Dashboard data depending on their IACS account. The following IACS accounts will have the following permissions:

- “**PQRS Representative**” authorization will be able to access TIN-level Dashboard data; which will display NPI-level data for all eligible professionals under that TIN.
- “**Individual practitioner**” authorization for sole proprietors, who submitted claims under a SSN, will be able to access NPI-level Dashboard Data.
- “**Security Official**” or “**Back-up Security Official**” roles will not be able to access the Dashboard data.

The *Dashboard User Guide* is available on the Portal to assist eligible professionals and authorized users with navigating through the Dashboard, and understanding the Dashboard data.

If you do not already have an IACS account, refer to the *Quick Reference Guides* for step-by-step instructions; see Figure 3.1 for assistance in locating these guides. Eligible professionals will need to obtain an IACS account for a “PQRS Representative” role or “Individual Practitioner” role for sole proprietors, who submitted claims under a SSN, in order to access the Dashboard through the Portal. Those assigned “Security Official” or “Back-up Security Official” roles only perform IACS administrative functions, such as creating the Organization and approving IACS accounts, and do not have access to Dashboard data. The New User Registration Menu for CMS Applications is at <https://idm.cms.hhs.gov/idm/user/newregistration.jsp>. Provider enrollment information must be current in the Medicare Provider Enrollment Chain and Ownership System (PECOS) in order to request an IACS account, see <http://www.cms.gov/MedicareProviderSupEnroll>.

System Requirements for the Dashboard

Minimum hardware and software requirements to effectively access and view the Dashboard are listed below.

Hardware

The Dashboard requires the following minimum set of hardware requirements:

- 233 MHz Pentium processor with a minimum of 150 MB free disk space
- 64 MB Ram (128MB preferred)

Software

The Dashboard requires the following minimum set of software requirements:

- Microsoft® Internet Explorer version 7.0 and above, or Mozilla® Firefox
- Adobe® Acrobat® Reader version 5.0 and above
- JRE is 1.6
- Windows® XP operating system

Internet Connection

- Dashboard will be accessible via any Internet connection running on a minimum of 33.6k or high-speed Internet

Step-by-Step Dashboard Instruction

Dashboard will only be available to eligible professionals and authorized users who have an IACS account. Only interim data for the individual/rendering NPI is available via the Dashboard – **do not enter group NPI**. Entering a group NPI will result in a “No Data Available” message.

The screenshots are provided for examples only and are subject to change. Minor changes in language and/or format should be expected.

STEP 1: Portal Sign-In (eligible professionals or authorized users must have IACS sign-in)

- a) Start at Portal web page, available at <http://www.qualitynet.org/pqrs>.

Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244

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- b) To sign-in to the Portal, click on the “**Sign-In**” button on the middle of the screen as shown in Figure 3.1.
- c) Enter your IACS username and password, and click “**Sign In**” as shown in Figure 3.2.
- d) Once logged-in, review the Terms and Conditions, **click on the box** to accept the Terms and Conditions, and click “**I Accept**” as shown in Figure 3.3.

Example 3.1: Screenshot of Step 1

QualityNet

Related Links

- CMS
- Quality Improvement Resources
- Measure Development
- Consensus Organizations for Measure Endorsement/Approval
- Communication Support Page

Guest Instructions

Welcome to the Physician and Other Health Care Professionals Quality Reporting Portal. Please click on the Sign In button located in the center of the page.

[Download and install Adobe Reader](#) to view User Guides in accessible PDF format.

User Guides

- PQRS Portal User Guide
- PQRS/eRx SEVT User Guide
- PQRS/eRx Submission User Guide
- PQRS/eRx Submission Report User Guide
- 2011 PQRS Feedback Report User Guide
- 2011 eRx Feedback Report User Guide
- 2012 PQRS GPRO Web Interface User Manual
- 2012 ACO GPRO Web Interface User Manual
- 2012 PQRS Feedback Dashboard User Guide

Verify Report Portlet

This tool is used to verify if a feedback report exists for your organization's TIN or NPI.

NOTE: The TIN or NPI must be the one used by the eligible professional to submit Medicare claims and valid PQRI quality data codes.

TIN NPI

TIN: e.g. 01-2123234 or 012123234

Guest Announcement

Information in the Taxpayer Identification Number (Tax ID or TIN-level) PQRI feedback reports is confidential. Your report is safely stored online and accessible only to you (and those you authorize) through the web application. TIN-level reports should be shared only with others within the practice who have a vested interest in the summarized quality data. Patients' information is acceptable only if the individual EP has authorized the TIN to do so. Information is handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

a) Go to the Portal at <https://www.qualitynet.org>

Physician and Other Health Care Professionals Quality Reporting Portal

b) Click here to sign-in with IACS to access the Portal to your Portal

If you do not have an account, please [register](#).

Forgot your password?

For assistance with new & existing IACS accounts, review the [Quick Reference Guides](#).

Notice: If you have not used your IACS account within the past 60 days or more, your account has been temporarily disabled as required by the CMS security policy. You should have received an e-mail at the e-mail address associated with your IACS account profile instructing you how to get your account re-enabled. If you need further assistance, please contact the QualityNet Help Desk at 1-866-288-8912, or qnetssupport@sdps.org.

Notice: If you are experiencing difficulties viewing the PQRS Communications, please ensure that you are using the compatibility view feature by doing the following: Tools, Select Compatibility View

Click here to access the Quick Reference Guides for instructions on registering for an IACS account

For support, please contact the QualityNet Help Desk at 866-288-8912, TTY 877-715-6222, or via email at qnetssupport@sdps.org

Figure 3.1 Screenshot of Portal Web Page (Steps 1 a-b)

Example 3.2: Screenshot of Step 1



Please sign in with your IACS credentials not your QualityNet credentials.

User Name:
Password:

c) Enter your IACS username and password

c) Once username and password are entered, click here

If you do not have an account, please register.

[Forgot your password?](#)

Figure 3.2 Screenshot of Portal Sign In Page (Step 1c)

Example 3.3: Screenshot of Step 1



**** WARNING ** WARNING ** WARNING ****

You have accessed a U.S. Government information system. There is no right of privacy on this system.

All data contained within this system is owned by the Centers for Medicare & Medicaid Services of the U.S. Department of Health and Human Services. For the purpose of protecting the rights and property of the Department, and to monitor compliance with all applicable statutes, regulations, agreements and policies; data access, entry and utilization may be monitored, intercepted, recorded, copied audited, inspected or otherwise captured and/or analyzed in any manner.

Use of this system by any user, authorized or unauthorized, constitutes consent to this monitoring, interception, recording, copying, auditing, inspecting or otherwise capturing and/or analyzing of data access, entry and/or utilization through this system.

Unauthorized access in violation of the United States Code, Section 1030. Unauthorized access or use of this computer system may subject violators to criminal, civil, or administrative penalties. System personnel may give any potential evidence of crime found on Department computer systems to law enforcement.

System users are required to read and agree to the terms, regulations, agreements and policies governing their access to and use of the data contained within this system including, but not limited to, "CMS Information Security Policies, Standards and Procedures."

**** WARNING ** WARNING ** WARNING ****

d) Review the Terms and Conditions, then click on the box to accept

I accept the above Terms and Conditions.

d) After clicking on the box, click "I Accept" to continue

Figure 3.3 Screenshot of Terms and Conditions Page (Step 1d)

STEP 2: Accessing the Dashboard

- e) Once signed-in to the Portal, click on “**Feedback Dashboard**” in top left-hand corner of window as shown in Figure 3.4.

Example 3.4: Screenshot of Step 2

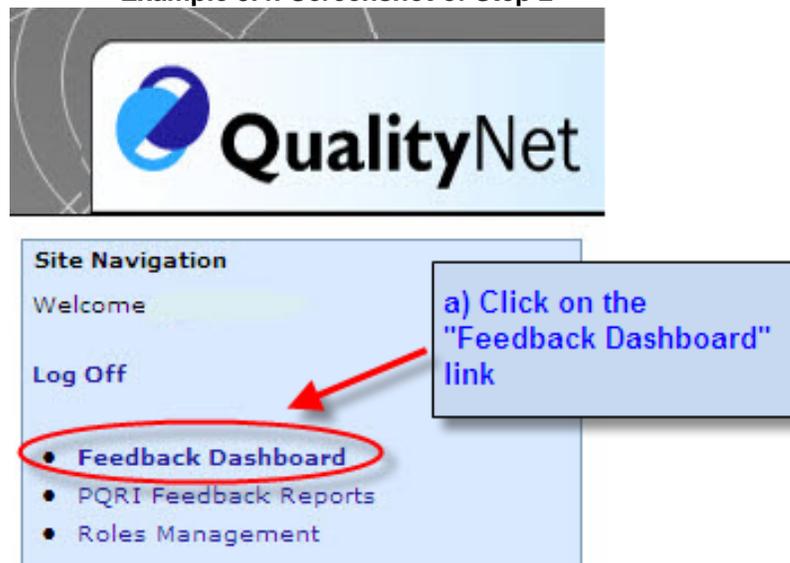


Figure 3.4 Screenshot of Accessing the Dashboard (Step 2a)

STEP 3: "Interim 2013 Physician Quality Reporting System Dashboard" Page

- a) The "Interim 2013 Physician Quality Reporting System Dashboard" page will open in either a new tab or a new window based upon your Internet browser settings (see Step 5 for browser pop-up options).
 - The most recent claims-based report period is displayed at the top of the page (as shown in Figure 3.5)
 - This page provides an introduction about the Dashboard data. As new Dashboard data becomes available, the date fields throughout this page will update to provide the current report period dates.
- b) Review the information on the "Interim 2013 Physician Quality Reporting System Dashboard" page and, if agreeable, **check the box** to accept the terms and conditions, and then click "**Continue**". See Figure 3.5 for an example of these features.

Example 3.5: Screenshot of Steps 3

The screenshot shows the "INTERIM 2013 PHYSICIAN QUALITY REPORTING SYSTEM DASHBOARD" page. At the top, the report period is displayed as "Report Period (January - March 2013) Claims". Below this, there is a list of bullet points detailing the reporting requirements and data sources. A callout box labeled 'a)' points to the report period text. Further down, there is a checkbox labeled "I accept the above terms and conditions" and a "Continue" button. A callout box labeled 'b)' points to the checkbox and the "Continue" button. At the bottom, there is a "Caution" note regarding the handling of Social Security Numbers.

INTERIM 2013 PHYSICIAN QUALITY REPORTING SYSTEM DASHBOARD

a) The "Report Period" displays the current claims-based data available to view

Report Period (January - March 2013) Claims

- Participation in Physician Quality Reporting via Measures Groups or Individual Measures claims reporting is at the individual National Provider Identifier level within a Tax ID (TIN/NPI).
- While 2013 Physician Quality Reporting includes a 20 Beneficiaries measures group and individual measures method for the 12-month reporting period, this interim report is based on 3 months of reporting only.
- All Medicare Part B claims submitted for services furnished from January 01, 2013 to March 31, 2013 and processed through April 26, 2013 were analyzed to determine eligible professional participation and satisfactorily reporting status in Physician Quality Reporting using these reporting methods.
- The 2013 Physician Quality Reporting Interim Feedback Report will only include those eligible professionals who submitted via claims for the 20 Beneficiaries measures group and/or individual measures methods.
- The 2013 Physician Quality Reporting Interim Feedback Report shall not include any data submitted via CMS Calculated Administrative Claims.
- Information provided in these interim reports is separate from the final Annual Physician Quality Reporting Feedback reports. The interim report data does not guarantee or reflect incentive eligibility.
- More information regarding Physician Quality Reporting is available on the CMS website, www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS.

b) After reviewing the terms and conditions, click on the box and then click "Continue"

I accept the above terms and conditions

Continue

Caution: This report may contain a partial or "masked" Social Security Number(SSN/SSAN) as part of the Tax Identification Number(TIN)field. Care should be taken in the handling and disposal of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information(PII)exposure or Identity Theft risk.

Figure 3.5 Screenshot of "Interim 2013 Physician Quality Reporting System Dashboard" Page (Steps 3a-b)

STEP 4: Dashboard Request Report Page

As previously mentioned, the eligible professional or authorized user will be able to view the TIN-level Dashboard Request Report page (see Figure 3.6), or the NPI-level Dashboard Request Report page (see Figure 3.7) based on his/her IACS permissions. The following fields must be completed for the Request Report page:

- a) **Report Type** – Based on IACS permissions, end users must choose which report to view from the choices in the drop-down box. Examples and definitions of the different reports were previously mentioned in the Dashboard Content and Appearance section.
- b) **NPI # or TIN #** – Based on IACS permissions, end users may choose to enter either a NPI or TIN to view Dashboard data for different providers or organizations.
 1. If able to enter **NPI #** (Example 3.6) – Enter one individual/rendering NPI (10-digits) to view a specific eligible professional's data. Do not enter group NPI. If no NPI number is entered, the Dashboard will display data for all NPIs associated with the TIN. Only one individual/rendering NPI can be entered for each report request.
 2. If able to enter **TIN #** (Example 3.7) – Individual Practitioner should leave this field blank. If there is a circumstance under which the practitioner also submits claims under a different TIN, enter one TIN (9-digits, including leading "0" if applicable) to view reporting under a specific TIN. If no TIN is entered, the Dashboard will display data for all TINs the eligible professional billed under. Only one TIN can be entered for each report request.
- c) **Report Format** – Select "**HTML**" or "**PDF**" (HTML is the default format).
- d) **Report Period** – Select the desired report period from the drop-down box.
 1. **HTML** – The table displays up to 20 NPIs per table. TINs with more than 20 NPIs will see multiple tables of 20 until all NPIs are listed. The HTML table has a "mouse-over" functionality allowing definitions to pop-up when the mouse cursor is placed over keywords. To view the report, scroll up and down with the arrow directions provided on the side of the screen or with the mouse wheel.
 2. **PDF** – This version may be easier to read if printing. This version does not provide "mouse-over", or filtering functions. To view the report, page up and down with the built in Adobe arrows located at the top or bottom of the page.
- e) Click on the "**Request Report**" button to continue

Example 3.6: Screenshot of Steps 4 (Request Report Page for IACS "PQRS Representative")

The screenshot displays the 'INTERIM 2013 PHYSICIAN QUALITY REPORTING SYSTEM DASHBOARD'. At the top left, it shows 'TIN# xxxxxx6316'. Below this are several form fields: 'Report Type *' with a dropdown menu set to 'TIN Interim Summary Report'; 'NPI #' with an empty text box; 'Report Format *' with radio buttons for 'HTML' (selected) and 'PDF'; and 'Report Period *' with a dropdown menu set to 'January - March 2013'. A 'Request Report' button is located at the bottom left. A note at the bottom states: 'Note: There can be an extended wait time when requesting a report in pdf format.' Five blue callout boxes with red arrows point to specific elements: 'a) Select report type from the drop-down box' points to the Report Type dropdown; 'b) [Optional] Enter one individual NPI to view a specific provider's data' points to the NPI # text box; 'c) Select the report format' points to the HTML/PDF radio buttons; 'd) Select which period of claims data to view' points to the Report Period dropdown; and 'e) Click "Request Report" to continue' points to the Request Report button. A red asterisk icon is labeled '* (Indicates Required Fields)'.

Figure 3.6 Screenshot of Dashboard End User Request Report Page (Steps 4a-e)

INTERIM 2013 PHYSICIAN QUALITY REPORTING SYSTEM DASHBOARD

* (Indicates Required Fields)

NPI# 1000000004

Report Type * :

TIN #

The Dashboard will display data for all TINs associated with the NPI. For specific TIN data, enter the TIN # in the field above

Report Format * : HTML PDF

Report Period * :

Note: There can be an extended wait time when requesting a report in pdf format

a) Select report type from the drop-down box

b) [Optional] Those individual practitioners who may bill under more than one TIN can enter one TIN to view data for the specific organization

c) Select the report format

d) Select which period of claims data to view

e) Click "Request Report" to continue

Figure 3.7 Screenshot of Dashboard Individual Practitioner Request Report Page (Steps 4a-e)

STEP 5: Request Report Confirmation

- The "Request Report" page will open in either a new tab or a new window based upon your Internet browser settings (see Step 6 for browser pop-up options).
- Click on "**Request Report**" to continue to the report.

Example 3.8: Screenshot of Step 5



Figure 3.8 Screenshot of Request Report Page (Step 5b)

NOTE: Extended time will be needed to generate Dashboard data for TINs with multiple NPIs. Prolonged use of the Dashboard may result in a system "time out", which requires the end user to click "Ok" on the pop-up refresh window.

STEP 6: Viewing the Dashboard Data

- Depending on your web browser settings, the Dashboard data will either pop-up in a new window or the current webpage will redirect you to the report. You can choose to have pop-ups open in new tab or new window by going to the Internet Explorer "**Internet Options**" drop down, scroll down to the Tab section and click on "**Settings**". Then select the desired option in the "When a pop-up is encountered" and "Open links from other programs in" sections (see figure 3.9).
- If the Internet Explorer window indicates that a Pop-up is blocked, click on the "**Tools**" drop-down menu, scroll down to "**Pop-up Blocker**" and select "**Turn off Pop-up Blocker**" (see figure 3.10).
- Screenshot examples of Dashboard data were previously provided in Figures 1.1-2.3.**

Examples 3.9: Screenshot of Step 6 (Pop-Up Blocker Settings)

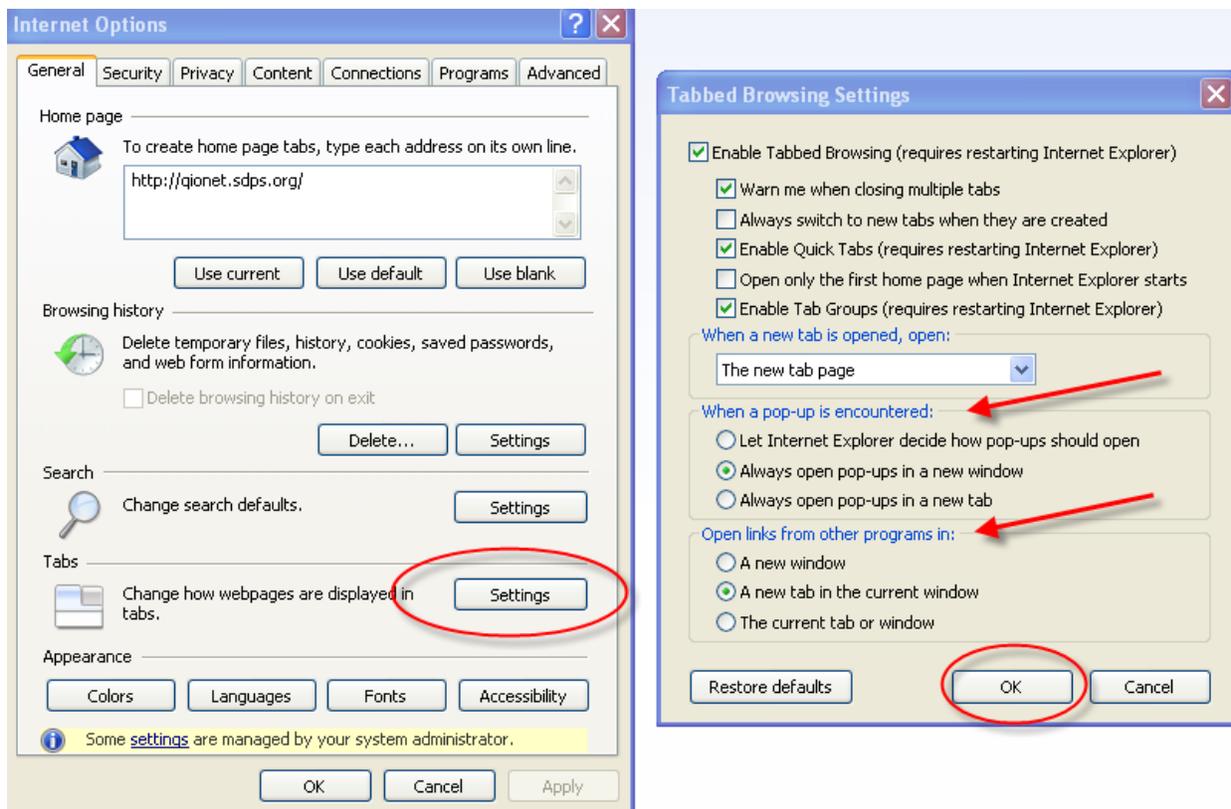


Figure 3.9 Screenshot of Internet Explorer Pop-up Settings (Step 6a)

Examples 3.10: Screenshot of Step 6 (Turning Off Pop-Up Blocker)

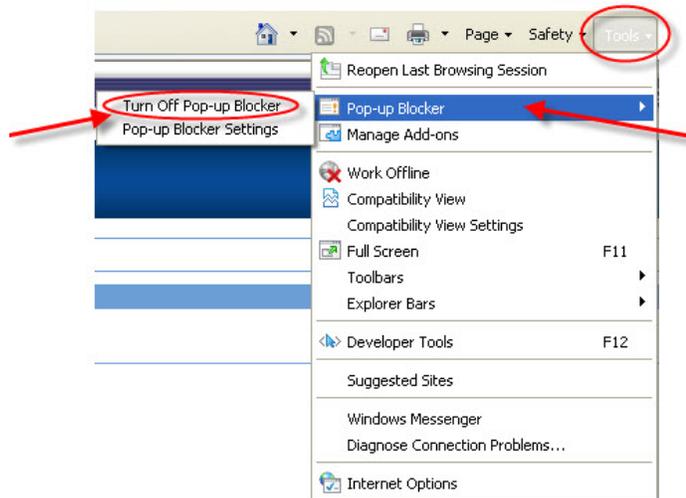


Figure 3.10 Screenshot of Turning off Internet Explorer Pop-up Blocker (Step 6b)

STEP 7: Exiting the Dashboard

- a) The user can log off via the "Log Off" link located in the in top left-hand corner of window, see Figure 3.11.

Example 3.11: Screenshot of Step 7



Figure 3.11 Screenshot of Dashboard Log-off (Step 7a)

Key Facts about the Dashboard

Frequent Concerns

- The user shall have the ability to export the data to a PDF file to save it locally and/or to print it.
- CMS will provide the final 2013 PQRS feedback report through a separate process.
- The final 2013 PQRS feedback report will be available fall of 2014.
- The incentive payment and the final 2013 PQRS feedback report will be issued at different times, and independent of Dashboard data.
- Dashboard data does not indicate whether or not an incentive payment was earned. The Dashboard will only include those eligible professionals who reported individual measures or measures group(s) (20 patient sample reporting) QDCs to CMS via claims during the specified report period.
- Dashboard data does not indicate subjectivity to the 2015 PQRS payment adjustment nor reflect participation in the Medicare-calculated administrative claims-based reporting option.
- Dashboard interim data will show a rolling 2 years availability.
- If **all** of the 2013 PQRS QDCs submitted by individual eligible professionals are not denominator-eligible events for the 2013 PQRS measure, the NPI-level Dashboard will be populated with zeroes in most or all of the numeric fields of the tables.
- For eligible professionals who submitted claims under multiple TINs, CMS groups claims by TIN/NPI for analysis. As a result, a professional who submitted claims under multiple TINs will need to submit QDCs for each TIN they bill under to be incentive eligible.
- If a provider sees “0” reporting displayed, but is certain QDCs were entered on Part B claims, the provider should look for the N365 remark code on remittance advice to determine if the QDC was processed, as PQRS reporting codes may have been stripped by claims software or by a clearinghouse. Claims may not be resubmitted only to add QDCs. Please call the QualityNet Help Desk for assistance in this circumstance. **Note:** The N365 remark code does **NOT** indicate whether the QDC is accurate for that claim or for the measure the eligible professional is attempting to report.

Dashboard Messages

- The “No Data Available” message will appear for the following reasons:
 - An invalid or Group NPI, or invalid TIN entry
 - GPRO TIN/NPI entry (includes CMMI participants, such as PGP and Pioneer ACOs, and Medicare Shared Savings Program ACOs)
 - There is no PQRS data available for report type or report period requested
 - The organization or eligible professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database at the time this report was produced (Table 1 only)
- The “Invalid Number” message will appear for the following reasons:
 - If the TIN user enters less than 10 digits into the NPI # text field box
 - If the TIN user enters 10 or less alpha or alpha numeric characters into the NPI # text field box
 - If the NPI user enters less than 9 digits into the TIN # text field box
 - If the NPI user enters 9 or less alpha or alpha numeric characters into the TIN # text field box

Help/Troubleshooting

Following are helpful hints and troubleshooting information:

- Adobe® Acrobat® Reader is required to view the Dashboard data in PDF format. You can download a free copy of the latest version of Adobe® Acrobat® Reader from <http://get.adobe.com/reader/>.
- The report may not function optimally, correctly, or at all with some older versions of Microsoft® Windows, Microsoft® Internet Explorer, Mozilla® Firefox, or Adobe® Acrobat® Reader.
- Users may need to turn off their web browser's Pop-up Blocker or temporarily allow Pop-up files in order to download the Dashboard data.
- Regardless of the format, users should preview their Dashboard data prior to printing.
- If you need assistance with the IACS registration process (i.e., forgot ID, password resets, etc.), contact the **QualityNet Help Desk** at 866-288-8912 (TTY 877-715-6222) or qnetsupport@sdps.org (Monday-Friday 7:00 a.m.-7:00 p.m. CT). You may also contact them for **assistance including accessing the Portal**.

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Appendix A: Dashboard Definitions

Table 1: Interim Reporting Summary for the Taxpayer Identification Number (Tax ID or TIN)

| Term | Definition |
|---|--|
| Tax ID Name | Legal business name associated with a Taxpayer Identification Number (TIN). Eligible professional's name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization's or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status; only the system's ability to populate this field in the report. |
| Tax ID Number | The masked TIN, whether individual or corporate TIN. A TIN can be an Employer Identification Number (EIN) used by organizations to submit claims, or a TIN can be the Individual Practitioner's Social Security Number (SSN). |
| Reporting Time Period | Indicates the dates of service of the Medicare Part B PFS claims data that was analyzed for this report (data extracted from claims processed into NCH by the processing date). |
| NPI Number | Individual National Provider Identifier of the eligible professional billing under the TIN. |
| NPI Name | Eligible professional's name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization's or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local Carrier or MAC systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status; only the system's ability to populate this field in the report. |
| Method of Reporting | The method of reporting attempted by the NPI. Defaults to Individual Measures via Claims unless CMS receives the Measures Group Intent to Report G-code. |
| Total # Measures Groups Reported | The number of reported measures groups for the TIN/NPI. If the Intent G-code was reported, this field will show a '1'; indicating an attempt was made to report a measures group. This field will be populated with 'N/A' if no Intent G-code was reported, even if individual measures within the measures group were reported. The provider will see how many measures were reported in the next field "Total # Measures Reported." |
| Total # Measures Reported | The total number of different individual measures or measures within a measures group reported for TIN/NPI (identified by measure-specific QDCs received) regardless of accuracy of reporting. The provider will see how many individual measures were accurately reported in the next field titled "Total # Measures Accurately Reported." |
| Total # Measures Accurately Reported | The total number of different individual measures or measures within a measures group(s) reported for TIN/NPI based upon <u>valid</u> QDC submissions. Valid reporting is defined by numerator and denominator requirements as outlined in the measure specification. <i>Note: As previously mentioned, incentive eligibility is based upon the final analysis of 12 months of data, and the interim Dashboard data is not the final indicator of incentive eligibility for the reporting period.</i> |
| Summary | The column summary sections display the summarized total number of NPIs, total number of measures group reported, total number of measures reported, and total number of measures accurately reported. Data that is available and has a true zero value will display as '0'. |

Table 2a: Interim Reporting Summary for the NPI

| Term | Definition |
|---|--|
| Tax ID Name | Legal business name associated with a Taxpayer Identification Number (TIN). Eligible professional's name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization's or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status; only the system's ability to populate this field in the report. |
| Tax ID Number | The masked TIN, whether individual or corporate TIN. A TIN can be an Employer Identification Number (EIN) used by organizations to submit claims, or a TIN can be the Individual Practitioner's Social Security Number (SSN). |
| NPI Number | Individual National Provider Identifier of the eligible professional billing under the TIN. |
| NPI Name | Eligible professional's name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization's or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local Carrier or MAC systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status; only the system's ability to populate this field in the report. |
| Reporting Time Period | Indicates the dates of service of the Medicare Part B PFS claims data that was analyzed for this report (data extracted from claims processed into NCH by the processing date). |
| Method of Reporting | The method of reporting attempted by the NPI. Defaults to Individual Measures via Claims unless CMS receives the Measures Group Intent to Report G-code. |
| Total # Measures Groups Reported | The number of reported measures groups for the TIN/NPI. If the Intent G-code was reported, this field will show a '1'; indicating an attempt was made to report a measures group. This field will be populated with 'N/A' if no Intent G-code was reported, even if individual measures within the measures group were reported. The provider will see how many measures were reported in the next field "Total # Measures Reported." |
| Total # Measures Reported | The total number of different individual measures or measures within a measures group reported for TIN/NPI (identified by measure-specific QDCs received) regardless of accuracy of reporting. The provider will see how many individual measures were accurately reported in the next field titled "Total # Measures Accurately Reported." |
| Total # Measures Accurately Reported | The total number of different individual measures or measures within a measures group(s) reported for TIN/NPI based upon <u>valid</u> QDC submissions. Valid reporting is defined by numerator and denominator requirements as outlined in the measure specification. <i>Note: As previously mentioned, incentive eligibility is based upon the final analysis of 12 months of data, and the interim Dashboard data is not the final indicator of incentive eligibility for the reporting period.</i> |
| Summary | The column summary sections display the summarized total number of NPIs, total number of measures groups reported, total number of individual measures reported, and total number of measures accurately reported. Data that is available and has a true zero value will display as '0'. |

Table 2b: Interim Reporting Individual Measures for the NPI

| Term | Definition |
|---|--|
| Tax ID Name | Legal business name associated with a Taxpayer Identification Number (TIN). Eligible professional's name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization's or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status; only the system's ability to populate this field in the report. |
| Tax ID Number | The masked TIN, whether individual or corporate TIN. A TIN can be an Employer Identification Number (EIN) used by organizations to submit claims, or a TIN can be the Individual Practitioner's Social Security Number (SSN). |
| NPI Number | Individual National Provider Identifier of the eligible professional billing under the TIN. |
| NPI Name | Eligible professional's name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization's or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local Carrier or MAC systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status; only the system's ability to populate this field in the report. |
| Reporting Time Period | Indicates the dates of service of the Medicare Part B PFS claims data that was analyzed for this report (data extracted from claims processed into NCH by the processing date). |
| Measure # | 2013 PQRS measure number. |
| Measure Title | 2013 PQRS measure title. |
| Number of Eligible Instances | The number of denominator-eligible instances for which the TIN/NPI could have reported at least one valid QDC. Data that is available and has a true zero value will display as '0'. |
| Number of Eligible Instances Where QDCs Were Accurately Reported | The number of denominator-eligible instances that were accurately reported with a valid QDC(s). Valid reporting is defined by numerator and denominator requirements as outlined in the measure specification. <i>Note: As previously mentioned, incentive eligibility is based upon the final analysis of 12 months of data, and the interim Dashboard data is not the final indicator of incentive eligibility for the reporting period.</i> |
| Number of Eligible Instances Where No QDC Was Reported | The number of denominator-eligible instances where the TIN/NPI could have reported at least one QDC, but did not. Data that is available and has a true zero value will display as '0' |

Table 2c: Interim Reporting Measures Groups for the NPI

| Term | Definition |
|---|--|
| Tax ID Name | Legal business name associated with a Taxpayer Identification Number (TIN). Eligible professional's name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization's or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status; only the system's ability to populate this field in the report. |
| Tax ID Number | The masked TIN, whether individual or corporate TIN. A TIN can be an Employer Identification Number (EIN) used by organizations to submit claims, or a TIN can be the Individual Practitioner's Social Security Number (SSN). |
| NPI Number | Individual National Provider Identifier of the eligible professional billing under the TIN. |
| NPI Name | Eligible professional's name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization's or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local Carrier or MAC systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status; only the system's ability to populate this field in the report. |
| Reporting Time Period | Indicates the dates of service of the Medicare Part B claims data that was analyzed for this report (data extracted from claims processed into NCH by the processing date). |
| Measure # | 2013 PQRS individual measure number within measures group(s). |
| Measures Groups (with Measures Titles) | Title of the 2013 PQRS measures group(s) submitted by the TIN/NPI, and the title of the individual measure within the measures group. Each measure within the measures group is analyzed as specified in the <i>2013 PQRS System Measures Groups Specifications Manual</i> located on the CMS website, http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/ . |
| Number of Eligible Instances Where QDCs Were Accurately Reported | The number of denominator-eligible instances that were accurately reported with a valid QDC(s). This field will be populated with 'N/A' if no Intent G-code was reported, even if individual measures within the measures group were reported. Valid reporting is defined by numerator and denominator requirements as outlined in the measure specification. Note: <i>As previously mentioned, incentive eligibility is based upon the final analysis of 12 months of data, and the interim Dashboard data is not the final indicator of incentive eligibility for the reporting period.</i> |