



MLN ConnectsTM

National Provider Call

How to Register to Select your PQRS Group Reporting Option for 2013

July 31, 2013



Medicare Learning Network®

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Agenda

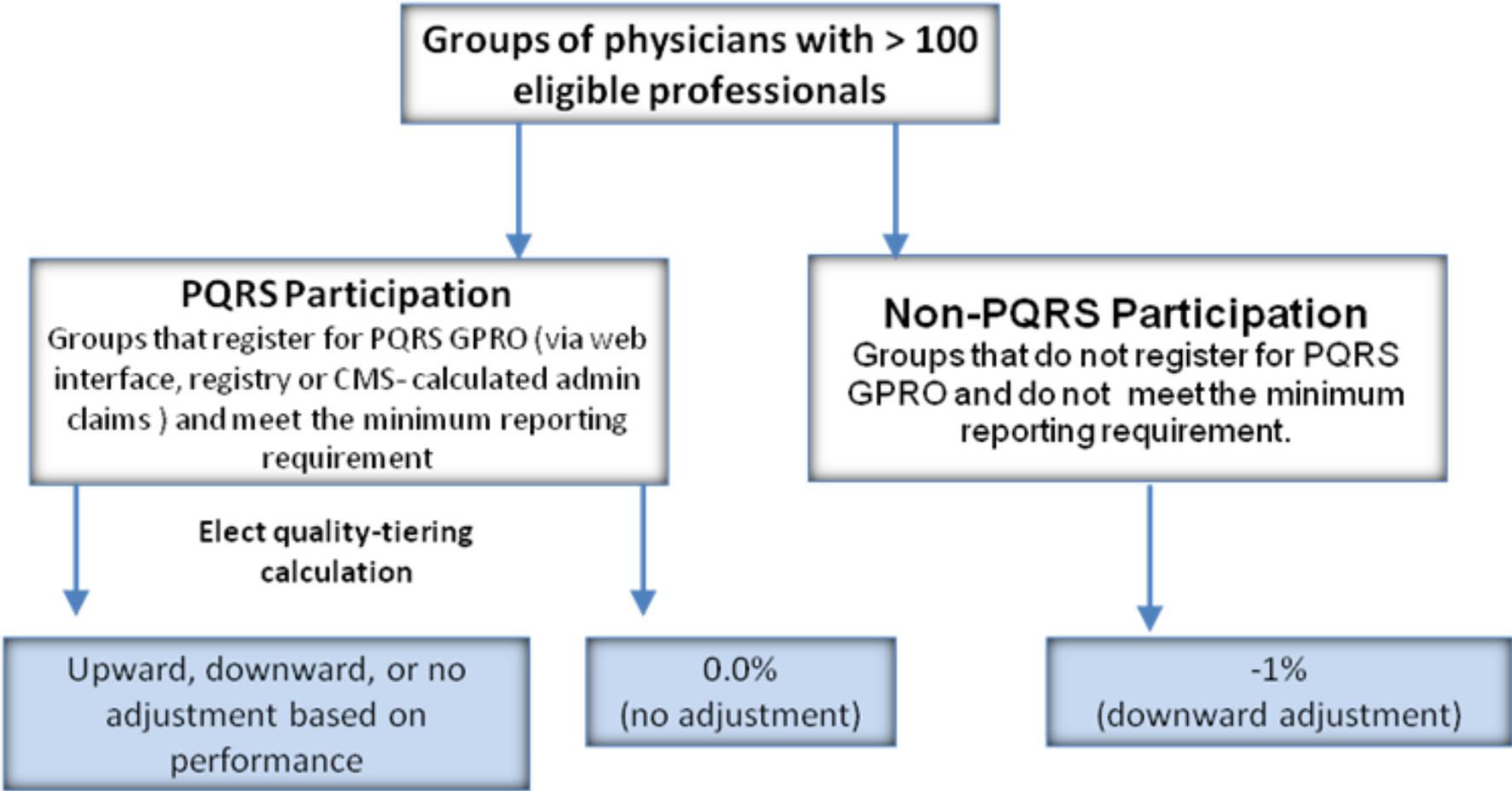
- Overview of the Value based Modifier (VM)
- IACS Introduction
- Which IACS role do you need
- How do you get an IACS account
- PV-PQRS Registration System Introduction
- How do you register in the PV-PQRS Registration System
 - Group Practice Registration
 - Individual Eligible Professional Registration
- Next Steps
- Technical Assistance Information

What is the Value Based Modifier

- VM assesses both quality of care furnished and the cost of that care under the Medicare Physician Fee Schedule.
- Begin phase-in of VM in 2015, phase-in complete by 2017.
- Implementation of the VM is based on participation in Physician Quality Reporting System.
- For CY 2015, we will apply the VM to groups of physicians with 100 or more eligible professionals (EPs).

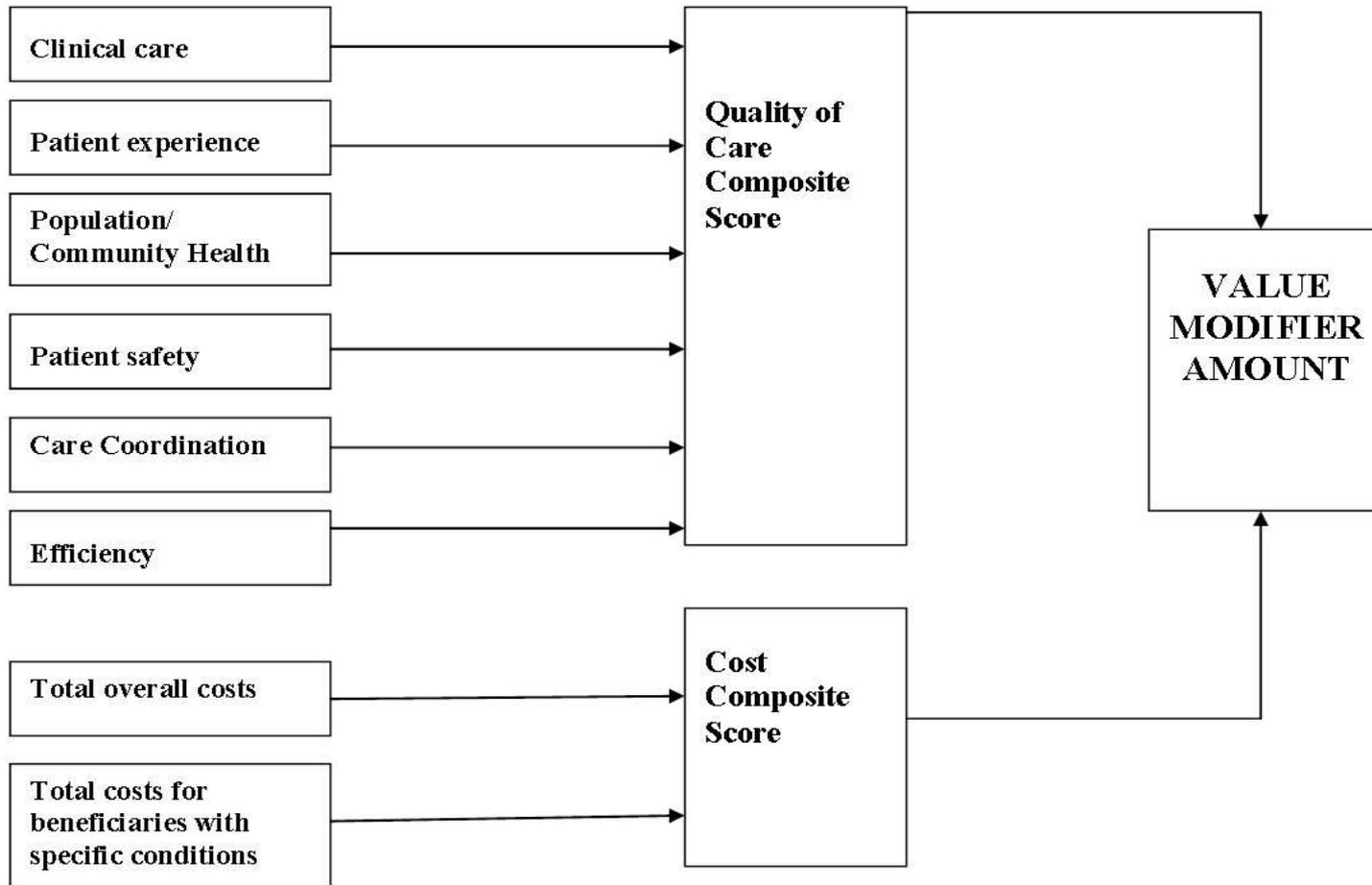
PQRS and VM Programs are Linked

VM implementation in 2015 is based on PQRS participation in 2013



Quality-Tiering Methodology

Use domains to combine each quality measure into a quality composite and each cost measure into a cost composite



Quality-Tiering Approach for 2015

- Each group receives two composite scores (quality of care; cost of care), based on the group's **standardized performance** (e.g. how far away from the national mean).
- This approach identifies statistically significant outliers and assigns them to their respective cost and quality tiers.

	Low cost	Average cost	High cost
High quality	+2.0x*	+1.0x*	+0.0%
Average quality	+1.0x*	+0.0%	-0.5%
Low quality	+0.0%	-0.5%	-1.0%

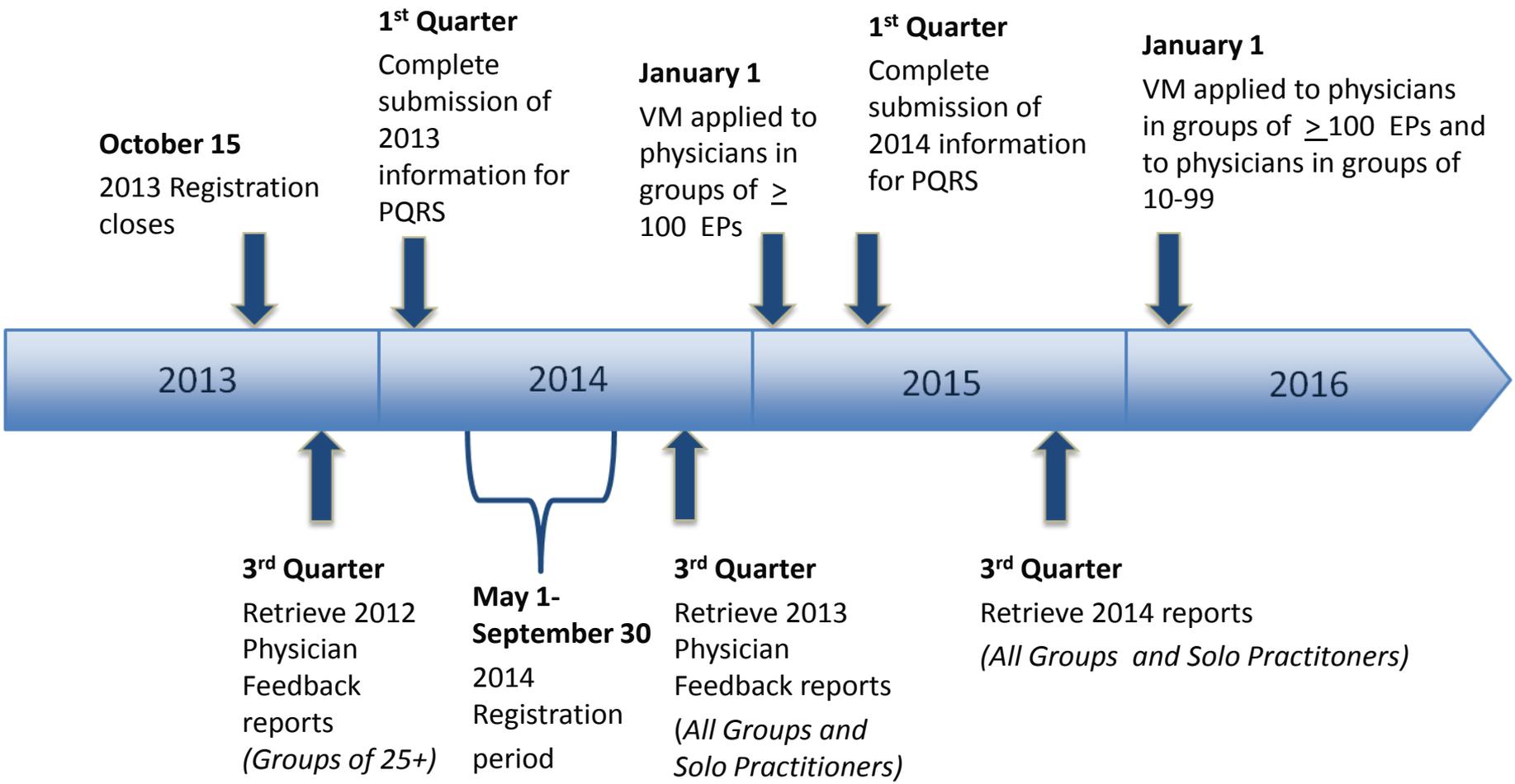
*Eligible for an additional +1.0x if :

- Reporting quality measures via the web based interface or registries

AND

- Average beneficiary risk score in the top 25% of all beneficiary risk scores

Timeline for VM that Applies to Payment Starting January 1, 2016



Actions for Groups of 100+ Eligible Professionals for the 2015 VM

1. Register as a GROUP in the Physician Value-Physician Quality Reporting System (PV-PQRS) Registration System during the period of July 15 - October 15, 2013
2. Select a PQRS GPRO reporting mechanism
 - Web interface
 - CMS-qualified registry
 - Administrative claims
 - **Note: Groups whose physicians participate as individuals in PQRS must self nominate as a group and elect administrative claims for the VM**
3. Determine whether to elect the quality tiering approach to calculate the VM between July 15 - October 15, 2013

IACS Introduction

- An Individuals Authorized Access to the CMS Computer Services (IACS) account is required to access the Physician Value-Physician Quality Reporting System (PV-PQRS) Registration System.
- Users are limited to 1 account per person.
 - An existing IACS account cannot be transferred to another individual.
 - An account can be associated with multiple group practices (Taxpayer Identification Number (TIN)) or individual eligible professionals (EPs) (TIN/National Provider Identifier (NPI)).
- If you have an existing IACS account:
 - Ensure your account is still active → Contact the Quality Net Help Desk.
 - Must add a PV-PQRS Registration System role to your account.
- You can sign up for a new IACS account or modify an existing IACS account at <https://applications.cms.hhs.gov/>.

IACS Roles for Group Practices

- Group practices are identified in IACS by their Medicare billing TIN.
- **One** authorized representative of a group practice must sign up for an IACS account with the “PV-PQRS Group Security Official” role and register the group practice as an Organization in IACS → Group’s primary Security Official.
 - The individual EPs (as identified by their rendering NPI) who bill under the TIN **do not** have to get an IACS account or register for the PQRS individually.
- There can be only one primary Group Security Official, but one or more backup Group Security Officials.
 - Most primary Group Security Official role requests are approved by CMS within 24 hours after the request is submitted.
 - Backup Group Security Official role requests are approved by CMS after CMS verifies with the primary Group Security Official by phone that the requestor should have the backup Group Security Official role.

IACS Roles for Group Practices (cont.)

- Primary or backup Group Security Official role allows the user to perform the following tasks on behalf of the group practice:
 1. Select/change the group practice's PQRS group reporting mechanism for 2013.
 2. If the group practice has 100 or more EPs, elect quality-tiering to calculate the Value-Based Payment Modifier in 2015.
 3. View the group practice's 2012 Quality and Resource Use Report after September 16, 2013.
 4. Approve requests for the "PV-PQRS Group Representative" role in IACS.
- "PV-PQRS Group Representative" roles can be requested after the group practice has an approved primary Group Security Official in IACS.
 - Allows the user to perform tasks 1-3 as listed above.
 - Must be approved by the primary or backup Group Security Official within 12 calendar days after the request is submitted.

IACS Roles for Individual EPs

- Individual EPs are identified in IACS by their Medicare billing TIN and rendering NPI.
- The individual EP or one authorized representative of the individual EP must sign up for an IACS account with the “PV-PQRS Individual” role and register the individual EP in IACS → Individual EP’s primary Individual approver.
- There can be only one primary Individual approver, but one or more backup Individual approvers.
 - Most primary Individual approver role requests are approved by CMS within 24 hours after the request is submitted.
 - Backup Individual approver role requests are approved by CMS after CMS verifies with the primary Individual approver by phone that the requestor should have the backup Individual approver role.

IACS Roles for Individual EPs (cont.)

- Primary or backup Individual approver role allows the user to perform the following tasks on behalf of the individual EP:
 1. Select the CMS-calculated administrative claims reporting mechanism in 2013 in order for the individual EP to avoid the PQRS negative payment adjustment in 2015.
 2. Approve requests for the “PV-PQRS Individual Representative” role in IACS.
- “PV-PQRS Individual Representative” roles can be requested after the individual EP has an approved primary Individual Approver in IACS.
 - Allows the user to perform task 1 as listed above.
 - Must be approved by the primary or backup Individual approver within 12 calendar days after the request is submitted.

Gather, Enter, & Verify

Three steps to sign up for an IACS account

1. Gather all of the required information you need to submit your request for an IACS account with a PV-PQRS Registration System role or to modify your existing IACS account to add a PV-PQRS Registration System role. (Refer to slides 11 – 12)
2. Enter the required information into IACS at <https://applications.cms.hhs.gov/>.
3. Verify that you entered all of the required information correctly and submit your request.

Note: When signing up for an IACS account, use an email address that you monitor regularly. CMS will send emails with your User ID, temporary password, and information about password resets and recertification.

Gather: Required Information for Group Roles

- **All Group Practice Roles**
 - *User Information:* First Name, Last Name, Social Security Number, Date of Birth, and E-mail.
 - *Professional Contact Information:* Office Telephone, Company Name, and Address.
- **PV-PQRS Group Security Official (Primary)**
 - *Organization Information:* Group practice's Medicare billing TIN, Legal Business Name, Rendering NPIs for **two different** individual physicians who bill under the TIN and their corresponding individual Provider Transaction Access Numbers (PTANs) (do not use the GROUP NPI or GROUP PTAN), Address, and Phone Number.
- **PV-PQRS Group Security Official (Backup)**
 - Group practice's Medicare billing TIN.
- **PV-PQRS Group Representative**
 - Group practice's Medicare billing TIN.

Gather: Required Information for Individual EP Roles

- **All Individual EP Roles**

- *User Information:* First Name, Last Name, Social Security Number, Date of Birth, and E-mail.
- *Professional Contact Information:* Office Telephone, Company Name, and Address.

- **PV-PQRS Individual (Primary)**

- *Individual Eligible Professional Information:* First Name, Last Name, Individual EP's Medicare billing TIN, Individual EP's rendering NPI and the corresponding individual PTAN, Address, and Phone Number.

- **PV-PQRS Individual (Backup)**

- Individual EP's Medicare billing TIN and rendering NPI.

- **PV-PQRS Individual Representative**

- Individual EP's Medicare billing TIN and rendering NPI.

Enter: New IACS User (All Roles)

- Go to <https://applications.cms.hhs.gov> and select “Enter the CMS Applications Portal”.
- Select “Account Management” and then select “New User Registration”.
- Select “PV/PQRS Registration System”. (Figure 1)
- Accept the Terms and Conditions.

Electronic Correspondence Referral System (ECRS) Web	This application allows authorized users to fill out various online forms and electronically transmit requests for changes to existing Common Working File (CWF) Medicare Secondary Payer (MSP) information, and inquiries concerning possible MSP coverage.
esMD	Electronic Submission of Medical Documentation
Gentran	This is the description for Gentran
HETS UI	HIPAA Eligibility Transaction System User Interface. This is a pilot with registration restricted to those organizations that are pre-approved
HPG	HIPAA Eligibility Transaction System (HETS) Provider Graphical User Interface (GUI)
Internet Server	Internet Server only access. This registration link is for those users who have no association with any other application listed on this page, but need Internet Server access. If you need access to an application that also requires Internet Server access, you must register for that application to get access.
MA/MA-PD/PDP/CC	Medicare Advantage/Medicare Advantage - Prescription Drug/Prescription Drug Plan/Cost Contracts/ Medicaid State Agency
MDR State Exchange	MDR This is the description for App-1209-1008
Medicaid and CHIP Program System [MACPro]	The purpose of the Medicaid and CHIP Program System [MACPro] is to support an efficient automated business process for submitting, reviewing, and taking final action on all Medicaid and CHIP actions.
Medicare Exclusion Database	The Medicare Exclusion Database, MED, is updated monthly with sanction and reinstatement information on excluded providers, and is made available to approved entities only
MyCGS3	Description not provided.
Novitasphere	Internet Provider Portal for Novitas Solutions, Inc.
Pal_cr-473 Testing	Testing Purpose
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>
SI	This is the description for App-1126-1353
SI	This is the description for SI
Terremark	Terremark Application

Figure 1: Selection of the PV/PQRS Registration System

Enter: New IACS User (All Roles) - Role Selection

- Enter the required “Professional Contact Information”.
- Select the appropriate IACS role you want to request.

The screenshot displays the 'New User Registration' form with several sections: 'User Information', 'Professional Contact Information', and 'Access Request'. The 'Access Request' section is highlighted with a red arrow. A dropdown menu for 'Role' is open, showing a list of roles categorized into 'User roles', 'Approver roles', and 'Helpdesk roles'. The 'User roles' section includes 'PV PQRS Group Representative' and 'PV PQRS Individual Representative'. The 'Approver roles' section includes 'PV PQRS Group Security Official' and 'PV PQRS Individual'. The 'Helpdesk roles' section includes 'PV Helpdesk Approver'. The 'Justification for Action' field is empty. The 'Next' and 'Cancel' buttons are visible at the bottom left.

Figure 2: IACS Role Selection

Enter and Verify: Primary “PV-PQRS Group Security Official” Role

- Select “Create a new Organization”.
- Enter the group practice’s Medicare billing TIN, rendering NPIs for **two different** individual physicians who bill under the TIN, and their corresponding individual PTANs. (Do not use the group NPI or group PTAN)
- Enter the remaining required “Organization Information”.

The screenshot shows a web form titled "Create a new Organization" with two radio buttons: "Create a new Organization" (selected) and "Associate to an Existing Organization". Below is the "Organization Information" section with the following fields:

- TIN: [] * Group Practice's 9 digit Medicare Billing TIN in XX-XXXXXXX format
- Legal Business Name: [] * Group Practice's Legal Business Name
- NPI 1: [] * PTAN 1: [] * Individual Physician's PTAN corresponding to NPI 1
- NPI 2: [] * PTAN 2: [] * Individual Physician's PTAN corresponding to NPI 2
- NPI 3: [] * PTAN 3: [] * Individual Physician's PTAN corresponding to NPI 3
- Address Line 1: [] * Address Line 2: []
- City: [] * State: [] * Zip Code: [] * - Zip 4: []
- Country: United States
- Phone Number: [] * Group Practice's 10 digit contact phone number in XXX-XXX-XXXX format
- Fax Number: [] * Group Practice's 10 digit fax number in XXX-XXX-XXXX format
- Justification for Action: [Request initiated on 03/29/2013 01:09:45 PM] *

At the bottom left, there is a red arrow pointing down to "Next" and "Cancel" buttons.

Figure 3: Becoming a Primary Group Security Official

Enter and Verify: Backup “PV-PQRS Group Security Official” Role

- Select “Associate to an Existing Organization”. Enter the group practice’s Medicare billing TIN, and select “Search”. (Figure 4)
- Select the Organization’s name from the “Organization” dropdown menu. (Figure 5)

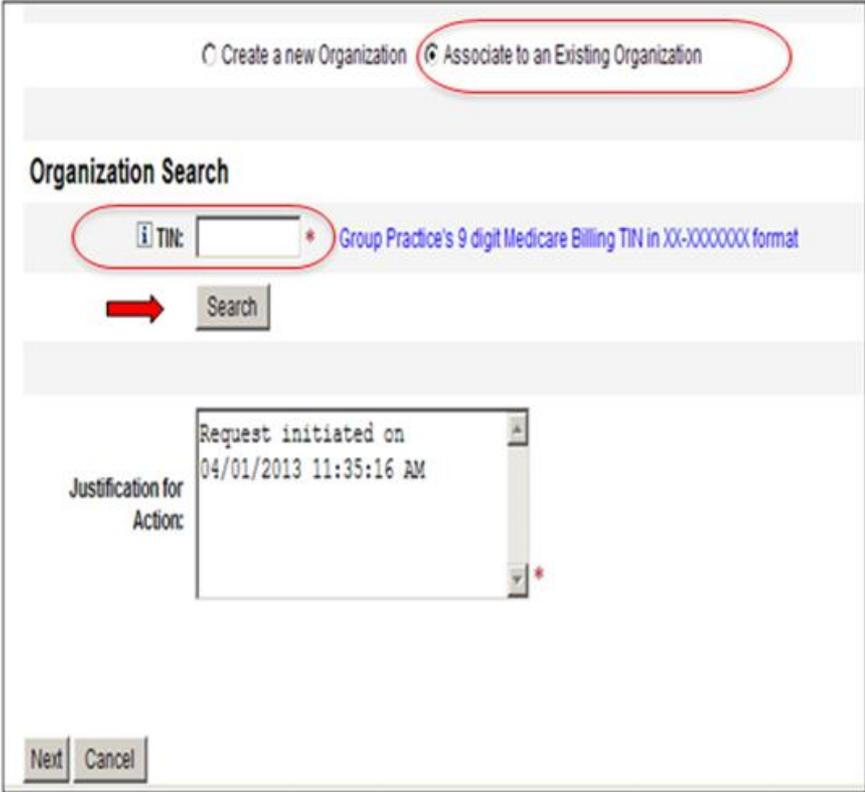


Figure 4: Becoming a Backup Group Security Official

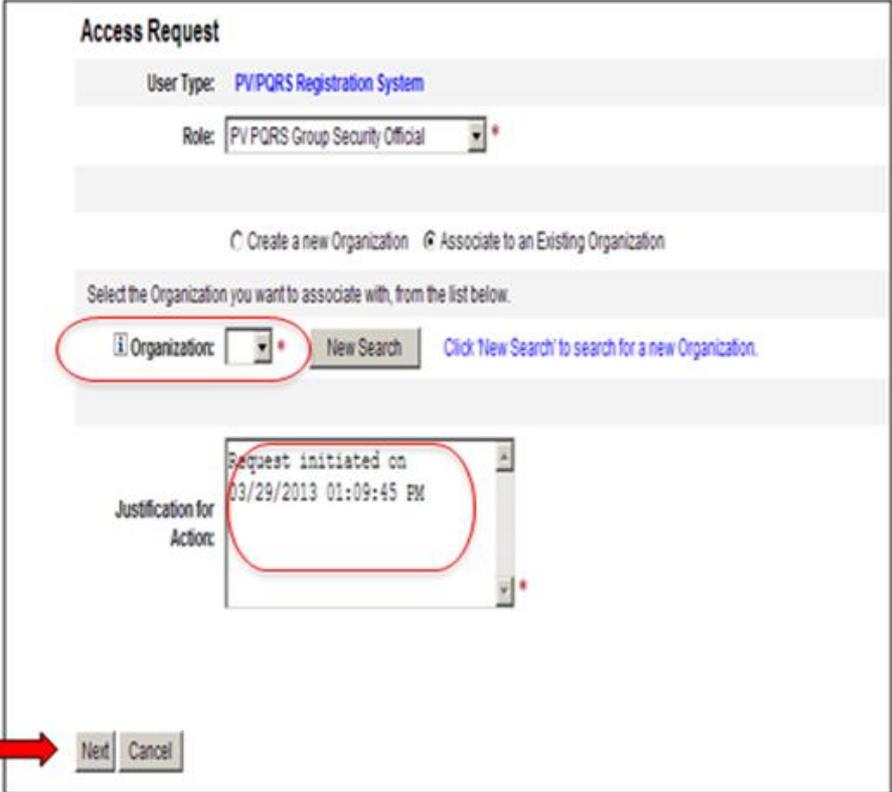


Figure 5: Organization Search Result
Note: If your Organization cannot be found, then please verify that your group practice has an approved primary Group Security Official and you entered the group practice’s TIN correctly.

Enter and Verify: Primary “PV-PQRS Individual” Approver Role

- Select “Create a new Individual Eligible Professional”.
- Enter the individual EP’s Medicare billing TIN, rendering NPI, and the corresponding individual PTAN.
- Enter the remaining required “Individual Eligible Professional information”.

Access Request

User Type: PV/PQRS Registration System

Role: PV PQRS Individual

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

Individual Eligible Professional Information

First Name: [] Middle Initial: [] Last Name: []

TIN: [] Individual Eligible Professional's 9 digit Medicare Billing TIN in XX-XXXXXXX format

NPI: [] PTAN: [] Individual Eligible Professional's PTAN number corresponding to NPI

Address Line 1: [] Address Line 2: []

City: [] State: [] Zip Code: [] Zip 4: []

Country: United States

Phone Number: [] Individual Eligible Professional's 10 digit contact number in XXX-XXX-XXXX format

Fax Number: [] Individual Eligible Professional's 10 digit fax number in XXX-XXX-XXXX format

Justification for Action: Request initiated on 03/29/2013 01:09:45 PM

Next Cancel

Figure 6: Becoming a Primary Individual Approver

Enter and Verify: Backup “PV-PQRS Individual” Approver Role

- Select “Associate to an Existing Individual Eligible Professional”, and enter the individual EP’s Medicare billing TIN and rendering NPI. Select “Search”. (Figure 7)
- Select the individual EP’s name from the “Individual Eligible Professional” dropdown menu. (Figure 8)

Access Request

User Type: PV/PQRS Registration System

Role: PV PQRS Individual *

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

Search for an Individual Eligible Professional

TIN: * Individual Eligible Professional's 9 digit Medicare Billing TIN in XX-XXXXXXX format

NPI: * Individual Eligible Professional's 10 digit NPI number

Search

Justification for Action: Request initiated on 03/29/2013 02:02:45 PM

Next Cancel

Figure 7: Becoming a Backup Individual Approver

Access Request

User Type: PV/PQRS Registration System

Role: PV PQRS Individual *

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

Select the Individual Eligible Professional you want to associate with, from the list below.

Individual Eligible Professional: * New Search Click 'New Search' to search for a new Individual Eligible Professional.

Justification for Action: Request initiated on 04/01/2013 12:39:39 PM

Next Cancel

Figure 8: Individual EP Search Result

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 TIN and NPI correctly.

PV-PQRS Registration System

- The PV-PQRS Registration System is a new application to serve the Physician Value Modifier and PQRS programs.
- The PV-PQRS Registration System is open from July 15, 2013 to October 15, 2013 and will allow the following:
 - Group practices
 - (1) Select/change their PQRS group reporting mechanism for 2013.
 - (2) If the group practice has 100 or more eligible professionals, elect quality-tiering to calculate the Value-Based Payment Modifier in 2015.
 - Individual EPs - Select the CMS-calculated administrative claims reporting mechanism in 2013 in order to avoid the PQRS negative payment adjustment in 2015.

Which Group Practices and Individual EPs Do Not Have to Register?

- Group practices that participate in the Medicare Shared Savings Program
- Group practices that **only** provide care to Medicare beneficiaries who are enrolled in a Medicare Advantage plan
- Group practices that only practice in a Rural Health Clinic
- Group practices that only practice in a Federally Qualified Health Center
- Group practices that only practice in a Critical Access Hospital (using method II billing)
- Individual EPs who want to participate in the PQRS in 2013 using a participating registry, claims, or electronic health records (EHRs)

Pioneer ACOs and CPCI

- **Have to register in the PV-PQRS Registration System**
 - Group practices of all sizes (2+ EPs) that include EPs who participate in a Pioneer Accountable Care Organization (ACO), where all of the EPs under the billing TIN have elected to participate in the PQRS as a group
 - Group practices of all sizes (2+ EPs) that include Comprehensive Primary Care (CPC) EPs, where all of the EPs under the billing TIN have elected to participate in the PQRS as a group
 - Non-participating Pioneer ACO EPs, who are part of a TIN that also includes Pioneer ACO EPs, and want to participate in the PQRS as individuals using the CMS-calculated administrative claims reporting mechanism
 - Non-participating CPC EPs, who are part of a TIN that also includes CPC EPs, and the participating CPC EPs have elected to receive credit for the PQRS reporting via a CPC waiver
- **Do not have to register**
 - Individual EPs who are part of a TIN that participates in a Pioneer ACO or the CPCI, but are non-participating Pioneer ACO or CPC EPs, and want to participate in the PQRS as individuals using a participating registry, claims, or EHRs
 - Individual EPs who are part of a TIN that participates in a Pioneer ACO or the CPCI AND are participating Pioneer ACO or CPC EPs, and want to participate in the PQRS as individuals using a participating registry, claims, or EHRs
 - CPC Practice Site EPs who have elected to obtain credit for their PQRS reporting by meeting all CPC Clinical Quality Measure (CQM) reporting requirements successfully

Gather, Enter, & Verify

Three steps to register in the PV-PQRS Registration System

1. Gather all of the required information you need to submit your PV-PQRS Registration.
2. Enter the required information into PV-PQRS Registration System at <https://portal.cms.gov>.
3. Verify that you entered all of the required information correctly and submit your registration.

Gather: Required Information for Group Registration

- *Organization Information:* GPRO name, Entity name, Mailing Address.
- *Requestor Information:* First Name, Last Name, Contact E-mail, and Phone Number.
- *Program Contact Information:* First Name, Last Name, Contact E-mail, Phone Number, Address and IACS account holder (yes/no).
- *Technical Contact Information:* First Name, Last Name, Contact E-mail, Phone Number, and Address, IACS Account holder (yes/no)
- Group Practice Size
- Quality Tiering Election for groups with 100 or more EPs
- Selection of 2013 PQRS Reporting mechanism

Gather: Required Information for Individual EP Registration

- Individual Information: E-mail, Phone Number, and Mailing Address
- Selection of CMS Calculated Administrative Claims Reporting Mechanism

Enter: PV-PQRS Registration System

- Go to <https://portal.cms.gov> and select “Login to CMS Secure Portal”. (Figure 9)
- Accept the Terms and Conditions

The screenshot displays the CMS.gov Enterprise Portal. At the top, the CMS.gov logo and 'Enterprise Portal' are visible, along with navigation links for Home, About CMS, Newsroom, Archive, Help & FAQs, Email, and Print. Below the logo, there are links for 'Health Care Quality Improvement System' and 'Provider Resources'. The main content area features a large banner with the text 'Welcome to CMS Enterprise Portal' and a description: 'The CMS Enterprise Portal is a gateway being offered to allow the public to access a number of systems related to Medicare Advantage, Prescription Drug, and other CMS programs.' To the right of this banner is a 'CMS Secure Portal' section with a 'Login to CMS Secure Portal' button and links for 'Forgot User ID?', 'Forgot Password?', and 'New User Registration'. Below the banner, there are three tabs: 'CMS Enterprise Portal', 'Medicaid/CHIP', and 'Medicare Shared Savings Program'. The bottom section contains a heading 'CMS Provides Health Coverage for 100 Million People...' followed by a paragraph: '...through Medicare, Medicaid, and the Children's Health Insurance Program. And with health insurance reforms and health care exchanges, we are improving health care and ensuring coverage for all Americans.' There are also two small informational boxes: one for 'Medicare.gov' with the text 'Information for people with Medicare, Medicare open enrollment, and benefits.' and another for 'InsureKids Now.org' with the text 'Information for children up to the age of 19 in need of health care coverage.'

Figure 9: Login to CMS Secure Portal

Enter: PV-PQRS Registration System (cont.)

- Enter the User ID & the Password on the Login screen and click “Login”. (Figure 10)

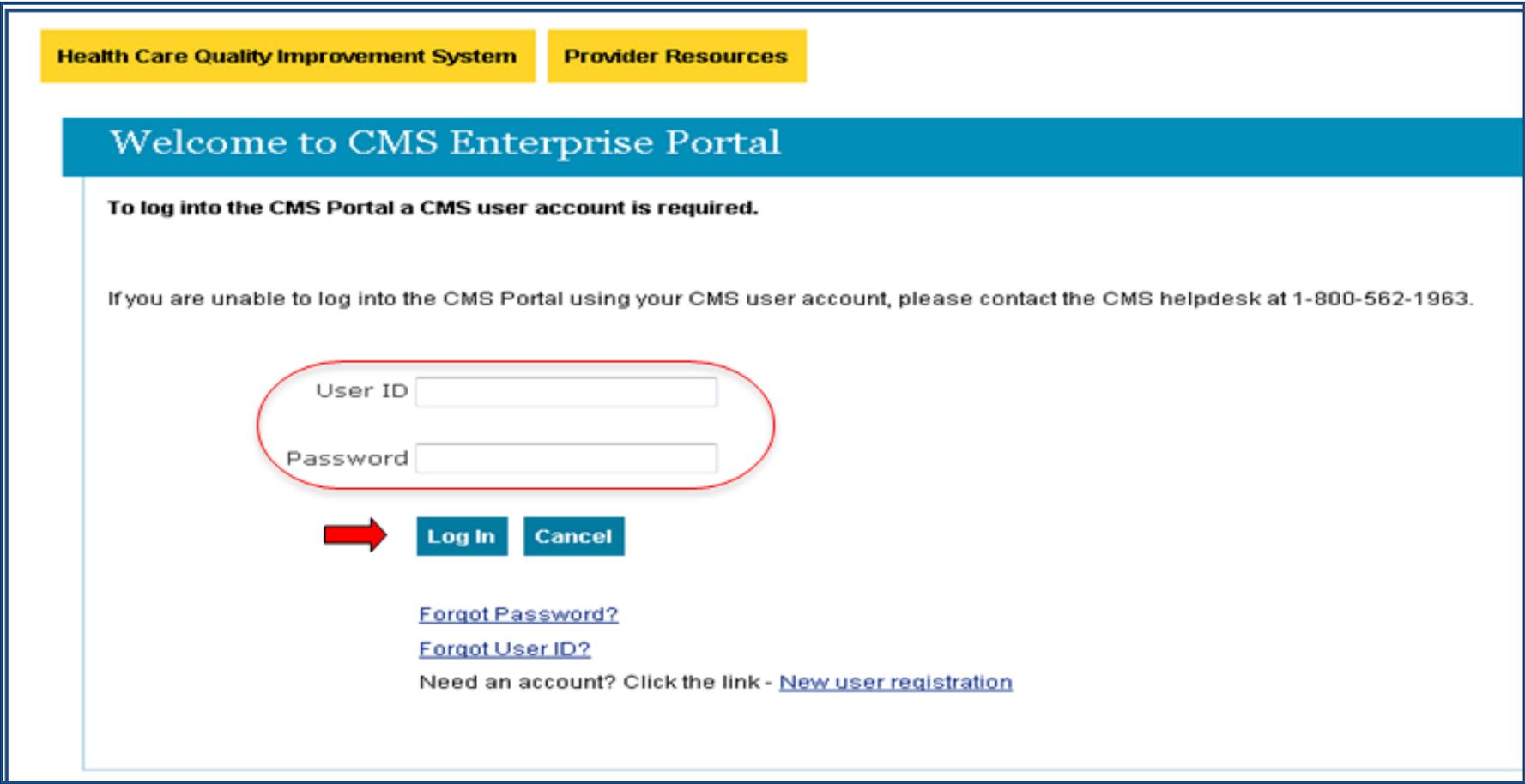


Figure 10: Login Screen

Select: Registration

- Select the Registration hyperlink from the PV-PQRS dropdown. (Figure 11)

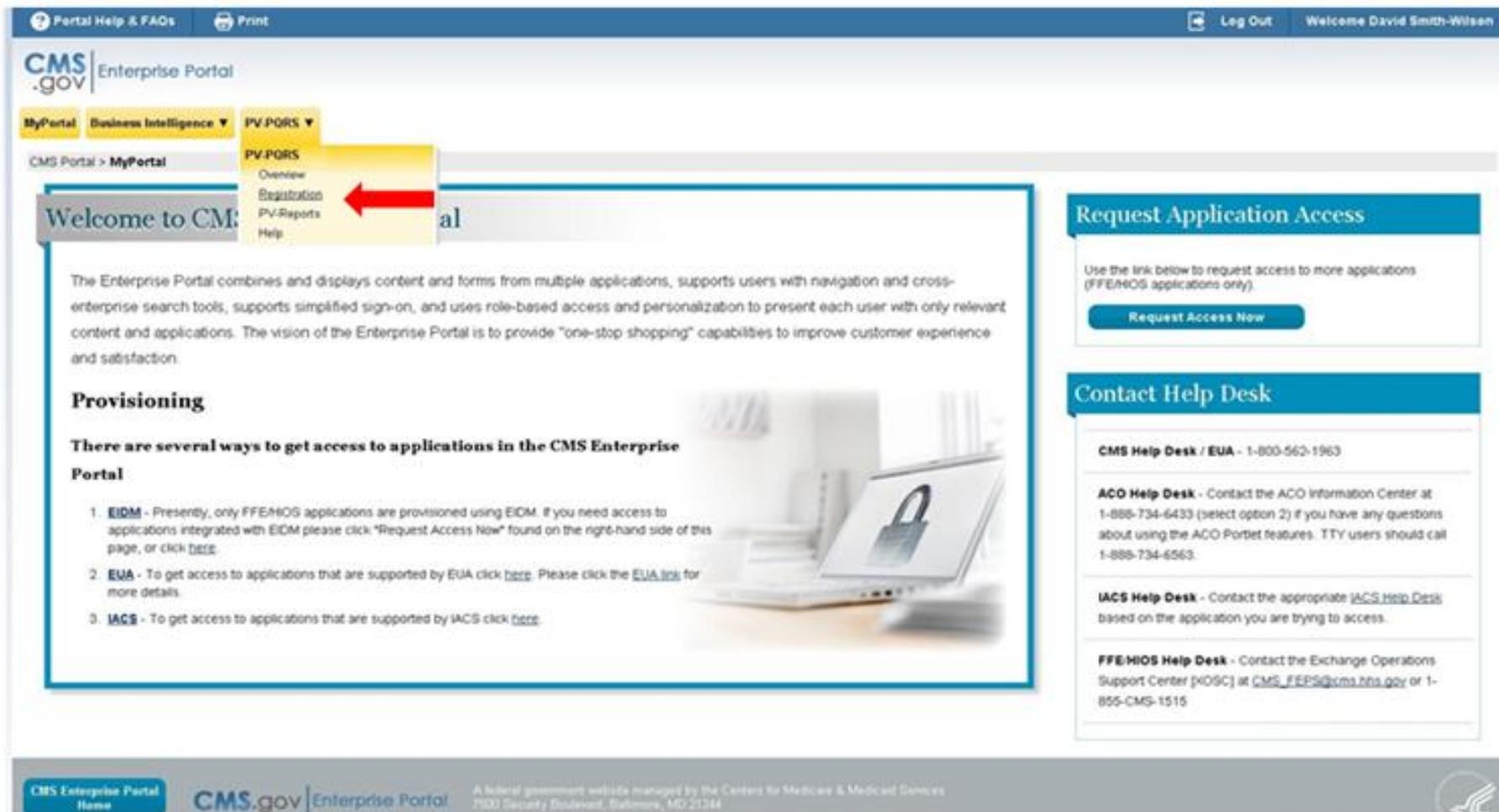


Figure 11: Landing Screen

New Registration : Group Practice

- Select the "Register" link. (Figure 12)

Welcome to Physician Value Physician Quality Reporting Portal

IACS User Account Information

First Name: Cathy

Middle Initial:

Last Name: Smith-Gregor

Please click Register/Modify if you are (1) an authorized representative of a Group Practice (TIN) and want to register the TIN or modify the registration information, or (2) an authorized representative of an Individual Eligible Professional (TIN/NPI) and want to register the TIN/NPI or modify the registration information

Program Year	Registration Type	Name	TIN	NPI	Initial Registration Date	Registration Id	Registration Status	Registration Status Reason	Action
2013	Group	AP Organization	XX-773199	N/A	06/25/2013	1000000859	Active	New Registration	Modify
2013	Group	Coastal Health Care	XX-508591	N/A	N/A	N/A	N/A	N/A	Register
2013	Group	Daniel Metropolitan Associates	XX-234675	N/A	N/A	N/A	N/A	N/A	Register

Figure 12: New Registration – Group Practice

Enter: Group Practice Information

- Enter the required organization information and requestor information. (Figure 13)
- Select the appropriate Group Practice Size, Quality Tiering Election, and the Reporting Mechanism and click “Save & Continue”. (Figure 13)
- Note:
 - If a Group Practice Size of “2-24 Individual eligible professionals is selected, the group practice will be allowed to select CMS Calculated claims or registry reporting.
 - The Quality Tiering Election option will only be available if the Group Practice size of 100 or more Individual Eligible Professional is selected.

Address: 650 North Lake Shore Drive Suite 1118, Chicago, IL 60611-4748

1 - Organization 2 - Contact 3 - Summary 4 - Confirmation

A field with an asterisk (*) before it is a required field.

Organization Information

*GPRO Name:

*Entity Name:

Check here if the Organization Mailing Address is the same as the Organization Physical Address

*Mailing Address Line 1:

Mailing Address Line 2:

*Mailing City:

*Mailing State:

*Mailing ZIP: Zip - 4:

Requestor Information

*Requestor First Name:

Requestor Middle Initial:

*Requestor Last Name:

*Requestor Contact Email:

*Confirm Email:

*Requestor Phone:

Requestor Phone Ext:

Group Practice Size

*Please Indicate your practice size:

2 - 24 Individual Eligible Professionals

25 - 99 Individual Eligible Professionals

100 or More Individual Eligible Professionals

Quality Tiering Election

You have indicated that your group has more than 100 Individual Eligible Professionals.

*Would you like CMS to calculate the Value-based Payment Modifier using Quality Tiering? *

Yes

No

Reporting Mechanism

*Please select the reporting mechanism your group will use in 2013:

Web Interface as a Group Practice *

Registry as a Group Practice *

CMS Calculated Administrative Claims as a Group Practice *

Figure 13: Group Practice Organization Information

Enter: Group Practice Contact Information

- Enter the required Program Contact Information and the Technical Contact Information. (Figure 14)
- Click “Save & Continue”. (Figure 14)

Address : 3355 Lord Baltimore Dr, Woodlawn, MD 22344

1 - Organization 2 - Contact 3 - Summary 4 - Confirmation

NOTE A field with an asterisk (*) before it is a required field.

Program Contact Information

Check here if the Program Contact Information is the same as the Requestor

*Program Contact First Name :

Program Contact Middle Initial:

*Program Contact Last Name:

*Program Contact Email:

*Confirm Email:

*Program Contact Phone Number:

Program Contact Phone Ext:

*Program Contact IACS Account Holder Yes No

Check here if the Program Contact Address is the same as the Organization Physical Address

*Program Contact Address Line 1:

Program Contact Address Line 2:

*Program Contact City:

*Program Contact State:

*Program Contact ZIP: Zip + 4:

Technical Contact Information

Check here if the Technical Contact Information is the same as the Requestor

*Technical Contact First Name:

Technical Contact Middle Initial:

*Technical Contact Last Name:

*Technical Contact Email:

*Confirm Email:

*Technical Contact Phone Number:

Technical Contact Phone Ext:

*Technical Contact IACS Account Holder No Yes

Check here if the Technical Contact Address is the same as the Organization Physical Address

*Technical Contact Address Line 1:

Technical Contact Address Line 2:

*Technical Contact City:

*Technical Contact State:

*Technical Contact ZIP: Zip + 4:

Figure 14: Group Practice Contact Information

Verify: Group Practice Information

- Verify the Information and Select “Submit” to continue with the submission. (Figure 15)

The screenshot displays a registration summary page with a progress bar at the top indicating four steps: 1. Organization, 2. Contact, 3. Summary (the current step), and 4. Confirmation. A yellow box in the top right corner shows 'Selected Provider Information' for AP Organization, including TIN: XXX-773199 and Address: 1005 Lee E. Baughman Dr., Woodlawn, MD 21244.

Below the progress bar, a text box instructs the user to review the summary and select 'Submit' or 'Edit' buttons. The main content area is divided into three columns of information:

- Organization Information:** Program Year: 2013; CPEB Name: X52nvq Xjgfga, X52nvq Xjgfgd Kpzyv; Entity Name: X52nvq Xjgfgd Kpzyv; Organization Billing Address: PO Box 5039, Street Falls, SD 57147-5039; Requester Information: Requester First Name: X52nv, Requester Middle Initial: Xjgfv, Requester Last Name: Xjgfv, Requester Email: Christopher.Stegbano@APC.COM, Requester Phone: 605387040; Group Practice Size: 25 - 99 Individual Eligible Professionals; Reporting Mechanism: Registry as a Group Practice.
- Program Contact Information:** Program Contact First Name: X52nv, Program Contact Middle Initial: Xjgfv, Program Contact Last Name: Xjgfv, Program Contact Email: Christopher.Stegbano@APC.COM, Program Contact Phone Number: 605387040, Program Contact Phone Ext: 57108, IACS User: No, Program Contact Address: 5300 E Ironwood LN, Street Falls, SD 57108.
- Technical Contact Information:** Technical Contact First Name: Q52, Technical Contact Middle Initial: Xjgfv, Technical Contact Last Name: Xjgfv, Technical Contact Email: Christopher.Stegbano@APC.COM, Technical Contact Phone Number: 605387040, Technical Contact Phone Ext: 57108, IACS User: No, Technical Contact Address: 5300 E Ironwood LN, Street Falls, SD 57108.

At the bottom center, there are 'Submit' and 'Cancel' buttons, with a red arrow pointing to the 'Submit' button.

Figure 15: Group Practice Summary Page.

Confirmation Message: Group Practice

- Retain the Registration Identification Number provided in the confirmation message. (Figure 16)
- Click “Home” to go back to the “Welcome Screen”. (Figure 16)

Selected Provider Information

Name: AP Organization
TIN: XXX-773199
Address: 3355 Lord Baltimore Dr, Woodlawn, MD 22344

1-Organization → 2-Contact → 3-Summary → 4-Confirmation

Confirmation Message

You have successfully modified your registration Information. Your Registration Identification is **1000000859**

Please Note the Registration Identification for any communication.

→ Home

Figure 16: Confirmation Message

Self-nominated Group Practices

- Group practices that self-nominated during December 1, 2012 to January 31, 2013 do not need to register again in the PV-PQRS Registration System, *UNLESS* the group wants to:
 - change its 2013 PQRS reporting mechanism
 - select the CMS-calculated administrative claims reporting mechanism
 - elect quality tiering to calculate the Value-based payment modifier (groups of 100+).

New Registration : Individual Eligible Professional

- Select the “Register” link. (Figure 17)

Welcome to Physician Value Physician Quality Reporting Portal

IACS User Account Information

First Name: Felix

Middle Initial:

Last Name: Smith-Lewis

Please click Register/Modify if you are (1) an authorized representative of a Group Practice (TIN) and want to register the TIN or modify the registration information, or (2) an authorized representative of an Individual Eligible Professional (TIN/NPI) and want to register the TIN/NPI or modify the registration information

Program Year	Registration Type	Name	TIN	NPI	Initial Registration Date	Registration Id	Registration Status	Registration Status Reason	Action
2013	Individual	FirstNameLd LastNameLd L	XXX-562123	8121231231	N/A	N/A	N/A	N/A	Register
2013	Individual	Hamisq Teeter	XXX-545445	9500015645	N/A	N/A	N/A	N/A	Register

Figure 17: New Registration - Individual Eligible Professional

Enter: Individual Eligible Professional Information

- Enter the required Individual Eligible Professional’s information. (Figure 18)
- Select one of the option for the CMS Administrative Claims Reporting and click “Save & Continue”. (Figure 18)

Selected Provider Information
Name: FirstNameInd LastNameInd L
TIN: XXX-562123
Address: 1194Queen lane, West Chester, PA 20392

1 - Information → 2 - Summary → 3 - Confirmation

NOTE
A field with an asterisk (*) before it is a required field.

Individual Eligible Professional Information

*Contact Email: gg@gmail.com
*Confirm Email: gg@gmail.com
*Contact Phone: 1111111111
Contact Phone Ext:
 Check here if the Mailing Address is the same as the Physical Address
*Mailing Address Line 1: 1194Queen lane
Mailing Address Line 2:
*Mailing City: West Chester
*Mailing State: Pennsylvania
*Mailing ZIP: 20392 Zip + 4:

Reporting Mechanism
*Do you want to select CMS Calculated Administrative Claims Reporting to avoid the PQRS Payment Adjustment?
 Yes
 No

Previous Save & Continue Cancel

Figure 18: Individual Eligible Professional Information

Verify: Individual Eligible Professional Information

- Verify the Information and Select “Submit” to continue with the submission. (Figure 19)

1 - Information 2 - Summary 3 - Confirmation

Please review the summary below to ensure this is the correct registration information. If the summary below is correct, select the Submit button at the bottom of this page. To edit your information, select the Edit button to go to the respective section.

Individual Eligible Professional Information

Individual Rendering NPI: 8121231231
Program Year: 2013
Contact Email: gg@gmail.com
Contact Phone: 1111111111
Contact Phone Ext:
Mailing Address
1104 Queen Lane
West Chester, PA
20392

Selection of CMS Calculated Administrative Claims Reporting to avoid the PQRS Payment Adjustment
Yes

Figure 19: Individual Eligible Professional Summary Page.

Confirmation Message: Individual Eligible Professional

- Retain the Registration Identification Number provided in the confirmation message. (Figure 20)
- Click “Home” to go back to the “Welcome Screen”. (Figure 20)

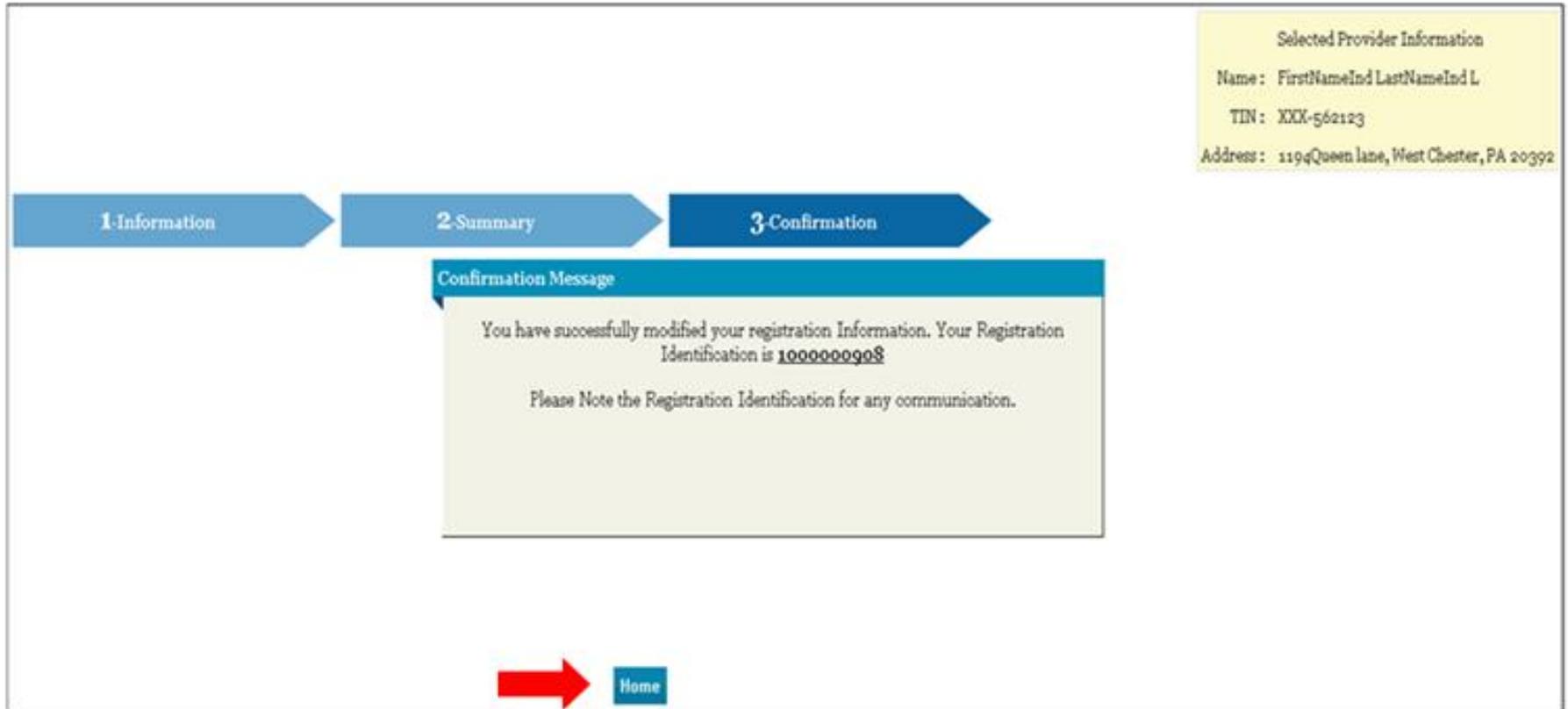


Figure 20: Confirmation Message

Next Steps

- Get a new IACS account or modify an existing account as soon as possible at <https://applications.cms.hhs.gov/>.
- **July 15, 2013 – October 15, 2013:** The PV-PQRS Registration System will be open and can be accessed at <https://portal.cms.gov> using your IACS User ID and password.
- **September 16, 2013:** 2012 Quality and Resource Use Reports will be available for group practices with 25 or more EPs.

Technical Assistance Information

- For assistance with the IACS sign up process or registering in the PV-PQRS Registration System, please contact the QualityNet Help Desk:
 - Monday – Friday: 8:00 am – 8:00 pm EST
 - Phone: (866) 288-8912 (TTY 1-877-715-6222)
 - Fax: (888) 329-7377
 - Email: qnetsupport@sdps.org
- Quick reference guides for obtaining PV-PQRS Registration System roles in IACS: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html>
- PQRS Program: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>
- Group Practice Reporting Options: [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group Practice Reporting Option.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html)
- Value-based Payment Modifier and Quality-tiering: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>

Coming in Late Summer 2013 – The Medicare Administrative Contractor Satisfaction Indicator (MSI)

Attention: Medicare-Enrolled Providers and Suppliers

- Give CMS feedback about your experience with your Medicare Administrative Contractor (MAC), the contractor that processes your Medicare claims
- Your feedback will help CMS monitor performance trends, improve oversight, and increase efficiency of the Medicare program
- Only providers and suppliers who register for the MSI will be included in the random sample to rate their MAC
- For more information and to register today for the 2013 MSI, go to <http://www.cms.gov/Medicare/Medicare-Contracting/MSI/>

Evaluate Your Experience

- Please help us continue to improve the MLN Connects National Provider Call Program by providing your feedback about today's call.
- To complete the evaluation, visit <http://npc.blhtech.com/> and select the title for today's call.
- Evaluations are anonymous, confidential, and voluntary.
- All registrants will receive a reminder email about the evaluation for this call. Please disregard the email if you have already completed the evaluation.
- We appreciate your feedback.

Thank You

- For more information about the **MLN Connects National Provider Call Program**, please visit <http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html>
- For more information about the **Medicare Learning Network (MLN)**, please visit <http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>