

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



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2012 Physician Quality Reporting System (Physician Quality Reporting) and Electronic Prescribing (eRx) Incentive Program - Steps for IACS Defined “Individual Practitioners” to Access Their Physician Quality Reporting Physician Quality Reporting and eRx Incentive Program Feedback Reports

Note: This article was revised on May 22, 2018, to update Web addresses. All other information remains the same.

Provider Types Affected

This MLN Matters® Article is directed to individual eligible professionals (or “individual practitioners” for purposes of accessing feedback reports) who reported Physician Quality Reporting System or Electronic Prescribing (eRx) Incentive Program quality measures data to Medicare and wish to access their feedback reports. An individual practitioner is defined as an eligible professional who is paid by Medicare Part B under his or her Social Security Number (SSN).

Eligible professionals described above cannot have staff or others register for an IACS account to access their feedback reports.

Note: This article does not apply to (1) professionals who have reassigned all of their Medicare benefits to one or more group practices or who are paid under a Taxpayer Identification Number (TIN) or Employer Identification Number (EIN), or (2) to group practices that are limited liability companies or corporations, including those that are solely owned. Group practices that are limited liability companies or corporations, even those that are solely owned, must register in IACS as “organizations.” Registering as an organization follows a delegated authority model that begins with registration by a Security Official who represents the organization (the group practice) and requires submission of IRS documents. For details on registering as an IACS “organization,” see MLN Matters article [SE0831](#).

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Provider Action Needed

Physician Quality Reporting and eRx Incentive Program feedback reports are available on a secure website to those eligible professionals who successfully reported at least one valid Quality-Data Code (QDC) in a given year. 2013 eRx payment adjustment feedback reports will be available for those who submitted a denominator-eligible claim (this feedback report is *not* based on the submission of QDCs). Following are the steps eligible professionals need to take to access their feedback reports. For access to certain CMS provider Internet applications, including feedback reports, you must first register in the Centers for Medicare & Medicaid Services (CMS) security system known as Individuals Authorized Access to CMS Computer Services (IACS).

- IACS registration provides you with a User ID and password that may be used to access CMS applications such as the feedback reports.
- You only register in IACS once.
 - As a result of that single registration, you are able to access certain other CMS Internet applications, including the Portal for access to the feedback reports.

Your IACS User ID and password permit you access to confidential or sensitive Medicare information. Safeguard your IACS User ID and password once you receive them. They were assigned to you, based on information you furnished to IACS. *Do not* share them with others or give others permission to use them. *Do not* write your User ID and password on papers or documents that others may see. As a security measure, you are required to change your IACS password after you receive it, and to do so every 60 days thereafter. (User IDs cannot be changed.)

Registering in IACS as an "Individual Practitioner"

Step 1: Determine if you Should Register under the "Individual Practitioner" Role in IACS

Registration in IACS is required to access Physician Quality Reporting or eRx Incentive Program Feedback reports. Registering in IACS as an Individual Practitioner means that you are enrolled in Medicare with a private practice and paid by Medicare Part B under an SSN, with or without employees.

Step 2: Confirm your Medicare Provider Enrollment

Be sure eligible professionals' and group practices' provider enrollment information is current in the Medicare Provider Enrollment Chain and Ownership System (PECOS) in order to request an IACS account. To update PECOS, visit <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html>.

If you have not submitted a Medicare enrollment application (CMS-855) since November 2003, you will need to do so before registering in IACS. See

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<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html> for more information about the Medicare enrollment process. To facilitate your enrollment into the Medicare program or to update your enrollment with Medicare, you should review the following downloadable file at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/Enrollmenttips.pdf> before submitting an enrollment application to a Medicare Administrative Contractor (MAC) or your Medicare Carrier.

- If you submitted an enrollment application since November 2003, proceed to Step 3.
- If you are unsure when the enrollment application was submitted, you may wish to contact your carrier or MAC.

There are avoidable mistakes that can lead to an inability to match IACS data with provider enrollment data. When registering in IACS, always enter information as it was entered in your Medicare enrollment form (855). Common reasons for mismatched data include:

- Use of first name initial instead of first name;
- Use of nicknames, e.g. Ken vs. Kenneth;
- Use of different first names, e.g. Randal vs. David;
- Middle names included as part of the first name;
- Misspellings in names, e.g. Ray vs. Roy and Smythe vs. Smyth;
- Special characters in the last name, .e.g. dashes or apostrophes;
- Generational and/or certification/degree information in last name field; and
- Inclusion or exclusion of hyphen in name fields.

Step 3: Proceed to register as an Individual Practitioner in IACS

Go to <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelppdesk/Access-to-CMS-Systems-and-Enterprise-Identity-Management-EIDM.html>. A “Quick Reference Guide” is available to assist with the registration process. This can be found by going to <http://www.qualitynet.org/pqrs> and selecting the “Quick Reference Guide” link in the middle of the page.

- The IACS registration process confirms your identity by checking the data you enter against Social Security Administration records.
- Once your identity information is confirmed and you complete the registration process, you will receive an IACS user ID and password, each in a separate e-mail.
- You will, be in a "pending status" until your Medicare enrollment has been confirmed.
- In confirming Medicare enrollment, CMS will match your IACS registration information against Medicare enrollment data available after November of 2003 – confirmation occurs within one business day of receipt of your IACS user ID and password.

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- If your Medicare enrollment is confirmed you will receive a third e-mail from CMS that states: “You are currently registered in IACS as an Individual Practitioner. IACS has confirmed your Medicare enrollment. Additional provider applications may now be available to you. Please sign into your IACS account and review the options available to you under 'Modify Profile' for more information”.
 - Once you have successfully logged in at <https://portal.cms.gov/wps/portal/unauthportal/home/>, you will be prompted to create a new password. It’s a good idea to logout and back into the same site with the new password.

If, within one business day of receiving your IACS User ID and password, you do not get an e-mail confirming your Medicare enrollment, take the following actions:

- If you have not submitted an enrollment application since November of 2003, update your Medicare 855 enrollment form. Follow the instructions in Step 2. In addition, if you are not receiving Medicare payments via Electronic Funds Transfer, you will also need to complete a CMS-588 “Electronic Funds Transfer (EFT) Authorization Agreement”.
- If you have been approved to participate in Medicare since November 2003, have been billing the Medicare program, and have an active enrollment with Medicare, contact your Carrier or A/B MAC.

Step 4: Enter the Portal

You may access your feedback report(s) using your IACS user ID and password by going to the Portal at <http://www.qualitynet.org/pqrs>.

Additional Information

For help accessing IACS, the Portal, or feedback reports, and for questions about your feedback report(s), contact the QualityNet Help Desk at 1-866-288-8912 (TTY 1-877-715-6222) or via e-mail at Qnetsupport@sdps.org. Hours of operation are Monday through Friday 7:00 a.m. to 7:00 p.m. CST. For questions concerning the status of incentive payments and any offset applied, contact your carrier or A/B MAC provider call center. The Provider Call Center Toll-Free Numbers Directory, which offers information on how to contact the appropriate provider call center, is available for download at <https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/MAC-Website-List.html>.

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Document History

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July 17, 2012	his article was re-issued
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