

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



News Flash – The Centers for Medicare & Medicaid Services (CMS) is pleased to announce the scheduled release of modifications to the Healthcare Common Procedure Coding System (HCPCS) code set. These changes have been posted here, http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS_Quarterly_Update.html on the HCPCS website. Changes are effective on the date indicated on the update.

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Note: This article was updated on January 25, 2013, to reflect current Web addresses. This article was re-issued on July 17, 2012.

2012 Physician Quality Reporting System (Physician Quality Reporting) and Electronic Prescribing (eRx) Incentive Program - Process for Individual Eligible Professionals to Access NPI-Level Physician Quality Reporting and eRx Feedback Reports

Provider Types Affected

This MLN Matters® Article is directed to individual eligible professionals (or “individual practitioner” 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.

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What You Need to Know

- As of March 16, 2012, individual eligible professionals are able to request their National Provider Identifier (NPI)-level Physician Quality Reporting or eRx Incentive Program feedback reports through the Communication Support Page at <http://www.qualitynet.org/pqrs> on the Internet.
- The Communication Support Page will fulfill feedback report requests within two to three days.
- This new process eliminates the need for individual eligible professionals to register in IACS for their Taxpayer Identification Number (TIN)-level feedback reports, which contain NPI-level data, or wait weeks for their report request to be processed.

After March 16, 2012, eligible professionals should NOT contact their Carriers/MACs to request individual NPI-level feedback reports.

Background

Eligible professionals may access their TIN-level feedback reports, which includes NPI-level data for individual eligible professionals, through the Physician and Other Health Care Professionals Quality Reporting Portal (Portal), by first registering in the CMS security system known as Individuals Authorized Access to the CMS Computer Services (IACS).

However, there has been a change in how eligible professionals may access their individual NPI-level feedback reports. For the past few years eligible professionals have been able to make this request via their Medicare Carrier or A/B Medicare Administrative Contractor (MAC), and would receive the report as an email attachment within two to four weeks. As of March 16, 2012, a more timely process has been implemented by CMS, so that the professional can receive the NPI-level report via email within two to three days of the request, by utilizing the new Quality Reporting Communication Support Page (Communication Support Page).

NPI-Level Feedback Report Request

STEP 1: Verify a Feedback Report is Available

To ensure a Physician Quality Reporting and/or eRx feedback report is available for your NPI, check the "Verify Report Portlet" at <http://www.qualitynet.org/pqrs> on the Internet.

- The Individual Rendering NPI must be the one used by the eligible professional to submit Medicare claims and valid Physician Quality Reporting and/or eRx quality-data codes.
- A list of all available reports will appear for the NPI entered.
- If no report is available, the message "No report is available for the NPI xxxxxx1234" will appear.

STEP 2: Access the Communication Support Page

Go to <http://www.qualitynet.org/pqrs>, and select "Communication Support Page" under the "Related Links" section in the upper left-hand corner of the window.

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STEP 3: Create the Request

Select “Create NPI Level Report Request” to request an NPI-level feedback report for Physician Quality Reporting and/or the eRx Incentive Program.

Note: Eligible professionals who are paid under multiple TINs by Medicare Part B, will have to submit a separate request for each TIN they work under. The TIN may be a Social Security Number (SSN) or Employer Identification Number (EIN).

STEP 4: Fill Out the Request Form Completely

Fill out all required fields and attest to the information’s validity in order to receive the NPI-level feedback report.

If the requested feedback report is not available for the TIN/NPI, the Communication Support page will automatically email you a notification. See STEP 1 above for information on how to verify a report is available.

Feedback Reports Based on TIN or Group Practice Information

Eligible professionals who request feedback reports based on TIN or group practice information will still be required to access their feedback reports via the Portal after first registering in IACS.

- An IACS user identification and password are required to access the Portal at <http://www.qualitynet.org/pqrs> on the Internet.
- Eligible professional and group practice 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/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html> for more information, including a link to Internet-based PECOS.
- Check the “Verify Report Portlet” at <http://www.qualitynet.org/pqrs> to see if a Physician Quality Reporting or eRx Incentive Program feedback report is available for your TIN.

Additional Information

For help using the Communication Support Page, go to https://www.qualitynet.org/imageserver/pqri/documents/2012_PQRS_eRx%20Communication%20Support%20Page%20User%20Manual.pdf on the Internet.

For help accessing the Communication Support Page, IACS, the Portal, or for questions about your feedback report(s) or the programs themselves, contact the QualityNet Help Desk at **1-866-288-8912**

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(TTY 1-877-715-6222) or via e-mail at Onetsupport@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 call center. The Provider Call Center Toll-Free Numbers Directory is available for download at <http://go.cms.gov/MLNGenInfo> on the CMS website.

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