Obtaining the PV-PQRS Role for Existing IACS User Quick Reference Guide

Introduction

If you have an existing IACS account:
- You must first ensure that your account is still active → Contact the QualityNet Help Desk; and
- You must add a Physician Value-Physician Quality Reporting System (PV-PQRS) Registration System role to your account.

I.   Before adding a PV-PQRS Registration System role to your existing IACS account, you will first need to determine which one of the following four roles you want to request:

- **PV-PQRS Group Security Official role:** The primary or backup PV-PQRS Group Security Official role allows the user to perform the following tasks on behalf of the group practice:
  - Select/change the group practice's PQRS group reporting mechanism for 2014.
  - In general, if the group practice has 25 or more eligible professionals (EPs), then the group can elect to supplement its PQRS reporting mechanism with the Consumer Assessment of Health Providers and Systems (CAHPS) for PQRS survey. However, if the group practice has 100 or more EPs and has selected the Web Interface reporting mechanism for 2014, then the group is required to report the CAHPS survey. Group practices that have elected or are required to report the CAHPS survey may choose to include their performance on the 2014 CAHPS survey in the calculation of the group's 2016 Value-Based Payment Modifier.
  - If available, view the group practice's Quality and Resource Use Report and 2012 Episodes Report (after May 2014).
  - Approve requests for the "PV-PQRS Group Representative" role in IACS.

- **PV-PQRS Group Representative role:** The PV-PQRS Group Representative role allows the user to perform the following tasks on behalf of the group practice:
  - Select/change the group practice's PQRS group reporting mechanism for 2014.
  - In general, if the group practice has 25 or more eligible professionals (EPs), then the group can elect to supplement its PQRS reporting mechanism with the Consumer Assessment of Health Providers and Systems (CAHPS) for PQRS survey. However, if the group practice has 100 or more EPs and has selected the Web Interface reporting mechanism for 2014, then the group is required to report the CAHPS survey. Group practices that have elected or are required to report the CAHPS survey may choose to include their performance on the 2014 CAHPS survey in the calculation of the group's 2016 Value-Based Payment Modifier.
  - If available, view the group practice's Quality and Resource Use Report and 2012 Episodes Report (after May 2014).

- **PV-PQRS Individual role:** The primary or backup PV-PQRS Individual approver role allows the user to perform the following tasks on behalf of the individual eligible professional (EP):
  - View the individual EP's selection of the CMS-calculated administrative claims reporting mechanism in 2013 in order for the individual EP to avoid the PQRS payment adjustment in 2015 (if available).
  - Approve requests for the "PV-PQRS Individual Representative" role in IACS.

- **PV-PQRS Individual Representative role:** The PV-PQRS Individual Representative role allows the user to perform the following task on behalf of the individual EP:
  - View the individual EP's selection of the CMS-calculated administrative claims reporting mechanism in 2013 in order for the individual EP to avoid the PQRS payment adjustment in 2015 (if available).

Note: Group practices are identified in IACS by their Medicare billing Taxpayer Identification Number (TIN). Individual EPs are identified in IACS by their Medicare billing TIN and rendering National Provider Identifier (NPI).

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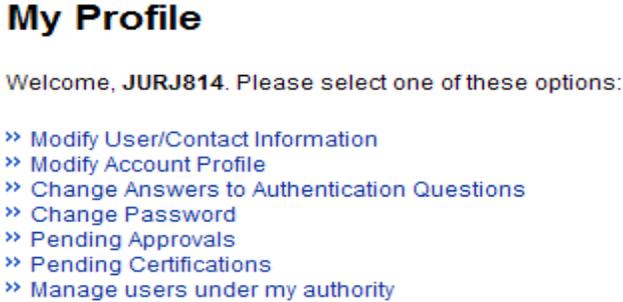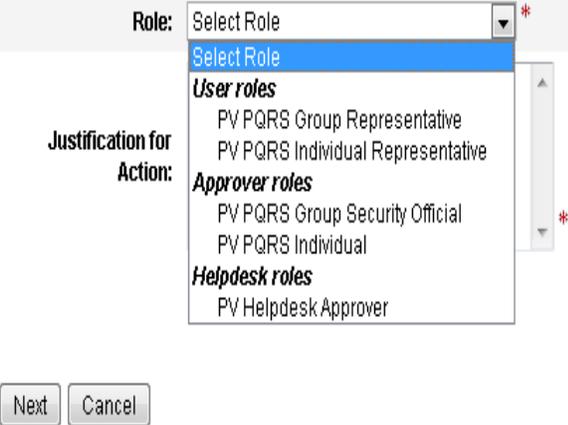
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II.   Please gather the following information before you begin the process for modifying your IACS account for the group or individual role you want to request:

- **PV-PQRS Group Security Official role:**
    - **User Information:** First Name, Last Name, Social Security Number, Date of Birth, and E-mail.
    - **Professional Contact Information:** Office Telephone, Company Name, and Address.
    - **Organization Information:**
        - For a **primary** Group Security Official role: 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.
        - **OR**
        - For a **backup** Group Security Official role: Group practice's Medicare billing TIN.

- **PV-PQRS Group Representative role:**
    - **User Information:** First Name, Last Name, Social Security Number, Date of Birth, and E-mail.
    - **Professional Contact Information:** Office Telephone, Company Name, and Address.
    - **Organization Information:**
        - Group practice's Medicare billing TIN.

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

- **PV-PQRS Individual Representative role:**
    - **User Information:** First Name, Last Name, Social Security Number, Date of Birth, and E-mail.
    - **Professional Contact Information:** Office Telephone, Company Name, and Address.
    - **Individual Eligible Professional Information:**
        - Individual EP's Medicare billing TIN and rendering NPI.

Step-by-Step Instructions: You have **15 minutes** to complete each screen (unless a different time is noted on the screen). Otherwise, you will lose all of the information you filled in and will need to start the process again. Please follow each step listed below unless otherwise noted for primary or backup role-specific screens.

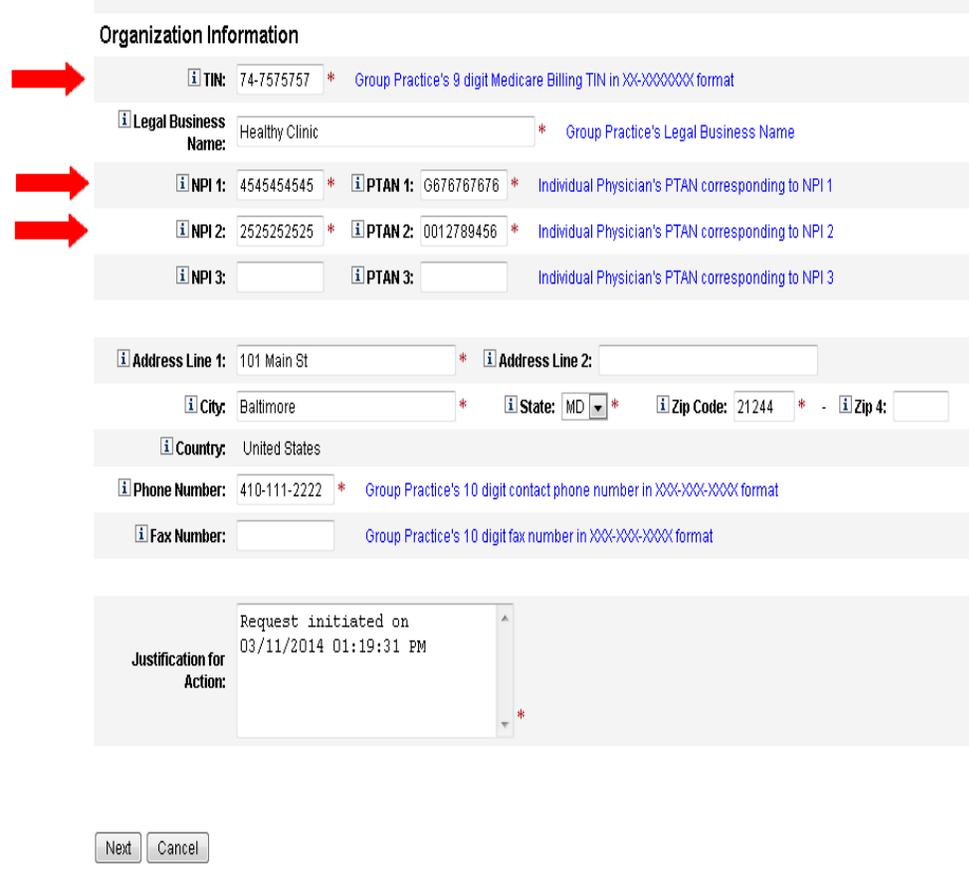| Steps	Screenshots
1. Navigate to https://applications.cms.hhs.gov. 2. Select **Enter CMS Applications Portal,** select **Account Management,** and select **My Profile**. 3. After accepting the **Terms and Conditions**, enter your IACS **User ID** and **Password** in the **Login to IACS** screen and select **Log In.**	

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Steps	Screenshots
4. Select **Modify Account Profile** in the **My Profile** screen.	**My Profile** Welcome, **JURJ814**. Please select one of these options: » Modify User/Contact Information » Modify Account Profile » Change Answers to Authentication Questions » Change Password » Pending Approvals » Pending Certifications » Manage users under my authority
5. Select **Add Application** from the **Select Action** dropdown menu under the **Access Request** section of the **Modify Account Profile** screen.	**Access Request** i **Select Action:** Add Application
6. Select **PV/PQRS Registration System** from the **Select Application** dropdown menu.	**Select Application:** PV/PQRS Registration System * Availability of CMS Applications

7. Select the PV-PQRS Registration System role from the **Role** dropdown menu that you want to add to your IACS account.
 	
Note: The screen will refresh after you select the role and display the appropriate fields that you need to complete. The PV Helpdesk Approver role is for CMS-use only.
 	
• If you are requesting a **PV-PQRS Group Security Official** role, go to step 8(a).
• If you are requesting a **PV-PQRS Group Representative** role, go to step 9(a).
• If you are requesting a **PV-PQRS Individual** role, go to step 10(a).
• If you are requesting a **PV-PQRS Individual Representative** role, go to step 11(a).
	Role: Select Role *
	Select Role
	User roles
	  PV PQRS Group Representative
	  PV PQRS Individual Representative
	Approver roles
	  PV PQRS Group Security Official
	  PV PQRS Individual
	Helpdesk roles
	  PV Helpdesk Approver
	
	Justification for Action: *
	
	Next Cancel

The sub-steps described under Step 8 are for the PV-PQRS Group Security Official Role only.	
8. (a) Select **PV PQRS Group Security Official** from the **Role** dropdown menu. If you are requesting a **primary** Group Security Official role, proceed to Step 8(b) (1). If you are requesting a **backup** Group Security Official role, proceed to Step 8(b) (2).	**Role:** PV PQRS Group Security Official *

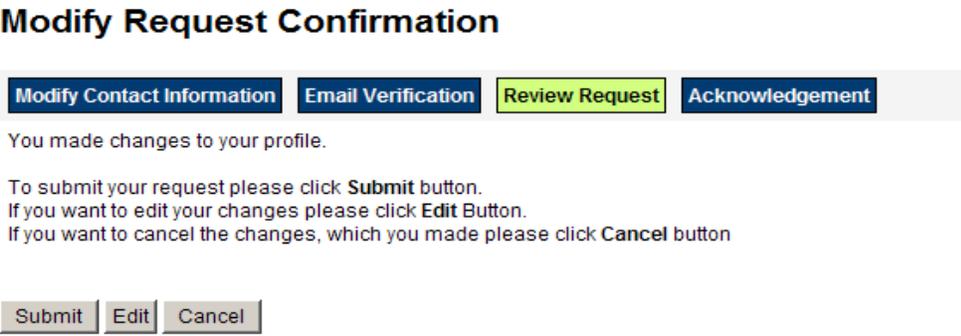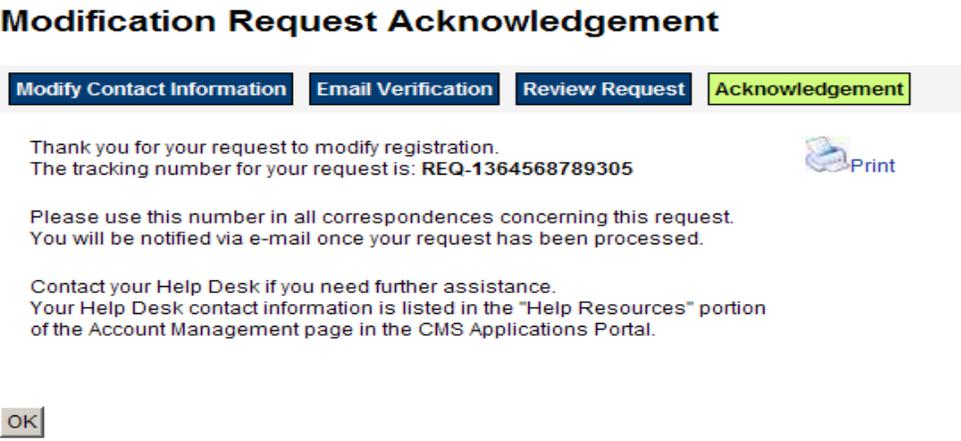| Steps	Screenshots

8.   (b)(1) ***Primary Group Security Official:*** If you are the first person in your group practice to sign up for an IACS account, select **Create a New Organization**. Then proceed to Step 8(c)(1).
              OR
  (b)(2) ***Backup Group Security Official:*** If you are signing up for an IACS account in order to become your group practice's backup Group Security Official, select **Associate to an Existing Organization**. Then proceed to Step 8(c)(2)(i).
	User Type: PV/PQRS Registration System
	
	Role: PV PQRS Group Security Official *
	
	⦿ Create a new Organization ◯ Associate to an Existing Organization

8. (c)(1) ***Primary Group Security Official:*** Enter your group practice's Medicare billing **TIN**; enter **rendering NPIs** for **two different** individual physicians who bill under the TIN *(do not use the group NPI)* and enter their corresponding **individual PTANs (***do not use the group PTAN***)**; and enter the remaining required **Organization Information**. Then proceed to Step 8(d). **Example:** Healthy Clinic with Medicare billing TIN 74-7575757 has ten EPs in the group and five of the EPs are physicians. Enter the rendering NPI and individual PTAN combinations for two of the physicians: Dr. Smith and Dr. Beaver. • Dr. Smith's **rendering NPI** is *4545454545* and the corresponding **individual PTAN** is *G676767676* ***Note:*** *PTANs are alphanumeric therefore, enter the alpha characters.* • Dr. Beaver's **rendering NPI** is *2525252525* and the corresponding **individual PTAN** *is 0012789456* ***Note:*** *All leading zeros in the PTAN should be entered.*	**Organization Information** TIN: 74-7575757 * Group Practice's 9 digit Medicare Billing TIN in XX-XXXXXXX format Legal Business Name: Healthy Clinic * Group Practice's Legal Business Name NPI 1: 4545454545 * PTAN 1: G676767676 * Individual Physician's PTAN corresponding to NPI 1 NPI 2: 2525252525 * PTAN 2: 0012789456 * Individual Physician's PTAN corresponding to NPI 2 NPI 3: PTAN 3: Individual Physician's PTAN corresponding to NPI 3 Address Line 1: 101 Main St * Address Line 2: City: Baltimore * State: MD * Zip Code: 21244 * - Zip 4: Country: United States Phone Number: 410-111-2222 * 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 03/11/2014 01:19:31 PM * Next Cancel
8. (c)(2)(i) ***Backup Group Security Official:*** Enter your group practice's Medicare billing **TIN** and select **Search.**	**Organization Search** TIN: * Group Practice's 9 digit Medicare Billing TIN in XX-XXXXXXX format Search

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Steps	Screenshots
8. (c)(2)(ii) **Backup Group Security Official:** Select the Organization's Name from the **Organization** dropdown menu. *Note: If your Organization cannot be found, please verify that your group practice has an approved primary PV-PQRS Group Security Official and you entered the group practice's Medicare billing TIN correctly. If you do not know the primary Group Security Official, contact the QualityNet Help Desk.*	Select the Organization you want to associate with, from the list below. ℹ Organization: [▼] * [New Search] Click 'New Search' to search for a new Organization.
8. (d) Enter the **Justification for Action** (e.g., modify existing account) and select **Next**.	Justification for Action: Request initiated on 03/29/2013 01:09:45 PM * [Next] [Cancel]
8. (e) Confirm the request on the **Modify Request Confirmation** screen and select **Submit.**	**Modify Request Confirmation** [Modify Contact Information] [Email Verification] [Review Request] [Acknowledgement] You made changes to your profile. To submit your request please click **Submit** button. If you want to edit your changes please click **Edit** Button. If you want to cancel the changes, which you made please click **Cancel** button [Submit] [Edit] [Cancel]
8. (f) Record the registration modification request tracking number displayed on the **Modification Request Acknowledgement** screen.	**Modification Request Acknowledgement** [Modify Contact Information] [Email Verification] [Review Request] [Acknowledgement] Thank you for your request to modify registration. The tracking number for your request is: REQ-1364568789305 🖨Print Please use this number in all correspondences concerning this request. You will be notified via e-mail once your request has been processed. Contact your Help Desk if you need further assistance. Your Help Desk contact information is listed in the "Help Resources" portion of the Account Management page in the CMS Applications Portal. [OK]

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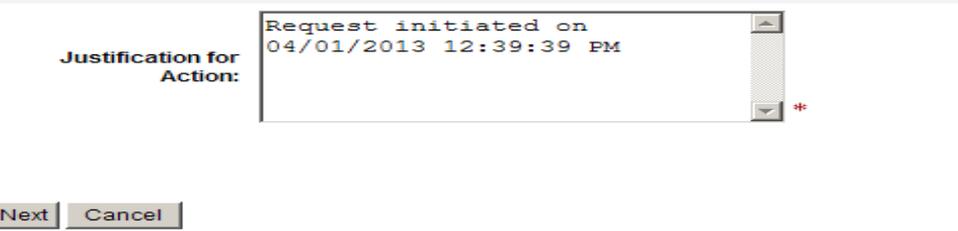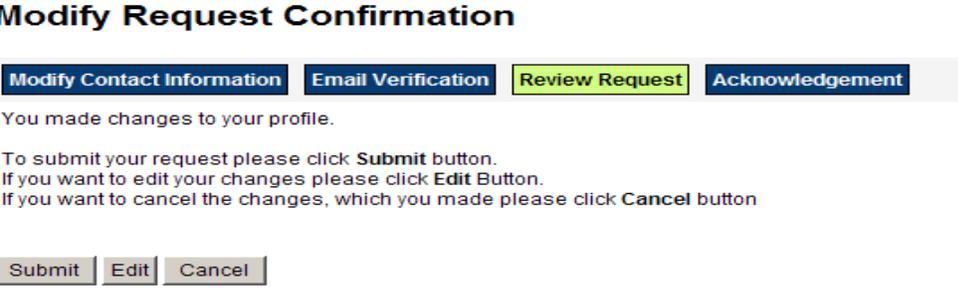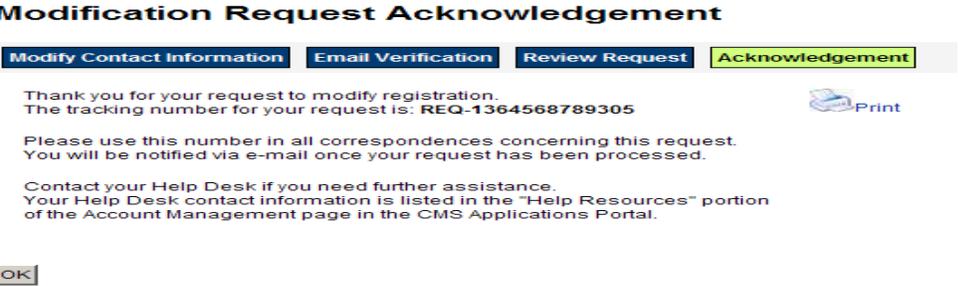| Steps	Screenshots

8. (g) The Center for Medicare and Medicaid Services (CMS) will review a request for a <u>primary Group Security Official</u> role and notify the requestor of approval or denial within 24 hours after the request is submitted. CMS will approve a request for a <u>backup Group Security Official</u> role after verifying with the <u>primary</u> Group Security Official by phone that the requestor should have the backup Group Security Official role.
 	
8. (h) Once your request is approved, you will be able to use your IACS User ID and password to log into https://portal.cms.gov in order to
  (1) Select/change the group practice's PQRS group reporting mechanism and elect CAHPS (if applicable) for 2014 between April 1, 2014 and September 30, 2014; and
  (2) If available, view the group practice's Quality and Resource Use Report and 2012 Episodes Report (after May, 2014).
 	
Additional information is available at http://www.cms.gov/PhysicianFeedbackProgram.	

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Steps	Screenshots
The sub-steps described under Step 9 are for the PV-PQRS Group Representative Role only.	
9. (a) Select the **PV PQRS Group Representative** from the **Role** dropdown menu.	Role: PV PQRS Group Representative ▼ *
9. (b) Enter your group practice's Medicare billing **TIN** and select **Search**.	**Organization Search** ℹ TIN: [_____] * Group Practice's 9 digit Medicare Billing TIN in XX-XXXXXXX format [Search]
9. (c) Select the Organization's Name from the **Organization** dropdown menu. *Note: If your Organization cannot be found, please verify that your group practice has an approved primary PV-PQRS Group Security Official and you entered the group practice's Medicare billing TIN correctly. If you do not know your Group Security Official, contact the QualityNet Help Desk.*	Select the Organization you want to associate with, from the list below. ℹ Organization: [▼] * [New Search] Click 'New Search' to search for a new Organization.
9. (d) Enter the **Justification for Action** (e.g., modify existing account) and select **Next**.	Justification for Action: Request initiated on 04/01/2013 12:39:39 PM * [Next] [Cancel]
9. (e) Confirm the request on the **Modify Request Confirmation** screen and select **Submit**.	**Modify Request Confirmation** [Modify Contact Information] [Email Verification] [Review Request] [Acknowledgement] You made changes to your profile. To submit your request please click **Submit** button. If you want to edit your changes please click **Edit** Button. If you want to cancel the changes, which you made please click **Cancel** button [Submit] [Edit] [Cancel]
9. (f) Record the registration modification request tracking number displayed on the **Modification Request Acknowledgement** screen.	**Modification Request Acknowledgement** [Modify Contact Information] [Email Verification] [Review Request] [Acknowledgement] Thank you for your request to modify registration. The tracking number for your request is: REB-1364568789305 🖨Print Please use this number in all correspondences concerning this request. You will be notified via e-mail once your request has been processed. Contact your Help Desk if you need further assistance. Your Help Desk contact information is listed in the "Help Resources" portion of the Account Management page in the CMS Applications Portal. [OK]

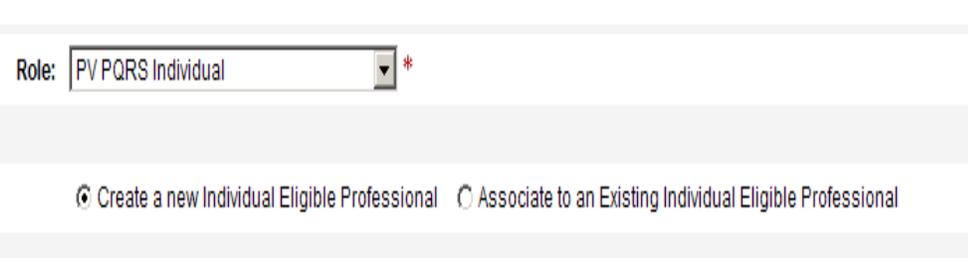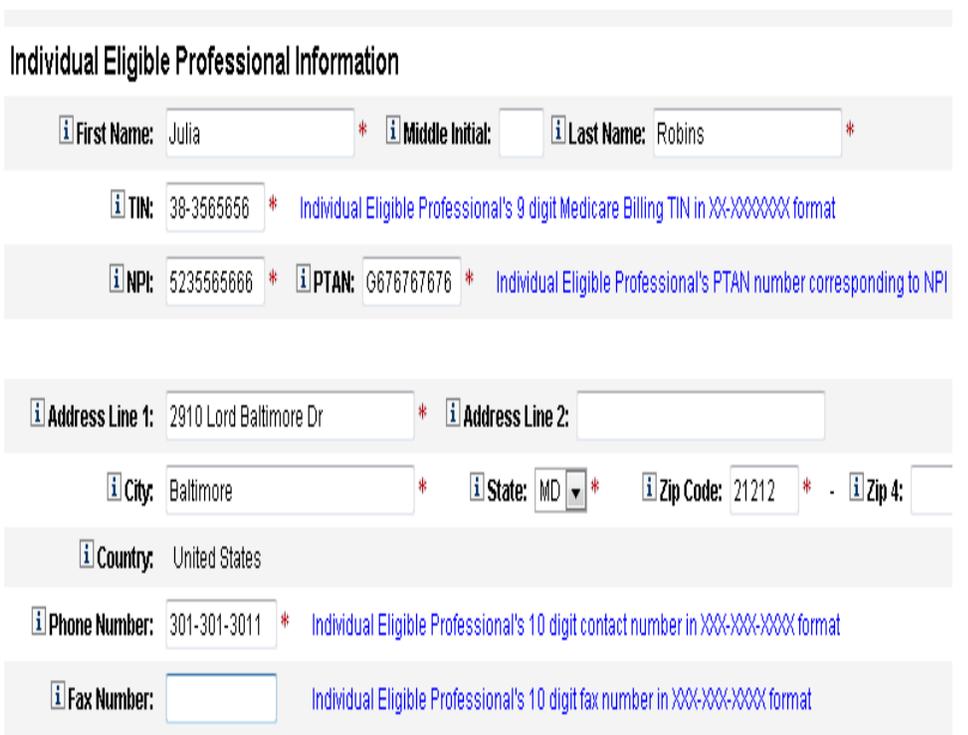| Steps	Screenshots

9. (g) Your request must be approved by the group practice's primary or backup Security Official within 12 calendar days after it is submitted. Otherwise, the request will be canceled and need to be resubmitted.
 	
9. (h) Once your request is approved, you will be able to use your IACS User ID and password to log into https://portal.cms.gov in order to
  (1) Select/change the group practice's PQRS group reporting mechanism and elect CAHPS (if applicable) for 2014 between April 1, 2014 and September 30, 2014; and
  (2) If available, view the group practice's Quality and Resource Use Report and 2012 Episode Report (after May 2014).
 	
Additional information is available at http://www.cms.gov/PhysicianFeedbackProgram.	

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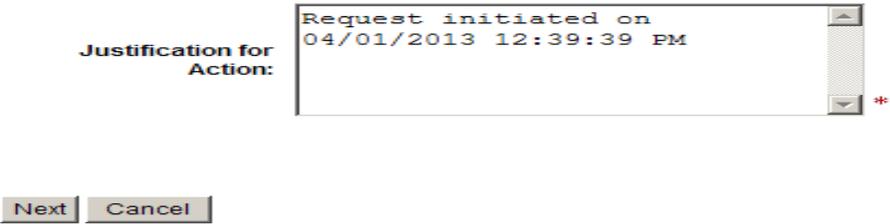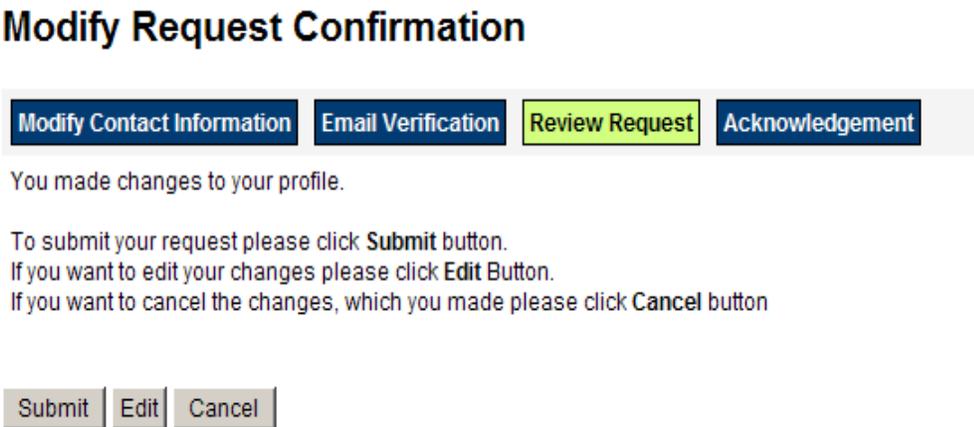| Steps	Screenshots
**The sub-steps described under Step 10 are for the PV-PQRS Indivudal Role only.**
10. (a) Select **PV PQRS Individual** from the **Role** dropdown menu. If you are requesting a **primary** Individual approver role, proceed to Step 10(b)(1). If you are requesting a **backup** Individual approver role, proceed to Step 10(b)(2).	Role: PV PQRS Individual ▼ *
10. (b)(1) *Primary Individual Approver:* If you are the first person (the individual EP or an authorized representative of the individual EP) to sign up for an IACS account on behalf of the individual EP, select **Create a New Individual Eligible Professional**. Then proceed to Step 10(c)(1). ***OR*** (b)(2) *Backup Individual Approver:* If you are signing up for an IACS account in order to become the individual EP's backup approver, select **Associate to an Existing Individual Eligible Professional**. Then proceed to Step 10(c)(2)(i).	Role: PV PQRS Individual ▼ * ◉ Create a new Individual Eligible Professional ◯ Associate to an Existing Individual Eligible Professional
10. (c)(1) *Primary Individual Approver:* Enter the individual EP's Medicare billing **TIN**, **rendering NPI**, and corresponding **individual PTAN** (*do not use the GROUP NPI or GROUP PTAN*); and enter the remaining required **Individual Eligible Professional Information.** Then proceed to Step 10(d). **Example**: Dr. Robins' Medicare billing **TIN** is 38-3565656. Her **rendering NPI** is 5235565666, and the corresponding **individual PTAN** is G676767676. *Note: PTANs are alphanumeric therefore, enter the alpha characters. All leading zeros, if there are any in the individual PTAN, should be entered.*	**Individual Eligible Professional Information** First Name: Julia * Middle Initial: Last Name: Robins * TIN: 38-3565656 * Individual Eligible Professional's 9 digit Medicare Billing TIN in XX-XXXXXXX format NPI: 5235565666 * PTAN: G676767676 * Individual Eligible Professional's PTAN number corresponding to NPI Address Line 1: 2910 Lord Baltimore Dr * Address Line 2: City: Baltimore * State: MD ▼ * Zip Code: 21212 * - Zip 4: Country: United States Phone Number: 301-301-3011 * 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

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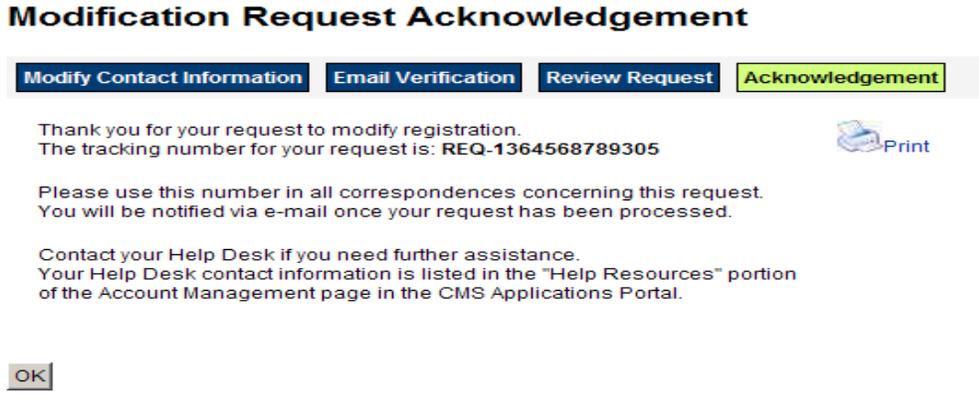| Steps	Screenshots
10. (c)(2)(i) **Backup Individual Approver:** Enter the individual EP's Medicare billing **TIN** and **rendering NPI** and select **Search.** **Example**: Enter Dr. Robins' Medicare billing **TIN** 38-3565656 and **rendering NPI** 5235565666.	**Search for an Individual Eligible Professional** TIN: 38-3565656 * Individual Eligible Professional's 9 digit Medicare Billing TIN in XX-XXXXXXX format NPI: 5235565666 * Individual Eligible Professional's 10 digit NPI number Search
10. (c)(2)(ii) **Backup Individual Approver:** Select the individual EP's name from the **Individual Eligible Professional** dropdown menu. *Note: If the individual EP cannot be found, then please verify that there is an approved primary PV-PQRS Individual approver for the individual EP and you entered the individual EP's Medicare billing TIN and rendering NPI correctly. If you do not know the primary Individual approver, contact the QualityNet Help Desk.*	Select the Individual Eligible Professional you want to associate with, from the list below. Individual Eligible Professional: Julia Robins ▼ * New Search Click 'New Search' to search for a new Individual Eligible Professional.
10. (d) Enter the **Justification for Action** (e.g., modify existing account) and select **Next**.	Justification for Action: `Request initiated on 04/01/2013 12:39:39 PM` * Next Cancel
10. (e) Confirm the request on the **Modify Request Confirmation** screen and select **Submit**.	**Modify Request Confirmation** Modify Contact Information | Email Verification | Review Request | Acknowledgement You made changes to your profile. To submit your request please click **Submit** button. If you want to edit your changes please click **Edit** Button. If you want to cancel the changes, which you made please click **Cancel** button Submit Edit Cancel

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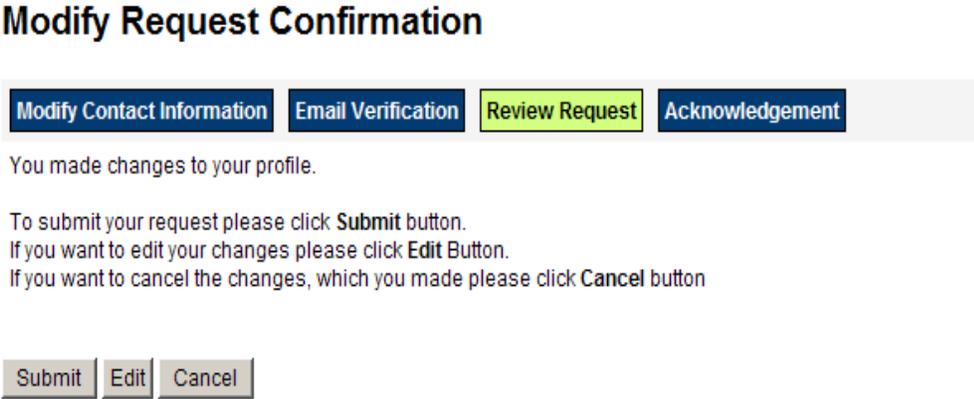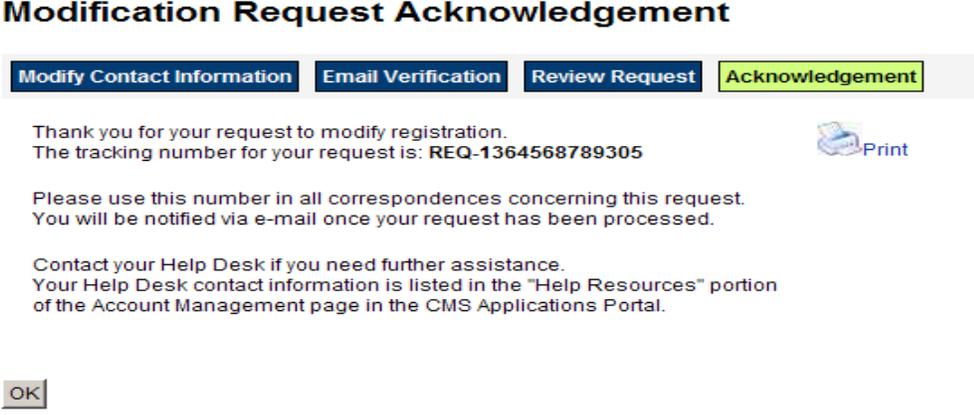| Steps	Screenshots
10. (f) Record the registration modification request tracking number displayed on the **Modification Request Acknowledgement** screen.	**Modification Request Acknowledgement** Modify Contact Information | Email Verification | Review Request | Acknowledgement Thank you for your request to modify registration. The tracking number for your request is: REQ-1364568789305　　Print Please use this number in all correspondences concerning this request. You will be notified via e-mail once your request has been processed. Contact your Help Desk if you need further assistance. Your Help Desk contact information is listed in the "Help Resources" portion of the Account Management page in the CMS Applications Portal. OK
10. (g) CMS will review a request for a <u>primary Individual approver</u> role and notify the requestor of approval or denial within 24 hours after the request is submitted. CMS will approve a request for a <u>backup Individual approver</u> role after verifying with the <u>primary</u> Individual approver by phone that the requestor should have the backup Individual approver role. 10. (h) Once your request is approved, you will be able to use your IACS User ID and password to log into https://portal.cms.gov in order to: • View the individual EP's selection of the CMS-calculated administrative claims reporting mechanism in 2013 in order for the individual EP to avoid the PQRS payment adjustment in 2015 (if available). Additional information is available at http://www.cms.gov/PhysicianFeedbackProgram.	

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Steps	Screenshots
The sub-steps described under Step 11 are for the PV-PQRS Indivudal Representative Role only.	
11. (a) Select **PV PQRS Individual Representative** from the **Role** dropdown menu**.**	Role: [PV PQRS Individual Representative ▼] *
11. (b) Enter the individual EP's Medicare billing **TIN** and **rendering NPI** and select **Search**.	**Search for an Individual Eligible Professional** ⓘ **TIN:** [78-7878787] * Individual Eligible Professional's 9 digit Medicare Billing TIN in XX-XXXXXXX format ⓘ **NPI:** [1454145414] * Individual Eligible Professional's 10 digit NPI number [Search]
11. (c) Select the individual EP's name from the **Individual Eligible Professional** dropdown menu. *Note: If the individual EP cannot be found, then please verify that there is an approved primary PV-PQRS Individual approver for the individual EP and you entered the individual EP's Medicare billing TIN and rendering NPI correctly. If you do not know your Individual approver, contact the QualityNet Help Desk.*	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.
11. (d) Enter the **Justification for Action** (e.g., modify existing account) and select **Next**.	Justification for Action: [Request initiated on 04/01/2013 12:55:52 PM] * [Next] [Cancel]

Steps	Screenshots
11. (e) Confirm the request on the **Modify Request Confirmation** screen and select **Submit**.	**Modify Request Confirmation** Modify Contact Information | Email Verification | Review Request | Acknowledgement You made changes to your profile. To submit your request please click **Submit** button. If you want to edit your changes please click **Edit** Button. If you want to cancel the changes, which you made please click **Cancel** button Submit | Edit | Cancel
11. (f) Record the registration modification request tracking number on the **Modification Request Acknowledgement** screen.	**Modification Request Acknowledgement** Modify Contact Information | Email Verification | Review Request | Acknowledgement Thank you for your request to modify registration. The tracking number for your request is: REQ-1364568789305 Print Please use this number in all correspondences concerning this request. You will be notified via e-mail once your request has been processed. Contact your Help Desk if you need further assistance. Your Help Desk contact information is listed in the "Help Resources" portion of the Account Management page in the CMS Applications Portal. OK
11. (g) Your request must be approved by the individual EP's primary or backup Individual approver within 12 calendar days after it is submitted. Otherwise, the request will be canceled and need to be resubmitted. 11. (h) Once your request is approved, you will be able to use your IACS User ID and password to log into https://portal.cms.gov in order to: • View the individual EPs selection of the CMS-calculated administrative claims reporting mechanism in 2013 in order for the individual EP to avoid the PQRS payment adjustment in 2015 (if available). Additional information is available at http://www.cms.gov/PhysicianFeedbackProgram	

If you have questions or need further assistance, please contact the QualityNet Help Desk by phone at (866) 288-8912 (TTY 1-877-715-6222) or by email at qnetsupport@sdps.org. Normal business hours are Monday-Friday from 8 am to 8 pm EST.