Disclaimer

This information was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to any source documents have been provided within the document for your reference.

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1. Introduction

Centers for Medicare & Medicaid Services (CMS) provides online access to Physician Quality Reporting System (PQRS) Feedback Reports via a web-based portal. This Portal User Guide is designed to help eligible professionals and their authorized users access to the reports, which detail participation in the PQRS and Electronic Prescribing (eRx) Incentive programs.

These reports are provided at the Tax Identification Number/National Provider Identifier (TIN/NPI) level. The reports show data received for the PQRS and eRx health care delivery/reporting period from the following sources:

- Part B claims
- Registries
- Electronic Health Record Data Submission Vendors
- Electronic Health Records (EHR)
- Maintenance of Certification (MOC)
- The Group Practice Reporting Option system (GPRO)

This PQRS Portal User Manual provides eligible professionals as well as any Registries, Electronic Health Record (EHR) Data Submission Vendors, Maintenance of Certification Entity and Group Practice Reporting Option (GPRO) system contractors submitting data on behalf of eligible professionals, access to portlets within the portal through which to submit data and access submission reports.

2. Overview

2.1 Physician Quality Reporting System

PQRS is a voluntary reporting program that provides an incentive payment to registered eligible professionals who satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B beneficiaries in accordance with Section 101 of Division B of the Tax Relief and Health Care Act of 2006 (Pub. Law 109-432) (TRHCA). The PQRS was further extended and enhanced by legislation such as the Medicare, Medicaid, and SCHIP Act of 2007 (Pub. Law 110-173) (MMSEA), and the Medicare Improvements for Patients and Providers Act of 2008 (Pub. Law 110-275) (MIPPA). The eRx Incentive Program was first implemented in 2009 in accordance with the MIPPA.

The eRx Incentive Program is a reporting program that uses a combination of incentive payments and payment adjustments to encourage electronic prescribing by eligible professionals. The program provides an incentive payment to practices with eligible professionals (identified on claims by their individual rendering National Provider Identifier (NPI) and Tax Identification Number (TIN) who successfully e-prescribe for covered Physician Fee
Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad Retirement Board and Medicare Secondary Payer). Beginning in 2012, the program also applies a payment adjustment to those eligible professionals who are not successful electronic prescribers on their Medicare Part B services. This payment adjustment applies to all of the eligible professional's Part B-covered professional services under the Medicare Physician Fee Schedule (MPFS). From 2012 through 2014, the payment adjustment will increase with each new reporting period. Accordingly, for 2012, eligible professionals receiving a payment adjustment will be paid 1.0% less than the MPFS amount for that service. In 2013 and 2014, the payment adjustment increases to 1.5% and 2.0% respectively.

The Group Practice Reporting Option is a reporting program that enables group practices (with 25 or more National Provider Identifiers under one Tax Identification Number) to qualify for an incentive payment based on a determination at the group practice level, rather than at the individual eligible professional level in accordance with section 1848(m)(3)(C) of the Social Security Act. Group Practices satisfactorily reporting data on PQRS measures for a particular reporting period are eligible to earn a PQRS incentive payment equal to a specified percentage of the group practice’s total estimated Medicare Part B PFS allowed charges for covered professional services furnished during the reporting period.

The Maintenance of Certification Program (MOC) Incentive provides an additional 0.5% incentive payment for eligible professionals’ successful completion of the following:

- Satisfactorily submitting data, without regard to method, on quality measures under Physician Quality Reporting for a 12-month reporting period, either as an individual physician or as a member of a selected group practice.

- More frequently than is required to qualify for or maintain board certification:
  - Participate in a Maintenance of Certification Program Incentive and
  - Successfully complete a qualified Maintenance of Certification Program Incentive practice assessment.

For more information on the PQRS, please visit the PQRS section of the CMS Web Site.

### 2.2 PQRS Portal

The PQRS Portal is the entry page used by PQRS and eRx participants to submit data, retrieve data submission reports, and retrieve Feedback Reports.

The PQRS Portal is a method for ensuring secure access to protected information to authenticated users. Subject to their role/authorization, users can:

- Access a report portlet to retrieve Feedback Reports for the PQRS and eRx relevant to their organization’s Tax Identification Number/National Provider Identifier-level information.

- Access a submission portlet to:
  - Submit Registry, Maintenance of Certification and Electronic Health Record payment data
- Access submission reports
- Use the Submission Engine Validation Tool (SEVT) to validate file format

Data will be submitted as follows:

- Registries will submit data on behalf of eligible professionals.
- EHR Data Submission Vendors will submit data on behalf of eligible professionals.
- Maintenance of Certification Entity will submit data on behalf of certified medical boards.
- The Group Practice Reporting Option participants will submit data on behalf of group practices.
- Providers using qualified EHR systems will use the portal to submit their own data collected within the EHR.
- Vendors of non-qualified EHR systems will submit test data to qualify their systems.

2.3 Conventions

This document provides screen prints and corresponding narrative to describe how to use the PQRS Portal.

Fields or buttons to be acted upon are indicated in **bold**; links to be acted upon are indicated as links in underlined blue text.

The term “user” is used throughout this document to refer to a person who requires and/or has acquired access to the PQRS Portal.

This document is an Adobe® Acrobat® PDF. You may use the table of contents to “jump” to sections in the document. You may also use Adobe’s built-in search functionality to search by keyword. To perform a search:

1. From the toolbar, select **Edit | Find** (keyboard shortcut: CTRL+F).
2. In the upper right of the window, enter your keyword.
3. Click the right arrow to move forward through each instance of the keyword; click the left arrow to view previous instances within the document.

2.4 Cautions & Warnings

You may need to turn off your web browser’s pop-up blocker or temporarily allow pop-up files in order to download the reports described in this manual.
3. Getting Started

3.1 Set-Up Considerations

The minimum system requirements to effectively access the PQRS Portal are:

- **Hardware:**
  - 233 MHZ Pentium processor with a minimum of 150 MB free disk space
  - 64 MB Ram (128MB is recommended)

- **Software:**
  - Microsoft® Internet Explorer version 8.0
  - Oracle JRE(Java SE Runtime Environment) 1.6.0 45 version for viewing reports
  - Windows XP operating system
  - Adobe® Acrobat® Reader version 5.0
  - Microsoft® Office Excel 2007

- **Internet Connection:**
  The PQRS Portal will be accessible via any Internet connection running on a minimum of 33.6k modem or high speed connection.

3.2 User Access Considerations

The portal will be used by the following:

- A/B Medicare Administrative Contractors
- The CMS staff and contractors
- Eligible providers (identified by their individual National Provider Identifier)
- Individuals identified by their Tax Identification Numbers
- Selected Group Practices
- Qualified registries
- Authorized Maintenance of Certification Entities
- Qualified EHR System Vendors
- EHR Data Submission Vendors
3.3 Accessing the System

To sign in to the PQRS portal, you must have an Individuals Authorized Access to CMS Computer Services (IACS) account.

- If you do not have an account, go to Section 3.3.1 of this document.
- If you already have an account, go to Section 3.3.2 of this document.
- If you have an account but have forgotten your password, go to Section 3.3.4 of this document.

3.3.1 Obtaining and Configuring an Account

To apply for an account:

1. In your web browser, go to: QualityNet Portal. The home page of the PQRS Portal is displayed (Figure 3).

Figure 3: PQRS Portal Home Page
2. Click the register link, which is located in the middle of the page. The online IACS application for a new user ID appears.

If you are a solo practitioner who submits claims under your Social Security Number (i.e., you have not assigned benefits to a Tax Identification Number organization), you should register as an “Individual Practitioner.” For specific instructions, review the following link: Medicare Learning Network Article on Individual Practitioner Registration.

If you are a Tax Identification Number organization, you will need to establish a Security Official before applying for an account by sending Internal Revenue Service documents to the QualityNet Help Desk, then registering a User Group Administrator and End Users. For specific instructions, review the following link: Medicare Learning Network Article on Organization Registration.

For additional configuration help, review the Quick Reference Guides:

1. In your web browser, go to: QualityNet Portal. The home page of the PQRS Portal is displayed (Figure 3).

2. Click Quick Reference Guides, which is located in the middle of the page. The guide will appear; they show instructions for your IACS account setup customized based on your role.

For registration assistance, call the QualityNet Help Desk at 866-288-8912.

### 3.3.2 Signing in to the Portal

To sign in to the portal:

1. In your web browser, go to the QualityNet Portal. The home page of the PQRS Portal appears (Figure 3).

2. From the home page, click Sign In. The sign-in screen appears (Figure 4).

![Figure 4: PQRS Sign-In Screen](image-url)
3. Type your user name and password in the User Name and Password fields and click **Sign In**. A Warning screen is displayed containing terms and conditions for using the portal (Figure 5).

![Figure 5: PQRS Warning Screen](image)

4. Read the text, then click in the box next to **I accept the above Terms and Conditions** and click **I Accept**. The PQRS user default landing page is displayed.

### 3.3.3 Select Authorized Role/Organization

For users who actively participate in PQRS on the behalf of several different organizations and require the system to provide functionality for a single organization, the system will present a pop-up screen displaying available authorized user roles based upon the IACS ID entered and the organizations associated with the roles.

**NOTE:** This feature will not appear to the majority of the PQRS eligible professionals and vendors.

1. Select the radio button next to the role authorization/organization you would like to utilize during this log in session.

2. Click **Submit** to enter the Portal (Figure 6). The role authorization/organization selected will not change until the user has terminated the session by a click on **Log Off**.
### 3.3.4 Changing Your Password

If you have an account but have forgotten your password, you can retrieve it through the portal home page. To retrieve your password:

1. In your web browser, [QualityNet Portal](#). The home page of the PQRS Portal appears (Figure 3).

2. In the center of the page is the text, “Forgot your password?” Click [Forgot your password?](#). The [CMS Account Management](#) displays.

### 3.4 System Organization & Navigation

In your web browser, go to the [PQRS Home Page](#). The home page of the PQRS Portal appears (Figure 7).
The left column of the portal home page contains features that can be accessed without signing into the Portal:

- **User Guides** – For more information about the user guides, see Section 5 of this document.

- **Verify Report Portlet** – For instructions on using this feature, see Section 4.1 of this document.

- **Related Links** – These are external links provided for informational purposes only. Clicking on the plus sign (+) next to the title of a group of links will cause that group to expand to reveal the specific links in the group (Figure 8). Clicking on any of these links will navigate you away from the portal. CMS is not responsible for the content on external sites.
3.5 Exiting the System

To log out of the portal, click **Log Off** in the upper left hand corner of any screen (Figure 9).

Figure 8: PQRS Related Links

![Related Links](image1)

Figure 9: PQRS Log Off

![Log Off](image2)
4. Using the System

The following sub-sections provide detailed, step-by-step instructions on how to use the various functions or features of the PQRS Portal.

4.1 Verifying Reports on the PQRS

The Verify Report Portlet on the Home Page of the portal (Figure 10) enables you to verify that a report exists for your Tax Identification Number Organization or National Provider Identifier without signing in to the portal.

Figure 10: PQRS Verify Report
To verify the existence of a report:

1. In the portlet:
   - To search for Feedback Reports available for a Tax Identification Number (TIN), click the **TIN** radio button.
   - To search for Feedback Reports available for a National Provider Identifier (NPI), click the **NPI** radio button.

2. Depending on which button you clicked, type either the TIN or NPI into the blank field.
   - The correct Tax Identification Number (TIN) format is 01-2123234 or 012123234 (9 digits total; only digits and hyphens allowed).
   - The correct National Provider Identifier (NPI) format is 0121232345 (10 digits).

3. Click **Lookup**.
   - If an invalid number was entered, the system will display “Please enter a valid TIN” or “Please enter a valid NPI”.
   - If a report does not exist for the number entered, the system will display “No report is available for the TIN or NPI” followed by the last four digits of the entry; the preceding numbers entered will be masked by “x” (EX: xxxxx2356) (Figure 11).
If a report exists for the number entered, the system will display “A report is available for <<Program>> <<Program Year>> TINxxxxx#### or “A report is available for <<Program>> <<Program Year>> NPIxxxxxx####”. To view the report, you must sign in to the portal (see Section 3.3).

If a report exists for the National Provider Identifier (NPI) but you do not have a portal account, you can log into the Communication Support Page to request available National Provider Identifier-level reports.
4.2 Viewing Reports on PQRS

After signing in to the portal, depending on your role/authorization, the Site Navigation menu at the top of the left column of the screen will display PQRS Feedback Reports (Figure 12).

To view a report:

1. In the Site Navigation menu, click **PQRI Feedback Reports**. A list of the reports available to you based on your role/authorization/Tax Identification Number (TIN) will appear in the main section of the screen (Figure 12). If there are no reports available to you, none will be listed.

   ![Figure 12: PQRS Select Desired Report](image)

2. In the Formats columns next to the desired report, click the format in which you want the report to appear. A sample report is displayed in Figure 13.
4.3 Requesting NPI Level Reports via Communications Support Page

Users can request available NPI Level reports using the Communication Support Page (CSP). To access a user guide, in the left column of the PQRS Home Page, go to Related Links and click Communication Support Page and, in the upper right hand corner, select Help.
5. Troubleshooting & Support

Following are helpful hints and troubleshooting information:

PQRS Report Feedback Reports User Guides will help you navigate the Reports related to your Tax Identification Number organization.


Figure 14: PQRS User Guide Links

If you have general payment questions, contact your Carrier/Medicare Administrative Contractors. The Provider Center Toll-Free Numbers Directory offers information on how to
contact the appropriate provider call center and is available for download at: CMS Medicare Learning Network General Information.

5.1 Error Messages

Not Applicable.

5.2 Special Considerations

Not Applicable.

5.3 Support

Table 1: Points of Contact

<table>
<thead>
<tr>
<th>Contact</th>
<th>Organization</th>
<th>Phone</th>
<th>Email</th>
<th>Role</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS IT Service Desk</td>
<td>CMS</td>
<td>410-786-2580 or 1-800-562-1963</td>
<td><a href="mailto:cms_it_service_desk@cms.hhs.gov">CMS IT Service Desk</a></td>
<td>Help desk support</td>
<td>1st level user support &amp; problem reporting</td>
</tr>
<tr>
<td>QualityNet Help Desk</td>
<td>SDPS</td>
<td>1-866-288-8912</td>
<td><a href="mailto:qnetsupport@sdps.org">QualityNet Support Email Address</a></td>
<td>Help desk support</td>
<td>Help with the Portal or the IACS registration process (e.g., forgot ID, password resets, etc.)</td>
</tr>
</tbody>
</table>
Acronyms

This section describes the acronyms used in this document.

Table 2: Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>CSP</td>
<td>Communication Support Page</td>
</tr>
<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
</tr>
<tr>
<td>eRx</td>
<td>Electronic Prescribing Incentive Program</td>
</tr>
<tr>
<td>GPRO</td>
<td>Group Practice Reporting Option</td>
</tr>
<tr>
<td>IACS</td>
<td>Individuals Authorized Access to CMS Computer Services</td>
</tr>
<tr>
<td>MOCP</td>
<td>Maintenance of Certification Program</td>
</tr>
<tr>
<td>NPI</td>
<td>National Provider Identifier</td>
</tr>
<tr>
<td>PQRS</td>
<td>Physician Quality Reporting System</td>
</tr>
<tr>
<td>SDPS</td>
<td>Standard Data Processing System</td>
</tr>
<tr>
<td>TIN</td>
<td>Tax Identification Number</td>
</tr>
</tbody>
</table>
## Glossary

### Table 3: Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Development Organization (ADO)</td>
<td>Contractor responsible for running analytics on Part B claims data.</td>
</tr>
<tr>
<td>Electronic Health Record</td>
<td>Electronic Health Records are electronic records of patient health information gathered and/or generated in any care delivery setting. This information includes patient demographics, progress notes, and medications, vital signs, past medical history, immunizations, laboratory data and radiology reports. This provides the ability to pass information from care point to care point providing the ability for quality health management by physicians</td>
</tr>
<tr>
<td>Electronic Prescribing (eRx) Incentive Program</td>
<td>A quality reporting system that includes an incentive payment for eligible professionals who satisfactorily report data on e-Prescribing activity during the specified program year.</td>
</tr>
<tr>
<td>Electronic Prescribing</td>
<td>A process of entering information about prescriptions at the point of care and sending that information over a secure network to a select pharmacy, which can begin filling the prescription immediately upon receipt</td>
</tr>
<tr>
<td>Eligible Professionals</td>
<td>Eligible professionals are defined for both Physicians Quality Reporting System and eRx Incentive Program programs as Medicare Physicians, Practitioners and Therapists including: Doctor of Medicine, Doctor of Osteopathy, Doctor of Podiatric Medicine, Doctor of Optometry, Doctor of Oral Surgery, Doctor of Dental Medicine, Doctor of Chiropractic, Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist (and Anesthesiologist Assistant), Certified Nurse Midwife, Clinical Social Worker, Clinical Psychologist, Registered Dietician, Nutrition Professional and Audiologists (as of 1/1/2009), Physical Therapist, Occupational Therapist and Qualified Speech-Language Therapist (as of 7/1/2009).</td>
</tr>
<tr>
<td>Term</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>Group Practice Reporting Option (GPRO)</td>
<td>Group Practice Reporting Option describes the Group Practices that are participating in this reporting option. Large GPRO is the group practice reporting option for program years 2013 and 2014 that is restricted to group practices with 100 or more eligible professionals who have self-nominated or registered to report at a group level. Medium GPRO is the group practice reporting option for program years 2013 and 2014 that is restricted to group practices with 25 to 99 eligible professionals who have self-nominated or registered to report at a group level. Small GPRO is the group practice reporting option for program years 2013 and 2014 that is restricted to group practices with 2 to 24 eligible professionals who have self-nominated or registered to report at a group level.</td>
</tr>
<tr>
<td>Maintenance of Certification Program (MOCP) Incentive</td>
<td>Maintenance of Certification Program Incentive refers to an opportunity for physicians to earn the PQRS incentive and an additional incentive of 0.5% by satisfactorily submitting data, without regard to method, on quality measures under Physician Quality Reporting, for a 12-month reporting period either as an individual physician or as a member of a selected group practice and successfully complete a qualified Maintenance of Certification Program practice assessment with participation in a Maintenance of Certification Program.</td>
</tr>
<tr>
<td>National Provider Identifier (NPI)</td>
<td>A unique identification number for covered health care providers</td>
</tr>
<tr>
<td>Physician Quality Reporting System (PQRS)</td>
<td>A quality reporting system that includes an incentive payment for eligible professionals who satisfactorily report data on quality measures for covered professional services provided during the specified program year.</td>
</tr>
<tr>
<td>Reporting Period</td>
<td>The reporting period of time eligible for the 2013 PQRS program (healthcare services provided by eligible professionals during January 1, 2013 – December 31)</td>
</tr>
<tr>
<td>Tax Identification Number (TIN)</td>
<td>An identification number used by the Internal Revenue Service (IRS) in the administration of tax laws</td>
</tr>
</tbody>
</table>
Referenced Documents

N/A