News Flash – The 2013 ICD-10-PCS files have been posted on the <u>2013 ICD-10 PCS and GEMs</u> web page. This includes the 2013 Index and Tabular files, guidelines, code titles, addendum to reference manual, and slides. The 2013 ICD-10-PCS files contain information on the new procedure coding system, ICD-10-PCS, that is being developed as a replacement for ICD-9-CM, Volume 3. The 2013 General Equivalent Mappings (GEMs), Reimbursement Mappings, and Reference Manual will be posted at a later date.

2012 Physician Quality Reporting System (Physician Quality Reporting) and Electronic Prescribing (eRx) Incentive Program - Steps for IACS Defined "Organizations" to Access Their Physician Quality Reporting and eRx Incentive Program Feedback Reports

Note: This article was re-issued on July 17, 2012.

Provider Types Affected

This MLN Matters® Article is directed to "organizations" as defined by Individuals Authorized Access to CMS Computer Services (IACs). Organizations are defined as group practices that are corporations or limited liability companies or practices paid by Medicare Part B under a Taxpayer Identification Number /Employer Identification Number (TIN/EIN), in which at least one eligible professional successfully reported at least one valid Quality-Data Code (QDC) under Physician Quality Reporting or the eRx Incentive Program.

Note: This article does not apply to private practices that are paid directly by Medicare Part B under a Social Security Number (SSN). Those practices must register as "Individual Practitioners" and access

their feedback reports personally because they may not have the requisite Internal Revenue Service (IRS) documents described in this article. Refer to http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0830.pdf for information about how to register in IACS as an individual practitioner and access feedback reports.

Provider Action Needed

Feedback reports can be accessed from the Physician and Other Health Care Professionals Quality Reporting Portal (Portal), which is a secure website that requires an Individuals Authorized Access to CMS Computer Services (IACS) account. For access to certain CMS provider Internet applications, including feedback reports, an organization must first register in the CMS security system known as IACS.

- IACS registration provides a user ID and password that may be used to access CMS applications such as the Portal.
- Each individual only registers in IACS once, but multiple users and roles are required in order to access 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 "Organization"

Determine if you Should Register under the "Organization" Role In IACs

To access your feedback report for Physician Quality Reporting or the eRx Incentive Program, register in IACS as an "organization" if you are:

- A practice that is paid under a TIN/EIN or a group practice as described at the beginning of this document that receives Medicare payments on behalf of its members, or
- An individual practitioner who has reassigned benefits to a group practice or is paid under a TIN/EIN **and** is directed by that organization to register in IACS to access the feedback reports of that organization. Professionals who have reassigned Medicare benefits to a group practice should otherwise NOT register in IACS to view the group practice's feedback reports.

IACS-defined "organization" registration requires entry of a Legal Business Name (LBN) and a TIN/EIN. CMS will verify that information against IRS documents submitted by the Security Official (SO) for the organization.

- One Physician Quality Reporting or eRx feedback report will be prepared for each TIN that successfully reported at least one valid QDC.

- 2013 eRx payment adjustment feedback reports will be available for those TINS that submitted a denominator-eligible claim (this feedback report is *not* based on the submission of QDCs).
- The TIN will be responsible for sharing National Provider Identifier (NPI)-level reports information with the appropriate professionals under their TIN.
- Multiple individuals can be approved as End Users to access the feedback report for each organization registered in IACS.

Steps for "Organizations" to Access Their Feedback Reports

Step 1: The Organization Security Official (SO) must register and be approved in IACS

If your organization already has an SO approved in IACS, another user will not be allowed to register as an SO.

- *Only one user is allowed the SO role for an organization.*
- The SO for the organization is the first person in that organization to register in IACS.
- The SO is the person who registers the organization in the system and updates the organization's profile information.
- The SO is trusted by the organization to approve subsequent registration requests of Backup Security Official(s), End Users, and EHR Submitters.
- The SO is not permitted to access any applications, including the Portal.

Registering and SO:
- Go to https://applications.cms.hhs.gov on the CMS website and register as an SO. "A Quick Reference Guide" is available at http://www.qualitynet.org/pqrs on the Internet. The SO should then receive an e-mail from CMS' QualityNet Help Desk requesting IRS documentation and the e-mail will include the physical address to which the documentation should be sent.
- Submit IRS documentation containing IRS letterhead, a typed Legal Business Name (LBN) and a typed TIN (EIN) to the QualityNet Help Desk. Examples include photocopies of an IRS CP-575 form, IRS 147C letter, or a Federal Tax Deposit Coupon. The Legal Business Name and TIN used to register in IACS must match the Legal Business Name and TIN that are shown on the IRS documents.
- Once the IACS registration information has been verified by the QualityNet Help Desk, the SO will receive an IACS user ID and password via e-mail.

Step 2: An Organization's optional Backup Security Official (BSO) must register in IACS

A BSO has approval authority in the absence of the SO. The BSO can also be promoted to the SO in the event that the current SO status changes.
- Go to https://applications.cms.hhs.gov on the CMS website – a "Quick Reference Guide" is available at http://www.qualitynet.org/pqrs on the Internet.

- IACS will send an e-mail to the SO for approval.
- If approved, the BSO will receive an IACS user ID and password via e-mail.

Step 3: Organization End Users Must Register in IACS

An End User is usually a staff member who is trusted to perform Medicare business for the organization. The End User of the organization is the only role that is allowed to access feedback reports in the Portal.

- Go to https://applications.cms.hhs.gov on the CMS website and register as an End User in an organization – a "Quick Reference Guide" is available at http://www.qualitynet.org/pqrs on the Internet.
- IACS will send an e-mail to the SO/BSO for approval.
- If approved, the end user will receive an IACS user ID and password via e-mail.

Step 4: Enter Portal

Go to http://www.qualitynet.org/pqrs and use your IACS user ID and password to gain access to your feedback report.

Additional Information

For more information on registering for the SO, BSO, End User, or EHR Submitter roles, go to http://www.qualitynet.org/pqrs and select the Quick Reference Guide link in the center of the page.

CMS has established the QualityNet Help Desk to support access to and registration for IACS. The QualityNet Help Desk can be reached at 1-866-288-8912 (TTY 1-877-715-6222) or by 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 Medicare Administrative Contractor (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 http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html on the CMS website.