Physician Quality Reporting System
Electronic Prescribing Incentive Program

Communication Support Page
User Guide

Program Year 2011
Phase 2.0

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1. INTRODUCTION

The Centers for Medicare & Medicaid Services anticipates a high volume of inquiries regarding the 2012 Electronic Prescribing Payment Adjustment. Therefore, a Communication Support Page is being made available through which eligible professionals can request:

- National Provider Identifier (NPI)-level feedback reports regarding their reporting and clinical performance rates.

- A hardship exemption pertaining to the 2012 Electronic Prescribing Payment Adjustment

The stakeholders and audience for this document include:

- Centers for Medicare & Medicaid Services staff

- Individual eligible professionals of Electronic Prescribing Incentive Programs

- Individual eligible professionals of Physician Quality Reporting System

2. OVERVIEW

Due to the anticipated high volume of inquiries regarding the 2012 Electronic Prescribing Payment Adjustment, a Communication Support Page will be provided to allow individual eligible professionals to request Physician Quality Reporting System/Electronic Prescribing reports or a hardship exemption from participating in 2012 electronic prescribing.

The Communication Support Page is available through the Physician and Health Care Professionals Quality Reporting Portal (http://www.qualitynet.org/pqrs). The page features an online form through which eligible professionals will enter identifying information, the nature of their request, and their acceptance of an attestation statement that the data they've entered is accurate.

2.1 Conventions

This document provides screen prints and corresponding narrative to describe how to use the Communication Support Page.

In this document:

- Fields or buttons to be acted upon are indicated in ***bold italics***.
- The term "user" refers to a person who requires and/or has acquired access to the Communication Support Page.

On screens in the system, an asterisk (*) indicates fields that must be completed.

2.2 Cautions & Warnings

This section is to be developed.

3. GETTING STARTED

3.1 Set-Up Considerations

Minimum hardware and software requirements to effectively access and view the Communication Support Page are listed below.

3.1.1 Hardware

- 166 MHZ Pentium processor with a minimum of 125 MB free disk space
- 32 MB Ram

3.1.2 Software

Microsoft® Internet Explorer Version 6.0 or 7.0.

3.1.3 Internet Connection

The Communication Support Page will be accessible via any Internet connection running on a minimum 33.6 modem or high-speed connection.

3.2 User Access Considerations

The Communication Support Page shall be available to individual eligible professionals as identified by their Tax Identification Number (TIN)/National Provider Identifier (NPI) who are enrolled in the Provider Enrollment Chain Ownership System (PECOS).

The Communication Support Page does *not* require users to:

- Have an active Individuals Authorized Access to Centers for Medicare & Medicaid Services Computer Services (IACS) account or be able to use multi-factor authentication
- Create a Physician Quality Reporting System account

3.3 Accessing the System

The Related Links section of the Physician Quality Reporting System Portal login screen provides access to the Communication Support Page through a link labeled "Communication Support Page." (See Figure 3-1. Accessing the Communication Support Page.)
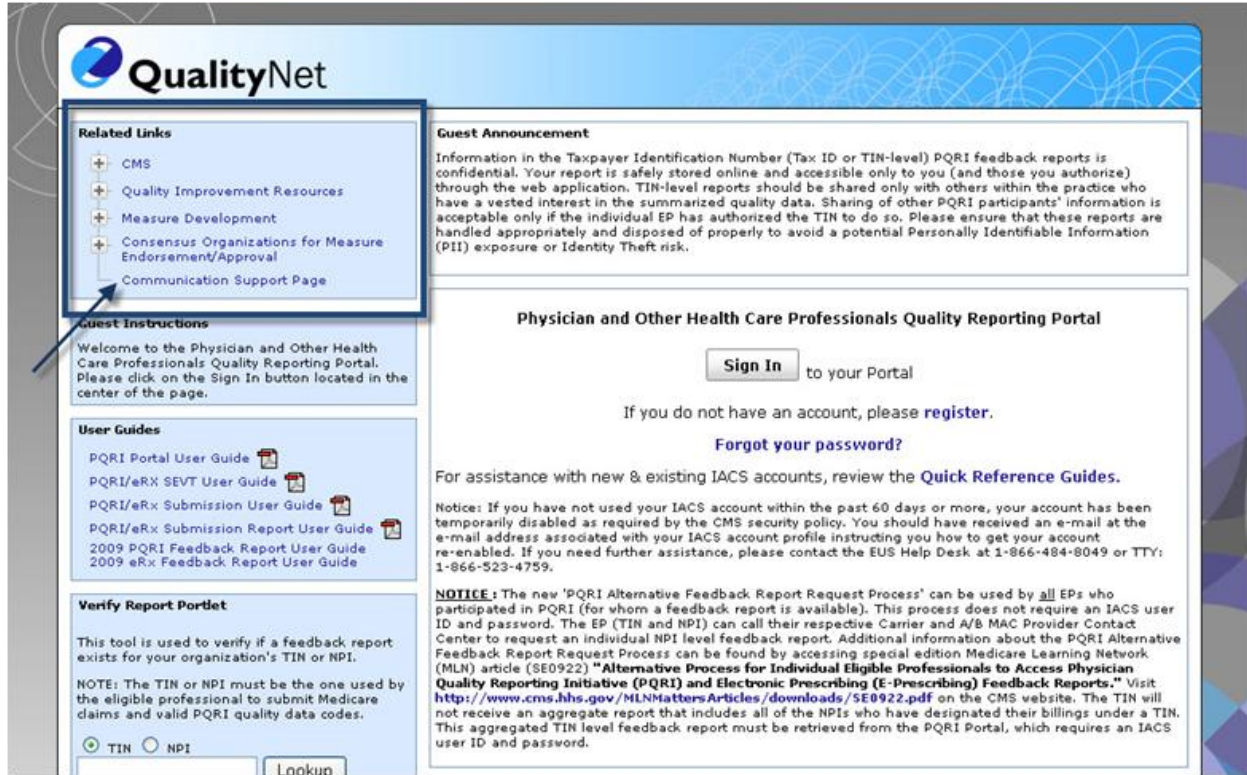
Figure 3-1. Accessing the Communication Support Page

3.4 System Organization & Navigation

1. From the Related Links menu, click ***Communication Support Page***. The Communication Support Page is displayed. (See Figure 3-2.)

Communication Support Page

User Information   * Required Field

Legal Business Name (as enrolled in PECOS)*: [ ]

TIN (Last 4 digits)*: [ ]   NPI*: [ ]

Email*: [ ]   Confirm Email*: [ ]

Contact Information (Requestor)

First Name*: [ ]   M.I.: [ ]   Last Name*: [ ]

Address 1*: [ ]   Address 2: [ ]

City*: [ ]   State*: [▼]

Phone*: [ ]   Zip Code*: [ ]

Ext: [ ]   Requestor Relationship*: [▼]

Request NPI Level Feedback Report

Program Year: [2011 ▼]   ☐ PQRS Feedback Report   ☐ eRx Feedback Report   ☐ eRx Payment Adjustment Feedback Report

Request Hardship Exemption   (Select one **AND** complete Justification for Hardship Exemption)

○ I registered to participate in the Medicare or Medicaid EHR Incentive Programs for 2011 and have adopted Certified EHR technology

  Registration ID # [ ]   ONC Certification # [ ]

○ I have an inability to electronically prescribe due to local, State, or Federal law or regulation

○ I have limited prescribing activity

○ I had insufficient opportunities to report the electronic prescribing measure

○ I practice in a rural area without sufficient high speed internet access

○ I practice in an area without sufficient available pharmacies for electronic prescribing

Justification for Hardship Exemption (required if submitting a hardship exemption):

Maximum of 250 words or 1,000 characters

[   ]

User Agreement

"I do hereby attest that this information is true, accurate, and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of any material fact may subject me to administrative, civil, or criminal liability."

☐ **I accept User Agreement***

(SUBMIT)   (RESET)   Help [?]

Figure 3-2. Communication Support Page

2. After entering data in the form:

    - To clear data from the form and restart, click Reset.

    - To submit the completed form, click Submit. For specific information on how to complete each section of the form, refer to section 4 of this document.

3.5   Exiting the System

After clicking *Submit* at the bottom of the Communication Support Page form, a successful submission will trigger a new page to appear with a confirmation message. The message will read "Thank you for submitting a request. A confirmation has been sent to the email address provided:<inquirer's e-mail address>".

4. USING THE SYSTEM

The fields on the Communication Support Page form are grouped into four main sections:

- Requestor Information, which includes User Information and Contact Information
- NPI-Level Feedback Report Request
- Hardship Exemption Request, which includes the Hardship Exemption Justification
- User Agreement

Following is detailed information on how to respond to the questions in each of those sections to request a report or submit an exemption request.

4.1 Enter User and Contact Information

You must complete the following User Information and Contact Information fields, regardless of the type of request you are submitting:

- Legal Business Name (as enrolled in the PECOS)
- Last four digits of your TIN
- NPI
- Email address (You must enter your email address in both the Email and Confirm Email fields.)
- First name
- Last name
- Address1
- City
- State
- Phone
- Zip code

On the screen, these fields are marked with an asterisk. (See Figure 4-1.)

Figure 4-1. Required User and Contact Information

4.2   Request National Provider Identifier-Level Feedback Report

To request a feedback report:

1. From the Program Year dropdown box, select the program year on which you wish to report.

2. Click the checkbox next to *one or more* of the reports you wish to generate. (See Figure 4-2.)

Figure 4-2. Request National Provider Identifer Level Feedback Report

Once the form is submitted, a confirmation email will be generated and delivered to the email address entered in the User Information section of the form. (See Figure 4-1.)

4.3   Request Hardship Exemption

To request a hardship exemption from the 2012 Electronic Prescribing Payment Adjustment:

1. Click the button next to *one* of the following reasons (see Figure 4-3):

   - I registered to participate in the Medicare or Medicaid Electronic Health Record Incentive Programs for 2011 and have adopted Certified Electronic Health Record technology. (If choosing this reason, you must also enter your Registration ID # and ONC Certification #. Do not include dashes for ONC Certification #.)

   - I have an inability to electronically prescribe due to local, State, or Federal law or regulation.

- I have limited prescribing activity.

- I had insufficient opportunities to report the electronic prescribing measure.

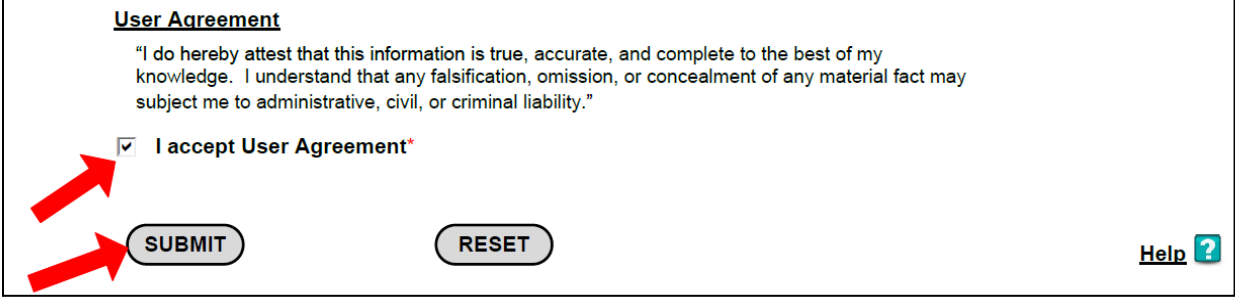- I practice in a rural area without sufficient high speed internet access.

- I practice in an area without sufficient available pharmacies for electronic prescribing.

2. In the Justification for Hardship Exemption box, type an explanation justifying your request for exemption. (See Figure 4-3.)

- This field becomes required if you click any of the buttons in section 4.3, step 1.

- This field is limited to 250 words or 1,000 characters.

Figure 4-3. Request Hardship Exemption

4.4 Accept User Agreement

Regardless of the type of request you are submitting, you must check the box next to "I accept User Agreement." (See Figure 4-4.)


Figure 4-4. Accept User Agreement

5. TROUBLESHOOTING & SUPPORT

For additional information about submitting requests, click *Help* in the lower right corner of the Communication Support Page form.

5.1   Error Messages

Using a TAB key or a mouse click from a field that is not populated or not meeting the required criteria will trigger pop-up error messages. For example the following pop-up error message will appear when NPI field is not populated.
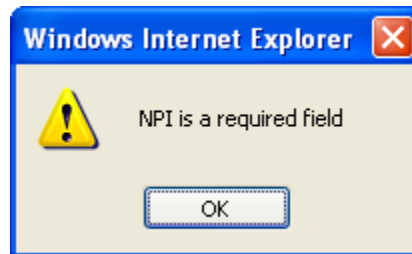
If all required fields have not been completed, after you click **Submit** error messages appear directing you to correct or enter missing information.

5.2   Special Considerations

This section is to be developed.

5.3   Support

Table 5-1. Points of Contact

Contact	Organization	Phone	Email	Role	Responsibility
QualityNet Help Desk	SDPS	1-866-288-8912	qnetsupport@ sdps.org	Help desk support	1st level user support & problem reporting

ACRONYMS

AMA	American Medical Association
CMS	Centers for Medicare & Medicaid Services
IACS	Individuals Authorized Access to Centers for Medicare & Medicaid Services Computer Services
NPI	National Provider Identifier
ONC	Office of National Coordinator for Health Information Technology
PECOS	Provider Enrollment Chain Ownership System
TIN	Tax Identification Number

GLOSSARY

Electronic Prescribing – Electronic Prescribing is a process of entering information about prescriptions at the point of care and sending that information over a secure network to a select pharmacy. The pharmacy receives the prescription and can begin filling it right away.

Eligible Professionals – Eligible professionals are defined for both Physician Quality Reporting System and Electronic Prescribing 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). Eligible professionals are defined for Electronic Prescribing Incentive Payment Adjustment as: Doctor of Medicine, Doctor of Osteopathy, Podiatrist, Nurse Practitioner, and Physician Assistant. This list can also be found at: http://www.Centers for Medicare & Medicaid Services.gov/Physician Quality Reporting System/ 10_EligibleProfessionals.asp#TopOfPage.

Feedback Reports – Confidential reports available to the Tax Identification Numbers/eligible professionals regarding their reporting and clinical performance rates.

National Provider Identifier (NPI) – A unique identification number for covered health care providers.

Physician Quality Reporting System – The quality reporting system that supports the Physician Quality Reporting System. Through the initiative, eligible providers who satisfactorily report data on quality measures for covered professional services provided during the specified program year receive an incentive payment

Tax Identification Number (TIN) – An identification number used by the Internal Revenue Service in the administration of tax laws.