



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 (<u>http://www.qualitynet.org</u>/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.)

Related Links	Guest Announcement
CMS Quality Improvement Resources Measure Development Consensus Organizations for Measure Endorsement/Approval Communication Support Page	Information in the Taxpayer Identification Number (Tax ID or TIN-level) PQRI feedback reports is confidential. Your report is safely stored online and accessible only to you (and those you authorize) through the veb application. TIN-level reports should be shared only with others within the practice who have a vested interest in the summarized quality data. Sharing of other PQRI participants' information is acceptable only if the individual EP has authorized the TIN to do so. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.
Auest Instructions	Physician and Other Health Care Professionals Quality Reporting Portal
Welcome to the Physician and Other Health Care Professionals Quality Reporting Portal. Please dick on the Sign In button located in the center of the page.	Sign In to your Portal
User Guides	If you do not have an account, please register.
PQRI Portal User Guide 📆	Forgot your password?
PQRI/eRX SEVT User Guide 📆	For assistance with new & existing IACS accounts, review the Quick Reference Guides.
PQRI/eRX Submission User Guide 📆 PQRI/eRX Submission Report User Guide 📆 2009 PQRI Feedback Report User Guide 2009 eRX Feedback Report User Guide	Notice: If you have not used your IACS account within the past 60 days or more, your account has been temporarily disabled as required by the CMS security policy. You should have received an e-mail at the e-mail address associated with your IACS account profile instructing you how to get your account re-enabled. If you need further assistance, please contact the EUS Help Desk at 1-866-484-8049 or TTY: 1-866-523-4759.
Verify Report Portlet This tool is used to verify if a feedback report exists for your organization's TIN or NPI. NOTE: The TIN or NPI must be the one used by the eligible professional to submit Medicare claims and valid PQRI quality data codes.	NOTICE: The new 'PQRI Alternative Feedback Report Request Process' can be used by <u>all</u> EPs who participated in PQRI (for whom a feedback report is available). This process does not require an IACS user 10 and password. The EP (TIN and NPI) can call their respective Carrier and A/B MAC Provider Contact Center to request an individual NPI level feedback report. Additional information about the PQRI Alternative Feedback Report Request Process can be found by accessing special edition Medicare Learning Network. (MLN) article (SE0922) "Alternative Process for Individual Eligible Professionals to Access Physician Quality Reporting Initiative (PQRI) and Electronic Prescribing (E-Prescribing) Feedback Reports." Visit http://www.cms.hhs.gov/MLNNatersArticles/download/SE0922.pdf on the CMS vesite. The TIN will not receive an aggregate report that indudes all of the NPIs who have designated their billings under a TIN This aggregated TIN level feedback report must be retrieved from the PQRI Potal, which requires an IACS

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.)

User Information	mmunication Support Page
Legal Business Name (as enroll	* Required Fiel
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 Re	eport
Program Year: 2011 👻 🗌 PQRS	5 Feedback Report 🛛 eRx Feedback Report 🔹 eRx Payment Adjustment Feedback Report
Request Hardship Exemption	(Select one AND complete Justification for Hardship Exemption)
	Medicare or Medicaid EHR Incentive Programs for 2011 and have adopted
Certified EHR technology	reultare of Preultare Erint Intentive Frograms for 2011 and have adopted
Registration ID #	ONC Certification #
 I have an inshility to electronically n 	prescribe due to local, State, or Federal law or regulation
O I have limited prescribing activity	/
${\mathbb C}$ I had insufficient opportunities to r	report the electronic prescribing measure
	#
O I practice in a rural area without su	umcient nigh speed internet access
C I practice in an area without suffici	ient available pharmacies for electronic prescribing
Justification for Hardship Exem Maximum of 250 words or 1,000 chara	nption (required if submitting a hardship exemption):
	-
	•
	•
User Agreement	■
"I do hereby attest that this informa knowledge. I understand that any	ation is true, accurate, and complete to the best of my falsification, omission, or concealment of any material fact may
"I do hereby attest that this informa knowledge. I understand that any subject me to administrative, civil,	falsification, omission, or concealment of any material fact may
"I do hereby attest that this informa knowledge. I understand that any	falsification, omission, or concealment of any material fact may
"I do hereby attest that this informa knowledge. I understand that any subject me to administrative, civil,	falsification, omission, or concealment of any material fact may



- 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.)

User Information			* Required Field
Legal Business	Name (as enrolled in PECOS	\$)*:	
TIN (Last 4 digit	s)*:	NPI*:	
Email*:		Confirm Email*:	
Contact Informat	ion (Requestor)		
First Name*:		M.I: Last Name*:	
Address 1*:		Address 2:	
City*:		State*:	
Phone*:		Zip Code*:	
Ext:			

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.)

	>	Request NPI Level Feedback Report
Program Year: PQRS Feedback Report Report Report Report Report PRS Feedback Report	k Report 🗌 eRx Feedback Report 👘 eRx Payment Adjustment Feedback Report	Program Year: PQRS Feedback Report

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.

 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 #
$ \mathbb{C}$ I have an inability to electronically prescribe due to local, State, or Federal law or regulation
C I have limited prescribing activity
\bigcirc I had insufficient opportunities to report the electronic prescribing measure
○ I practice in a rural area without sufficient high speed internet access
\bigcirc 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

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.)

User Agreement		
	information is true, accurate, and complete to the best of my at any falsification, omission, or concealment of any material fact may e, civil, or criminal liability."	r
✓ I accept User Agreem	ent*	
SUBMIT	RESET	Help 김

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

Contact	Organization	Phone	Email	Role	Responsibility
QualityNet Help Desk	SDPS	1-866-288-8912	<u>qnetsupport@</u> <u>sdps.org</u>	Help desk support	1 st 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.