# Table of Contents

Disclaimer ........................................................................................................................................ iv

1. Introduction .................................................................................................................................. 1

2. Overview ....................................................................................................................................... 1
   2.1 PQRS Portal ............................................................................................................................... 2
   2.2 Conventions ............................................................................................................................... 3
   2.3 Cautions & Warnings ............................................................................................................... 4

3. Getting Started ............................................................................................................................... 4
   3.1 Set-Up Considerations ............................................................................................................. 4
   3.2 User Access Considerations .................................................................................................... 5
   3.3 Accessing the System .............................................................................................................. 5
      3.3.1 Obtaining an Account ....................................................................................................... 5
      3.3.2 Signing in to the Portal .................................................................................................... 9
         3.3.2.1 Legacy Portal ........................................................................................................... 10
         3.3.2.2 QualityNet Secure Portal ......................................................................................... 12
      3.3.3 Select Organization ........................................................................................................ 16
      3.3.4 Changing Your Password ............................................................................................... 18
      3.3.5 System Time Out ............................................................................................................. 18
   3.4 System Organization & Navigation ......................................................................................... 19
   3.5 Exiting the System .................................................................................................................. 22

4. Using the System .......................................................................................................................... 23
   4.1 Verifying Reports on the PQRS ............................................................................................... 23
   4.2 Verifying Payment Adjustment Status ..................................................................................... 24
   4.3 Verifying Status of Publicly Reported Measures ..................................................................... 25
   4.4 Viewing Reports on PQRS ...................................................................................................... 26

5. Troubleshooting & Support ........................................................................................................ 28
   5.1 Error Messages ......................................................................................................................... 29
   5.2 Special Considerations ............................................................................................................. 29
   5.3 Support .................................................................................................................................... 29

Acronyms ......................................................................................................................................... 31

Glossary .......................................................................................................................................... 33
Referenced Documents ................................................................. 36
Revision History ............................................................................... 37
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.

This document was prepared as a tool to assist eligible professionals and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services. The Centers for Medicare & Medicaid Services (CMS) employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide. This publication is a general summary that explains certain aspects of the Medicare program, but is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.
1. Introduction

The Centers for Medicare & Medicaid Services provides online access to Physician Quality Reporting System (PQRS) via the web-based Portal. The Portal is the entry page to the various applications and portlets intended for testing submissions and submitting quality data, for accessing submission and feedback reports, for previewing quality measure result data as it will appear on the public-facing website or as it will exist on downloadable data files in the Provider Quality Information Portal (PQIP), updating PQRS Payment Adjustment via the Automated Intervention Application (AIA), supporting end-users, and performing system specific tasks.

This Portal User Guide details the access to the PQRS Portal applications and portlets for PQRS participants including Accountable Care Organizations (ACOs), group practices participating in the Group Practice Reporting Option (GPRO), Comprehensive Primary Care (CPC) providers, individual eligible professional (EP), as well as their authorized representatives such as individual practitioner representative, Qualified Registry, Qualified Clinical Data Registry (QCDR), and Electronic Health Record (EHR) Data Submission Vendors.

With the September 2016 release, the PQRS Portal will undergo the first step of transition from the current (to be referred to as the Legacy) Portal to the new QualityNet Secure Portal solution. While both Portals will be available at the same time until the final step of the transition is completed, each application or portlet that requires user authentication and authorization will be accessible in only one Portal. In the September 2016 release, AIA and the Submission Engine Validation Tool (SEVT) applications will be the first two applications available to the end-users via the QualityNet Secure Portal. Remaining applications/portlets that require user authentication and authorization will be migrated to the QualityNet Secure Portal in subsequent PQRS software releases, to be completed no later than December 2016.

The following change applies to the portlets and applications with the public access (i.e. do not require login) in the September 2016 release:

- All Communication Support Page portlets / applications will be available on both Portals.
- Physician Compare Lookup portlet will be available on the Legacy Portal under the PQRS Lookup Functions link.
- PQRS Lookup and PQRS Verify Report portlets will be available on the QualityNet Secure Portal under the PQRS Lookup Functions link.

For the up-to-date information on the PQRS applications transfer to the QualityNet Secure Portal refer to the PQRS Release Notes.

**NOTE:** This PDF is provided as a reference only. It is NOT 508 compliant. For a 508 compliant version of this content, please refer to the Online Content.

2. Overview

The Physician Quality Reporting System is a quality reporting program that encourages individual eligible professionals and PQRS group practices to report information on the quality of care to Medicare. PQRS gives participating EPs and group practices the opportunity to assess the quality of care they provide to their patients, helping to ensure that patients get the right care at the right time.
By reporting on PQRS quality measures, individual EPs and group practices can also quantify how often they are meeting a particular quality metric. Beginning in 2015, the program applies a negative payment adjustment to individual EPs and PQRS group practices who did not satisfactorily report data on quality measures for Medicare Part B Physician Fee Schedule (PFS) covered professional services in 2013. Those who report satisfactorily for the 2015 program year will avoid the 2017 PQRS negative payment adjustment.

For more information on the PQRS, please visit the PQRS section of the CMS Web Site at https://www.cms.gov.

2.1 PQRS Portal

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

- Access PQRS Feedback Reports portlet to retrieve Feedback Reports relevant to their organization’s Tax Identification Number (TIN)
- Access the Submission Application to submit quality data via Registry-XML, QCDR-XML, and EHR reporting options
- Report measures for assigned beneficiaries via the Web Interface
- Access Submission Reports
- Access Enhanced Feedback Submission Reports
- Use the Submission Engine Validation Tool to validate submission data format
- Run various administrative tasks in the PQRS
- Submit Informal Reviews requests
- Update Payment Adjustment records

Data will be submitted as follows:

- Registries and QCDR will submit data on behalf of individual eligible professionals or group practices.
- EHR Data Submission Vendors will submit EHR quality data on behalf of individual eligible professionals or group practices.
- The Group Practice Reporting Option participants will submit data on behalf of group practices.
- The Medicare Shared Savings Program (MSSP), Next Generation, or Pioneer ACO participants will submit their data via the Web Interface.
- Providers using qualified EHR systems will use the Portal to submit their own data.
• Vendors of non-qualified EHR systems will submit test data to qualify their systems.

2.2 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 help guide 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.
2.3  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

In this topic, learn about the following:

Set-Up Considerations

User Access Considerations

Accessing the System

System Organization & Navigation

Exiting the System

3.1  Set-Up Considerations

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

Hardware:

- Computer with a 1 gigahertz (GHz) processor with a minimum of 150 MB free disk space
- 512 MB Memory
Software:

- Microsoft® Internet Explorer version 11.0
- Oracle JRE (Java SE Runtime Environment) 1.6.0_45 version, www.oracle.com, for viewing reports
- Windows 7 operating system
- 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:

- The CMS staff and contractors
- Individual eligible professionals identified by their Individual National Provider Identifier (NPI) or their authorized representatives
- Group practices or ACO participants identified by their Tax Identification Number
- Qualified Registries
- Qualified Clinical Data Registries
- EHR Data Submission Vendors

3.3 Accessing the System

To sign in to the PQRS Portal, you must have an Enterprise Identity Management (EIDM) account.

In this topic, you will learn how to perform the following tasks:

- Obtaining an Account
- Signing into the Portal
- Selecting an Organization
- Changing your Password
- Exiting the System

3.3.1 Obtaining an Account
To apply for an account:

1. In your web browser, go to:

2. The Home Page of the PQRS Portal appears.

   After the registration is completed, user should request a PQRS role and obtain this role’s approval prior to performing a desired action in the PQRS. For detailed instructions on registration and/or role(s) request and approval, review the Quick Reference Guides. Link to the Quick Reference Guides is available on the PQRS Portal Home Page.

   Depending on the functions the user needs to perform in the PQRS, one or more roles may apply. To determine the desired role(s) see Table 1 or consult the Quick Reference Guides.

   **Table 1: User Roles Needed for Performing Actions in PQRS**

<table>
<thead>
<tr>
<th>Action in PQRS</th>
<th>You register as / request the role of</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you are a solo practitioner who submits claims under your Social Security Number or Employer</td>
<td>Individual Practitioner</td>
</tr>
<tr>
<td>Action in PQRS</td>
<td>You register as / request the role of</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------</td>
</tr>
<tr>
<td>Identification Number (i.e., you have not assigned benefits to a TIN organization) or if you are submitting quality data as the individual eligible professional via the Submission application in the QRDA I, QRDA III, QCDR-XML, or Registry-XML format</td>
<td>Individual Practitioner Representative</td>
</tr>
<tr>
<td>If you are an individual practitioner representative, who submits quality data on behalf of an individual practitioner via the Submission application in the QRDA I, QRDA III, QCDR-XML, or Registry-XML format</td>
<td>Individual Practitioner Representative</td>
</tr>
<tr>
<td>If you are submitting PQRS data under a TIN on behalf of an organization (group practice) via the Submission application in the QRDA I, QRDA III, QCDR-XML, or Registry-XML format</td>
<td>PQRS Submitter</td>
</tr>
<tr>
<td>If you are submitting quality data under a TIN on behalf of an organization such as a group practice or an ACO through the Web Interface</td>
<td>Web Interface Submitter</td>
</tr>
<tr>
<td>If you require access to the Feedback Dashboard application or the PQRS Feedback Report – Viewer portlet for viewing your organization’s data</td>
<td>PQRS Representative</td>
</tr>
<tr>
<td>If you are an individual eligible professional who requires access to the Feedback Dashboard application for viewing your claims based data</td>
<td>Individual Practitioner</td>
</tr>
<tr>
<td>If you are an individual eligible professional who desires to preview your quality measure result data (in PQIP)</td>
<td>Individual Practitioner</td>
</tr>
<tr>
<td>If you are requesting access to the PQIP application as the representative of an organization</td>
<td>PQIP Group Representative</td>
</tr>
<tr>
<td>If you are responsible for populating individual eligible professionals’ and group practices’ quality measure data in PQIP</td>
<td>PQIP File Transfer Manager</td>
</tr>
<tr>
<td>If you request the change of a payment adjustment</td>
<td>AIA Requestor</td>
</tr>
</tbody>
</table>
### Action in PQRS

<table>
<thead>
<tr>
<th>Action in PQRS</th>
<th>You register as / request the role of</th>
</tr>
</thead>
<tbody>
<tr>
<td>record in the AIA application</td>
<td></td>
</tr>
<tr>
<td>If you approve the change of a payment adjustment record in the AIA application</td>
<td>AIA Approver</td>
</tr>
<tr>
<td>If you need to view PQRS payment adjustment status information</td>
<td>PQRS Administrator</td>
</tr>
<tr>
<td>If you are a PQRS Help Desk representative whose primarily goal is to support PQRS participants</td>
<td>PQRS Administrator</td>
</tr>
<tr>
<td>If you are processing Informal Review requests in the Informal Review / Request Management Application (IR/RMA) as a PQRS Help Desk user</td>
<td>PQRS Administrator</td>
</tr>
<tr>
<td>If you are processing Informal Review requests in the Informal Review / Request Management Application as a PV Help Desk user</td>
<td>PV Helpdesk Tier1 User PV Helpdesk Tier2 User</td>
</tr>
<tr>
<td>If you need to access Priority Provider Reports</td>
<td>PQRS Administrator</td>
</tr>
</tbody>
</table>

Table 2 lists PQRS applications and portlets and the user roles that are accessing them.

Table 2: PQRS Applications / Portlets and the User's Roles

<table>
<thead>
<tr>
<th>Application / Portlet</th>
<th>You need to request the following role</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEVT*</td>
<td>PQRS Submitter (organization) Individual Practitioner Individual Practitioner Representative</td>
</tr>
<tr>
<td>Submission</td>
<td>PQRS Submitter (organization) Individual Practitioner Individual Practitioner Representative</td>
</tr>
<tr>
<td>Submission Report</td>
<td>PQRS Submitter (organization) Individual Practitioner Individual Practitioner Representative</td>
</tr>
</tbody>
</table>
### Application / Portlet | You need to request the following role
---|---
Enhanced Feedback Submission Reports | PQRS Submitter (organization)  Individual Practitioner  Individual Practitioner Representative
Web Interface | Web Interface Submitter
AIA* | AIA Requestor  AIA Approver  PQRS Administrator
PQIP | Individual Practitioner  PQIP Group Representative  PQIP File Transfer Manager
PQRS Help Desk | PQRS Administrator
Feedback Dashboard | PQRS Representative  Individual Practitioner  Individual Practitioner Representative
IR/RMA | PQRS Administrator  PV Helpdesk Tier1 User  PV Helpdesk Tier2 User
Priority Provider Reports | PQRS Administrator  PV Helpdesk Tier1 User  PV Helpdesk Tier2 User

**Note:** Applications marked with the asterisk (*) are available via the QualityNet Secure Portal. All other applications / portals are available via the Legacy Portal.

For additional configuration help, review the Quick Reference Guides (see instructions above).

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

### 3.3.2 Signing in to the Portal

Two versions of the Portal will be available starting September 2016: the Legacy PQRS Portal and the QualityNet Secure Portal. AIA and SEVT applications users will need to sign-in to the QualityNet Secure Portal using two-factor authentication. Remaining PQRS applications / portlets that require login will be available via the Legacy Portal.
3.3.2.1  Legacy Portal

To sign in to the Legacy PQRS Portal:

1. In your web browser, go to Legacy Portal, https://www.qualitynet.org/pqrs if you need to access the Legacy Portal.

2. The Home Page of the PQRS Portal appears. Click on the Sign In button.

3. Terms and Conditions form of the CMS Enterprise Portal appears. Read the text, and then click the I Accept button.
4. The CMS Enterprise Portal Sign-In Page appears. The Sign-in page includes two text boxes for entering user's identifier and the password.

5. Enter your identifier in the User ID field and your password in the Password field and click on the Log-in button to complete your log-in.

6. The PQRS Landing Page appears after completing Legacy Portal login.
3.3.2.2 QualityNet Secure Portal

To sign in to the QualityNet Secure PQRS Portal:

1. In your web browser, go to the:

2. The Home Page of the PQRS Portal appears. Click on the Sign In button.
3. **Terms and Conditions** form of the CMS Enterprise Portal appears. Read the text, and then click the **I Accept** button.
4. The CMS Enterprise Portal **Sign-In** Page appears. The **Sign-in** page includes a single text box for entering user’s identifier.

![Welcome to CMS Enterprise Portal](image)

5. Enter your identifier in the **User ID** field and select **Next** button to continue signing-in with two-factor authentication.

6. The second **Sign-in** form is displayed. This form includes the **Password** and **Security Code** text boxes and the **MFA Device Type** drop down box.
7. Enter your password in the **Password** textbox.

8. Select your MFA device type option in the **MFA Device Type** drop-down menu and click on the **Send** button located next to this box if the **Send** box is displayed for receiving a one-time security code.

    **Note:** **Send** action button is only displayed for selected **MFA Device Type** options. Select **MFA Device Type** option in accordance with your multi-factor authentication setting. If you did not register for the multi-factor authentication, click on the **Register MFA Device** hyperlink located on the bottom of the form.

9. Type in the security code that is delivered to you via the e-mail or phone or displayed on your secure connection device in the **Security Code** field and click on the **Log-in** button for completing the sign-in.

10. The QualityNet Secure Portal **Landing page** appears after successfully completing the QualityNet Secure Portal login. For accessing PQRS applications / portlets select **Physician Quality Reporting System** option in the **Quality Program** menu.
3.3.3 Select Organization

If you participate in the PQRS on behalf of more than one provider (organization or individual practitioner) then a screen showing all your associated organizations and/or individual practitioners will appear upon signing in to the Legacy Portal.

1. Select the radio button next to the organization you would like to utilize during this log in session.
2. Click **Submit** to enter the PQRS Portal. The selected organization will not change until the user has terminated the session by a click on **Log Off**.

When accessing PQRS applications on the QualityNet Secure Portal for the first time, the user will be associated with a single user's organization (assigned as a default organization by the system). User will be able to switch the organization without logging off the QualityNet Secure Portal. The last used associated organization during a single login session will be set to the default organization for the next login.

For switching organization in the QualityNet Secure Portal:

1. Click on the arrow next to the **User Profile** menu on the top bar and select **User Accessibility** menu option.

2. **User Accessibility** form opens. Select **Organization Switch** tab on the form and proceed with the organization change.

3. For changing user's associated organization in the PQRS, first select **Physician Quality Reporting System** option in the **Change Program** drop-down. Then select the organization from the list of displayed organizations in the **Change Organization** drop-down and click on **Update** button.
Note: Organizations list that is displayed in the Change Organization drop down is limited to the user’s associated organizations relevant to PQRS roles as recorded in the CMS Enterprise Identity Management System.

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, navigate to:

2. The Home Page of the PQRS Portal appears.

3. Click Forgot your password? link located in the center of the page. The EIDM form for resetting your password appears.

3.3.5 System Time Out

If there is no activity on the page for 10 minutes in the Legacy Portal, a warning message will appear informing you of impending session expiration.

- If you wish to continue with the session, click OK.
- Otherwise, click Cancel to end the session, and you will be redirected to the PQRS Portal Home Page.

After 15 minutes of inactivity or another 5 minutes of inactivity after clicking OK, you will be informed that the session has expired. Once you click OK, you will be redirected to the PQRS Portal Home Page.
The timeout is extended to 30 minutes in the QualityNet Secure Portal. The user will get a warning 2 minutes before the session ends.

### 3.4 System Organization & Navigation

In your web browser, go to the

- **Legacy Portal,** [https://www.qualitynet.org/pqrs](https://www.qualitynet.org/pqrs)

  or

- **Quality Net Secure Portal,** [https://www.qualitynet.org/pqrs/home.html](https://www.qualitynet.org/pqrs/home.html)

The **Home Page** of the PQRS Portal appears.
The left column of the Portal Home Page contains features that can be accessed without signing into the Portal:

- **User Materials** *(User Guides and Release Notes)* – For more information about user materials, see [Troubleshooting & Support](#).

- **Related Links** – All links except the PQRS Lookup Functions and Communication Support Page ones are external links provided for informational purposes only. Clicking 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. Clicking on any of these links will navigate you away from the Portal. CMS is not responsible for the content on external sites.
Clicking on the **PQRS Lookup Functions** link (PQRS internal links) opens a new form with the PQRS Lookup, Physician Compare Lookup, and PQRS Verify Report portlets. For instructions of using PQRS Lookup Functions, see [Using the System](#).

**Note:**

1. For the time of transition from the Legacy portal to the QualityNet Secure Portal:
   - Physician Compare Lookup portlet will be available on the Legacy Portal under the PQRS Lookup Functions link.
   - PQRS Lookup and PQRS Verify Report portlets will be available on the QualityNet Secure Portal under the PQRS Lookup Functions link.

2. Some portlets are available for a short-period of time.
3.5 Exiting the System

To log out of the Legacy Portal, click on Log Off located in the upper left hand corner of a PQRS screen or inside of the Site Navigation frame.

To log out the QualityNet Secure Portal, click on the Log Out button located on the top bar of the PQRS Landing Page.
4. Using the System

In this topic, you will learn how to perform the following tasks:

Verifying Reports on PQRS

Verifying Payment Adjustment Status

Verifying Status of Publicly Reported Measures

Viewing Reports on PQRS

4.1 Verifying Reports on the PQRS

The PQRS Verify Report portlet is available via the PQRS Lookup Functions link on the QualityNet Secure Portal. The portlet enables you to verify that a report exists for your TIN organization or NPI without signing in to the Portal.

To verify the existence of a report:

1. In the portlet:
   - To search for Feedback Reports available for a TIN, click the TIN radio button.
   - To search for Feedback Reports available for a 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 TIN format is 01-2123234 or 012123234 (9 digits total; only digits and hyphens allowed).

• The correct 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 entered number, the system will display “No report is available for xxxx” followed by the last four digits of the entry. The entered number will be masked by “x” (EX: xxxxx2356).

• If a report exists for the entered number, 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 (For more information, see **Signing in to the Portal**).

• If a report exists for the NPI but you do not have a Portal account, you can log into the Communication Support Page (CSP) to request the available National Provider Identifier-level reports.

4.2 **Verifying Payment Adjustment Status**

The **PQRS Lookup** portlet is available via the **PQRS Lookup Functions** link (on the **Related Links** frame) on the QualityNet Secure Portal. The portlet enables you to check the 2017 PQRS Payment Adjustment Status for your organization (group practice, MSSP ACO, Pioneer ACO, CPC site) or a practitioner without signing in to the Portal.
To check the Payment Adjustment status:

1. Select the provider type in the drop-down box.
2. Depending on the selected provider’s type, the portlet form will be refreshed to display one or two text boxes for entering provider’s unique identifier(s).
3. Type in the unique provider’s identifier(s) and click on the **Lookup** action button.
4. The search result will be displayed under the **Lookup** button.

**NOTE:** The correct TIN format is 01-2123234 or 012123234 (9 digits total; only digits and hyphens allowed).

The correct NPI format is 0121232345 (10 digits).

### 4.3 Verifying Status of Publicly Reported Measures

The **Physician Compare Lookup** portlet is available via the **PQRS Lookup Functions** link (inside of the **Related Links** frame) on the Legacy Portal. The portlet enables you to check the status of publicly reported 2015 quality measures for your organization or a practice without signing in to the Portal.

To check the status:
1. Click on the **TIN** radio button for checking the status for an organization; click on the **NPI** radio button for checking status for an individual practitioner.

2. Depending on the selected button, type either the TIN or NPI in the text box.

   **NOTE:** No entry validation exists. Make sure that you are using the correct TIN or NPI format. TIN must include 9 digits in total; only digits and hyphens are allowed (examples: 01-2123234 or 012123234). NPI must include 10 digits (example: 0121232345).

3. Click **Lookup**.

### 4.4 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.

To view a report:

1. In the Site Navigation menu, click on the **PQRS Feedback Reports – Viewer** link. A list of the reports available to you based on your role/authorization/TIN will appear in the main section of the screen. If there are no reports available to you, none will be listed.

   ![Feedback Reports](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 shown in the image below:
2013 ELECTRONIC PRESCRIBING (eRx) FEEDBACK REPORT

(TIN-LEVEL REPORT WITH INDIVIDUAL NPIs)

Eligible professionals may participate in the Electronic Prescribing (eRx) Incentive Program either at the individual level using their unique TIN/NPI or as a member of a selected group practice under the GPRO (Group Practice Reporting Option) eRx data submission option. eRx data may be submitted for this program through Medicare Part B claims, registries, or EHR systems for services furnished between January 1, 2013 and December 31, 2013. All reporting methods were reviewed to evaluate whether an eligible professional successfully reported for the eRx Incentive Program. Group practices participating through the GPRO were analyzed using the method they self-nominated with CMS. Participation by an eligible professional or a GPRO is defined as submitting at least one valid quality-data code (QDC) or quality action data via one of the aforementioned methods. A submission is considered valid if a QDC or quality action data is submitted for a visit that meets the denominator criteria of the measure (proper CPT code or HCPCS code). The amounts earned for each TIN/NPI are summarized below. More information regarding the eRx program and the eRx Incentive Program Measure Specification is available on the CMS website. http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/. 

Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)
Sorted by NPI Number and sub-sorted by NPI Total Earned Incentive Amount

| Tax ID Name: | Tax ID Number: XXXXXX2345 |

Total Tax ID Earned Incentive Amount for NPIs (listed below): $24,908.3

<table>
<thead>
<tr>
<th>NPI Number</th>
<th>NPI Name*</th>
<th>Method of Reporting</th>
<th>Incentive Eligibility Rationale</th>
<th>Total Estimated Allowed Medicare Part B FFS Charges</th>
<th>NPI Total Earned Incentive Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000000001</td>
<td>Not Available</td>
<td>Data Submission Vendor</td>
<td>Reporting Requirements Met</td>
<td>$150,000.00</td>
<td>$735.00</td>
</tr>
<tr>
<td>1000000002</td>
<td></td>
<td>Claims</td>
<td>Reporting Requirements Met</td>
<td>$100,000.00</td>
<td>$490.06</td>
</tr>
<tr>
<td>1000000002</td>
<td></td>
<td>Direct EHR</td>
<td>Insufficient number of eRx instances reported (at least 25 required)</td>
<td>$100,000.00</td>
<td>NPI</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$24,908.3</strong></td>
<td><strong>$24,908.3</strong></td>
</tr>
</tbody>
</table>

*Name identified by matching the identifier number in the CMS national Provider Enrollment and Ownership System (PECOS) database. If the organization or professional’s enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local A/B MAC and Carriers systems at the time this report was produced, this is indicated by “Not Available”. This does not affect the organization’s or professional’s enrollment status or eligibility for a 2013 eRx incentive payment, only the system’s ability to populate this field in the report.

Explanation of Columns:
1 Indicates the method of data submission. For the EHR submission method, there are two submission options: 1) a data submission vendor, which obtains its data from an eligible professional’s EHR system, and 2) direct EHR submission, which represents submitting data directly from his or her EHR system.
2 The total estimated amount of Medicare Part B FFS charges associated with services rendered during the reporting period. The FFS claims included were based on the twelve month reporting period.
3 The amount of the incentive is based on the total estimated allowed Medicare Part B FFS charges for services performed within the length of the reporting period for which a TIN/NPI was eligible. If N/A, the NPI was not eligible to receive an incentive or received the incentive through another reporting method.

Note: The eRx incentive payments are subject to offsets. Payments are made to the first NPI associated with the Tax ID. If the first NPI associated with the Tax ID has an offset, A/B MACs and Carriers will apply the lump sum and/or sanction.

Note: NPIs within a Tax ID who have received an incentive payment from the Medicare EHR Incentive Program should be excluded from the eRx incentive distribution.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (Tax ID) field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. 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.
Users can request available NPI Level reports using the Communication Support Page (CSP). To access a user guide, in the left column of the QualityNet Portal, https://www.qualitynet.org/pqrs, go to Related Links and click Communication Support Page > NPI Level Report Request and click on the icon with the question mark located on the upper right hand corner of the NPI Level Report Request form.

5. Troubleshooting & Support

The 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.

To access user information, in the left column of the Legacy Portal, https://www.qualitynet.org/pqrs or the Quality Net Secure Portal, https://www.qualitynet.org/pqrs/home.html click the links within the User Guides frame for the user information you want.
- See release-based details on PQRS applications and Portlets updates in the **Release Notes** frame.

**Release Notes**

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](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/).

### 5.1 Error Messages

Not Applicable.

### 5.2 Special Considerations

Not Applicable.

### 5.3 Support

<table>
<thead>
<tr>
<th>Contact</th>
<th>Org</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><strong>CMS IT Service Desk</strong>, <a href="mailto:cms_it_service_desk@cms.hhs.gov">cms_it_service_desk@cms.hhs.gov</a></td>
<td>Help desk support</td>
<td>First level user support &amp; problem reporting</td>
</tr>
<tr>
<td>Contact</td>
<td>Org</td>
<td>Phone</td>
<td>Email</td>
<td>Role</td>
<td>Responsibility</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------</td>
<td>-----------------</td>
<td>--------------------------------------</td>
<td>-----------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>QualityNet Help Desk</td>
<td>HCQIS</td>
<td>1-866-288-8912</td>
<td>QualityNet Support Email Address, <a href="mailto:qnetsupport@hcqis.org">qnetsupport@hcqis.org</a></td>
<td>Help desk support</td>
<td>Help with the Portal or the EIDM registration process (e.g., forgot ID, password resets, etc.)</td>
</tr>
</tbody>
</table>
# Acronyms

This section describes the acronyms used in this document.

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACO</td>
<td>Accountable Care Organizations</td>
</tr>
<tr>
<td>AIA</td>
<td>Automated Intervention Application</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>CPC</td>
<td>Comprehensive Primary Care</td>
</tr>
<tr>
<td>CSP</td>
<td>Communication Support Page</td>
</tr>
<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
</tr>
<tr>
<td>EIDM</td>
<td>Enterprise Identity Management</td>
</tr>
<tr>
<td>EP</td>
<td>Eligible professional</td>
</tr>
<tr>
<td>FFS</td>
<td>Fee-for-Service</td>
</tr>
<tr>
<td>GPRO</td>
<td>Group Practice Reporting Option</td>
</tr>
<tr>
<td>IR/RMA</td>
<td>Informal Review/Request Management Application</td>
</tr>
<tr>
<td>MIPPA</td>
<td>Medicare Improvements for Patients and Providers Act of 2008</td>
</tr>
<tr>
<td>MSSP</td>
<td>Medicare Shared Savings Program</td>
</tr>
<tr>
<td>NPI</td>
<td>National Provider Identifier</td>
</tr>
<tr>
<td>PFS</td>
<td>Physician Fee Schedule</td>
</tr>
<tr>
<td>PQIP</td>
<td>Provider Quality Information Portal</td>
</tr>
<tr>
<td>PQRS</td>
<td>Physician Quality Reporting System</td>
</tr>
<tr>
<td>PV</td>
<td>Physician Value</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>QCDR</td>
<td>Qualified Clinical Data Registry</td>
</tr>
<tr>
<td>SEVT</td>
<td>Submission Engine Validation Tool</td>
</tr>
<tr>
<td>TIN</td>
<td>Tax Identification Number</td>
</tr>
</tbody>
</table>
# Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accountable Care Organization (ACO)</strong></td>
<td>Accountable Care Organization (ACO) is a group of medical services providers, including in-patient and out-patient providers, who are jointly responsible for the medical care of their beneficiary population.</td>
</tr>
<tr>
<td></td>
<td>• <strong>Pioneer Accountable Care Organization Model</strong> refers to a demonstration project being conducted by the Center for Medicare and Medicaid Innovation (CMMI). Pioneer ACOs currently submit quality data through the Web Interface.</td>
</tr>
<tr>
<td></td>
<td>• <strong>Medicare Shared Savings Program (MSSP)</strong> refers to the newest iteration of the ACO model being implemented by CMS. It is a program that seeks to provide high quality health care to Medicare beneficiaries while simultaneously encouraging efficiencies in health care delivery. MSSP ACOs submit quality data through the Web Interface.</td>
</tr>
<tr>
<td></td>
<td>• <strong>Next Generation Accountable Care Organization Model</strong> refers to a demonstration project being conducted by the Center for Medicare and Medicaid Innovation (CMMI). Next Generation ACOs will submit quality data through the Web Interface.</td>
</tr>
<tr>
<td><strong>Automated Intervention Application (AIA)</strong></td>
<td>Automated Intervention Application (AIA) is an application which allows authorized CMS representatives to mark Eligible Professionals as subject to or no longer subject to the PQRS payment adjustment. The system also makes automatic updates to the payment adjustment files through this application based on the Informal Review process.</td>
</tr>
<tr>
<td><strong>Comprehensive Primary Care Initiative (CPC)</strong></td>
<td>Comprehensive Primary Care Initiative (CPC) is a multi-payer initiative fostering collaboration between public and private healthcare payers to strengthen primary care. Primary care practices participating in this initiative will be given resources to better coordinate primary care for the population of patients at their CPC practice sites.</td>
</tr>
<tr>
<td><strong>Data Submission Vendor (DSV)</strong></td>
<td>Data Submission Vendor (DSV) refers to an entity that receives and transmits data on Physician Quality Reporting System measures from a Certified EHR Technology (CEHRT) product to CMS. DSVs can report on behalf of an individual Eligible Professional, group practice, or CPC Practice Site.</td>
</tr>
<tr>
<td>Term</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>Electronic Health Record</strong></td>
<td>Electronic Health Record (EHR) is a longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting. Included in this information are patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology report. EHR systems must be ONC certified to be eligible for use in Physician Quality Reporting, and have a CMS EHR Certification ID, indicating that the EHR system is Certified EHR Technology (CEHRT).</td>
</tr>
<tr>
<td><strong>Eligible Professionals</strong></td>
<td>Eligible professional is a qualified healthcare provider who is permitted to participate in the Physician Quality Reporting Program as defined by the Physician Fee Schedule (PFS) Final Rule.</td>
</tr>
</tbody>
</table>
| **Group Practice Reporting Option (GPRO)** | Group Practice refers to a single Tax Identification Number (TIN) with 2 or more Eligible Professionals, as identified by their individual National Provider Identifier (NPI), who have reassigned their Medicare billing rights to the TIN. In PQRS requirements, Group Practice refers to a Group Practice that has registered to report their quality data for Physician Quality Reporting at a group level (using the Group Practice Reporting Option or “GPRO”) through one of the reporting methods available to its group size.  
  
  - Large Group Practice refers to a Group Practice, comprised of 100 or more Eligible Professionals that has registered to report at a group level.  
  - Medium Group Practice refers to a Group Practice, comprised of 25 to 99 Eligible Professionals, that has registered to report at a group level.  
  - Small Group Practice refers to a Group Practice, comprised of 2 to 24 Eligible Professionals, that has registered to report at a group level. |
<p>| <strong>National Provider Identifier (NPI)</strong> | NPI refers to National Provider Identifier, a 10 digit number used to uniquely identify Eligible Professionals to the system. |
| <strong>Physician Quality Reporting System (PQRS)</strong> | A quality reporting system that applies a negative payment adjustment to individual Eligible Professionals and PQRS group practices that did not satisfactorily report data on quality measures for covered professional services provided during the specified program year. |</p>
<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Priority Provider</strong></td>
<td>Priority Provider refers to an eligible professional (TIN/NPI) who is subject to a (negative) payment adjustment under more than one of the following CMS quality programs: Medicare EHR Incentive Program, Physician Quality Reporting, and Value Based Modifier. These providers are prioritized for coordination during the Informal Review process.</td>
</tr>
<tr>
<td><strong>Provider Quality Information Portal</strong></td>
<td>Provider Quality Information Portal (PQIP) is a secure portal where Eligible Professionals, Group Practices, and their representatives can preview their quality measure data before it is made public.</td>
</tr>
<tr>
<td><strong>Qualified Clinical Data Registry</strong></td>
<td>Qualified Clinical Data Registries (QCDRs) are CMS-approved entities (such as registries, certification boards, collaborates, etc.) that collect medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care furnished to patients. The data submitted to CMS via a QCDR covers quality measures across multiple payers and is not limited to Medicare beneficiaries.</td>
</tr>
<tr>
<td><strong>Qualified Registry</strong></td>
<td>Registry is an organization that works with healthcare providers and organizations to collect data, usually related to a selected suite of diagnoses or procedures. Registries that submit a self-nomination statement may submit Physician Quality Reporting measures to CMS on behalf of Eligible Professionals and Group Practices.</td>
</tr>
<tr>
<td><strong>Reporting Period</strong></td>
<td>The reporting period of time eligible for the PQRS Program Year (healthcare services provided by eligible professionals during January 1 – December 31)</td>
</tr>
<tr>
<td><strong>Submission Engine Validation Tool</strong></td>
<td>Submission Engine Validation Tool (SEVT) refers to an environment where EHR vendors, data submission vendors, registries and QCDRs can submit test data for Physician Quality Reporting.</td>
</tr>
<tr>
<td><strong>Tax Identification Number (TIN)</strong></td>
<td>TIN refers to the Taxpayer Identification Number, whether individual or corporate Taxpayer Identification Number, Employer Identification Number, or individual professional’s Social Security Number.</td>
</tr>
</tbody>
</table>
# Referenced Documents

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Version</th>
<th>Issuance Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Revision History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>04/24/15</td>
<td>Baseline for PY2015</td>
</tr>
<tr>
<td>2.0</td>
<td>07/10/15</td>
<td>Updates for June 2015 Release:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Addition of EIDM login instructions.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Removal of View User Roles, Request a New PQRS Role, Approve a Role Request, View User under Authority of an SO, Add a Role to a User, and Remove a Role from a User sections.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Replacing PQRS Portal URL and screen shots.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Addition of information about available PQRS applications, portlets, and user roles.</td>
</tr>
<tr>
<td>3.0</td>
<td>12/17/15</td>
<td>Updates for Dec 2015 Release:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Updated Section 1 and 2. Typographical updates throughout.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Removed MOCP content.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Updated Section 3.3.1 to add information on roles required for submitting PQRS data, viewing Submission Reports, and viewing Enhanced Feedback Submission Reports.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Enhanced/Updated the Acronyms and Glossary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Added information about Employer Identification Number for individual practitioner</td>
</tr>
<tr>
<td>Version</td>
<td>Date</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>4.0</td>
<td>04/06/16</td>
<td>Updated for June 2016 Release:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Updating multiple screenshots due to portlets rearrangement on the PQRS Portal Home Page.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Adding description of two portlets: “Verifying Payment Adjustment Status” and “Verifying Status of Publically Reported Measures” in 2 new sections.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Adding new screenshots or rearranging existing screenshots in the existing sections to improve the content.</td>
</tr>
<tr>
<td>5.0</td>
<td>10/06/16</td>
<td>Updated for September 2016 (10.3.0) Release:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Information on Legacy Portal transition to the QualityNet Secure Portal is added to the Section 1.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Set-Up consideration is updated for hardware and software requirements.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Section 3 is extended to include the information on signing in, logging off the QualityNet Secure Portal, and switching the user’s associated organization in the QualityNet Secure Portal.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Information on PQRS user roles and user access is organized in the form of two new tables: Table 1 listing PQRS roles and these roles actions: Table 2 listing PQRS applications / portlets and users roles that can access them.</td>
</tr>
</tbody>
</table>