



Physician Quality Reporting System and Electronic
Incentive Program
Communication Support Page User Manual
Program Year 2011
Phase 4.0
Last Modified: January 30, 2012

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. 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.

TABLE OF CONTENTS

1	INTRODUCTION	1
2	REFERENCED DOCUMENTS	2
3	OVERVIEW	3
3.1	Conventions.....	3
3.2	Cautions & Warnings.....	3
4	GETTING STARTED	8
4.1	Set-Up Considerations.....	8
4.1.1	Hardware.....	8
4.1.2	Software.....	8
4.1.3	Internet Connection.....	8
4.2	User Access Considerations.....	8
4.3	Accessing the System.....	8
4.4	System Organization & Navigation	9
4.5	Exiting the System	10
5	USING THE SYSTEM	11
5.1	Enter User and Contact Information	11
5.2	Request National Provider Identifier Level Reports.....	12
5.3	Request Hardship Exemption.....	12
5.4	Accept User Agreement	14
6	TROUBLESHOOTING & SUPPORT	15
6.1	Error Messages.....	15
6.2	Special Considerations.....	15
6.3	Support.....	16
	APPENDIX A – ACRONYMS	17
	GLOSSARY	18

LIST OF FIGURES

Figure 3-1. Accessing Internet Options (Tools dropdown menu)	4
Figure 3-2. Internet Options (General Tab)	5
Figure 3-3. Internet Options (Security tab).....	6
Figure 3-4. Security Settings.....	7
Figure 4-1. Accessing the Communication Support Page	9
Figure 4-2. Communication Support Page.....	10
Figure 5-1. Required User and Contact Information	12
Figure 5-2. Select Program Year for selection of reports	12
Figure 5-3. Select Reports.....	12
Figure 5-4. Request Hardship Exemption	13
Figure 5-5. Accept User Agreement	14
Figure 6-1. Required Field Error Message	15
Figure 6-2. Hardship Exemption Submission Alert Message.....	15

LIST OF TABLES

Table 6-1. Points of Contact	16
------------------------------------	----

1 INTRODUCTION

CMS 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 the following:

- National Provider Identifier (NPI)-level 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 consist of the CMS staff.

2 REFERENCED DOCUMENTS

N/A

3 OVERVIEW

Because of the anticipated high volume of inquiries regarding the 2012 Electronic Prescribing Payment Adjustment, a Communication Support Page will be provided to enable 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), <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 have entered is accurate.

3.1 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.

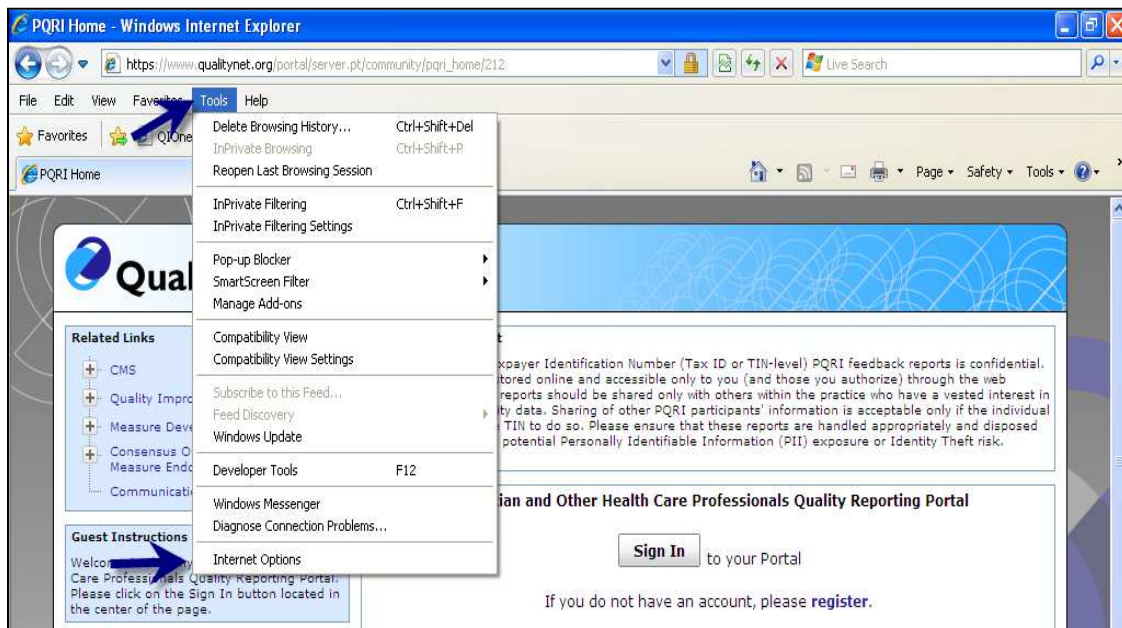
On screens in the system, an asterisk (*) indicates fields that must be completed.

3.2 Cautions & Warnings

Microsoft Internet Explorer 5 or Later (for Windows) must have JavaScript enabled to access the Communication Support Page. See directions below.

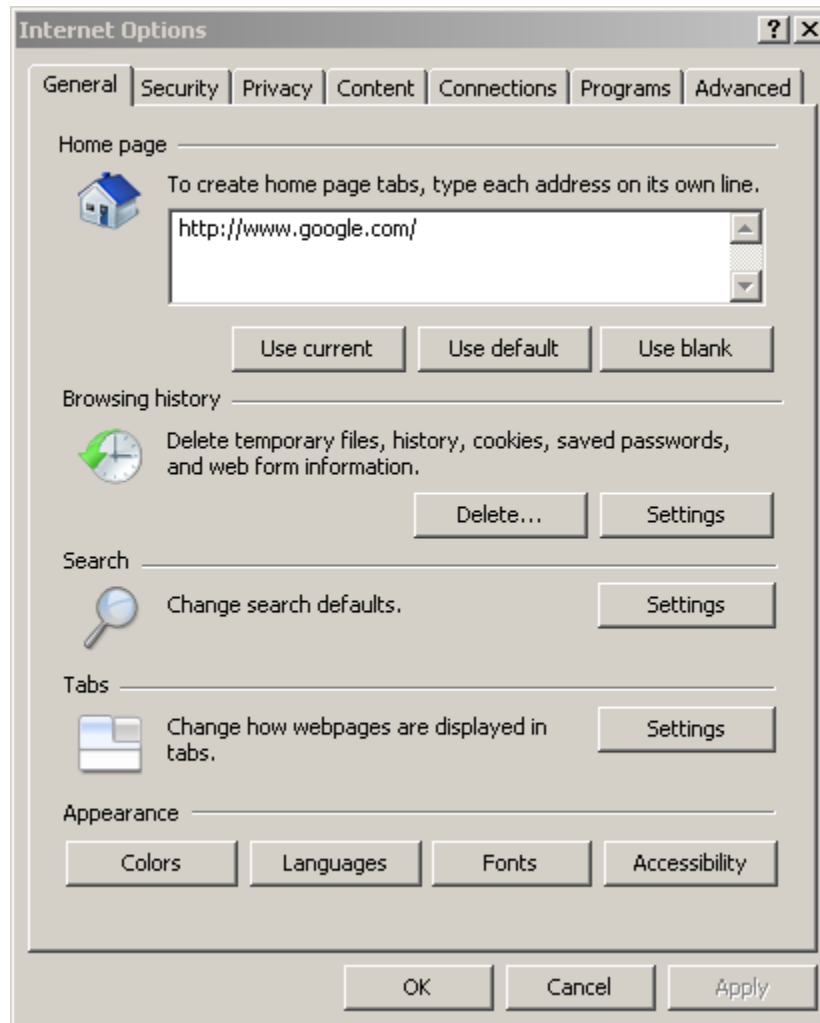
1. Open *Internet Explorer*.
2. Click the *Tools* dropdown menu. (See Figure 3-1.)

Figure 3-1. Accessing Internet Options (Tools dropdown menu)



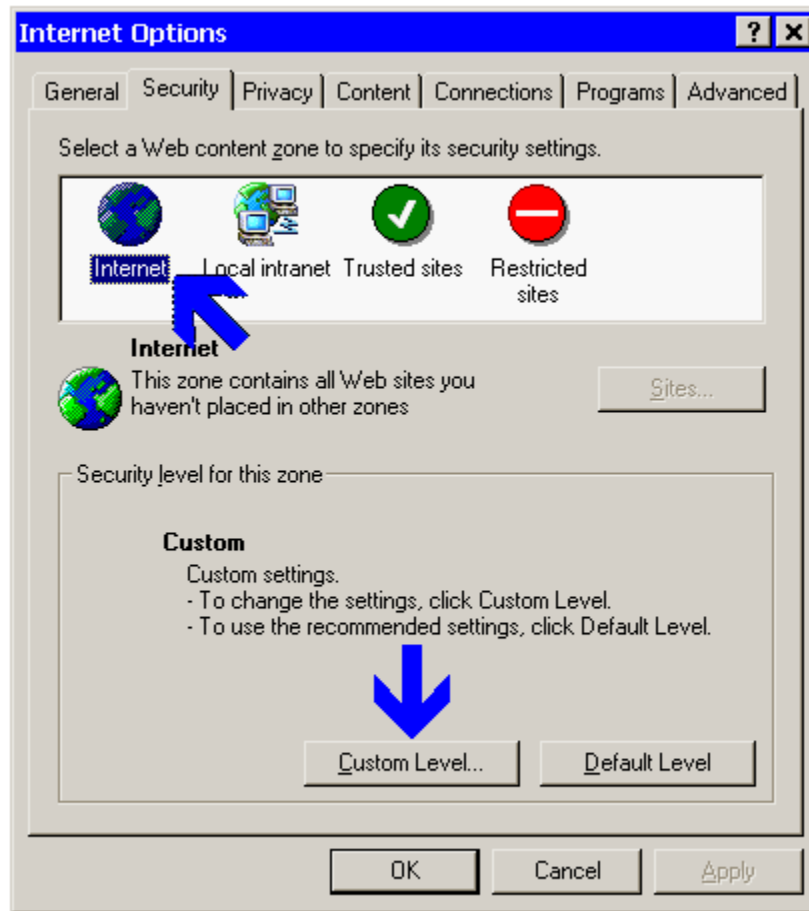
3. From the Accessing Internet Options (Tools drop-down menu) screen (above), select **Internet Options**. The Internet Options (General Tab) screen is displayed. (See Figure 3-2.)

Figure 3-2. Internet Options (General Tab)



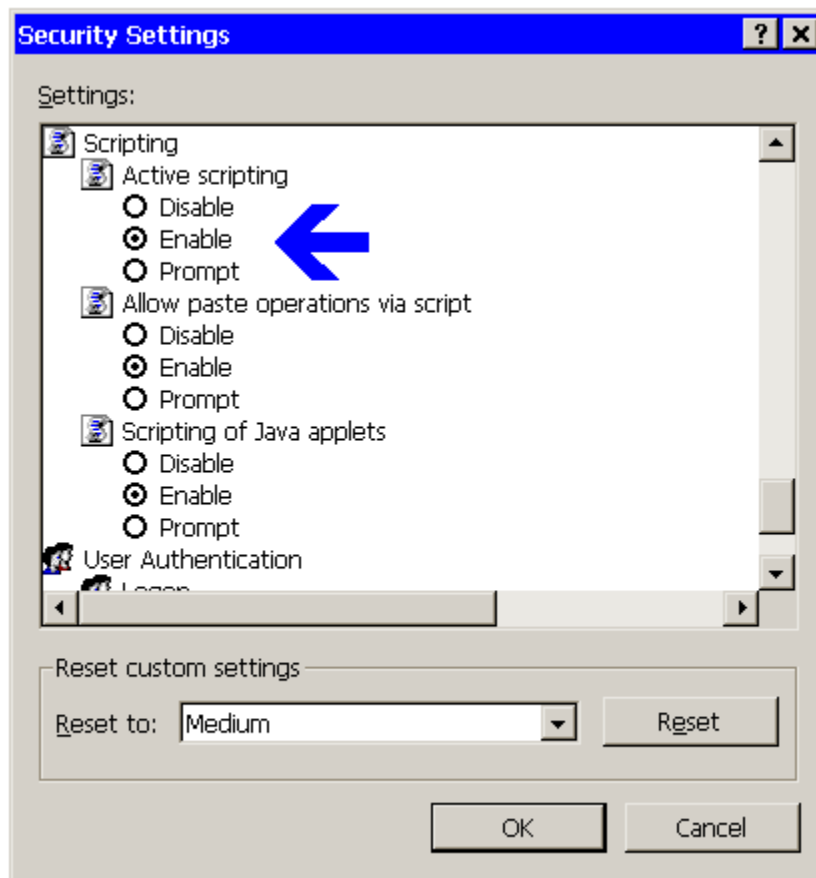
4. From the Internet Options (General tab) screen, click the **Security tab** (see above). The Internet Options (Security tab) screen is displayed. (See Figure 3-3.)

Figure 3-3. Internet Options (Security tab)



5. From the Internet Options (Security tab) screen, click the **Internet** icon (see above).
6. While still in the Security tab, click **Custom Level**. The Security Settings screen is displayed. (See Figure 3-4.)

Figure 3-4. Security Settings



7. On the Security Settings screen, scroll down to *Active scripting* (see above).
8. Immediately beneath Active scripting, click *Enable*.
9. Next, click **OK**. The following prompt is displayed: "Are you sure you want to change the settings for this zone?"
10. In response to that prompt, click *Yes*. The Internet Options (Security tab) screen is displayed. (See Figure 3-3.)
11. From the Internet Options (Security tab) screen, click **OK**.

4 GETTING STARTED

4.1 Set-Up Considerations

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

4.1.1 Hardware

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

4.1.2 Software

Microsoft® Internet Explorer Version 6.0 or 7.0 and 8.0 in compatibility mode. Screen resolution 1024 X 768.

4.1.3 Internet Connection

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

4.2 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).

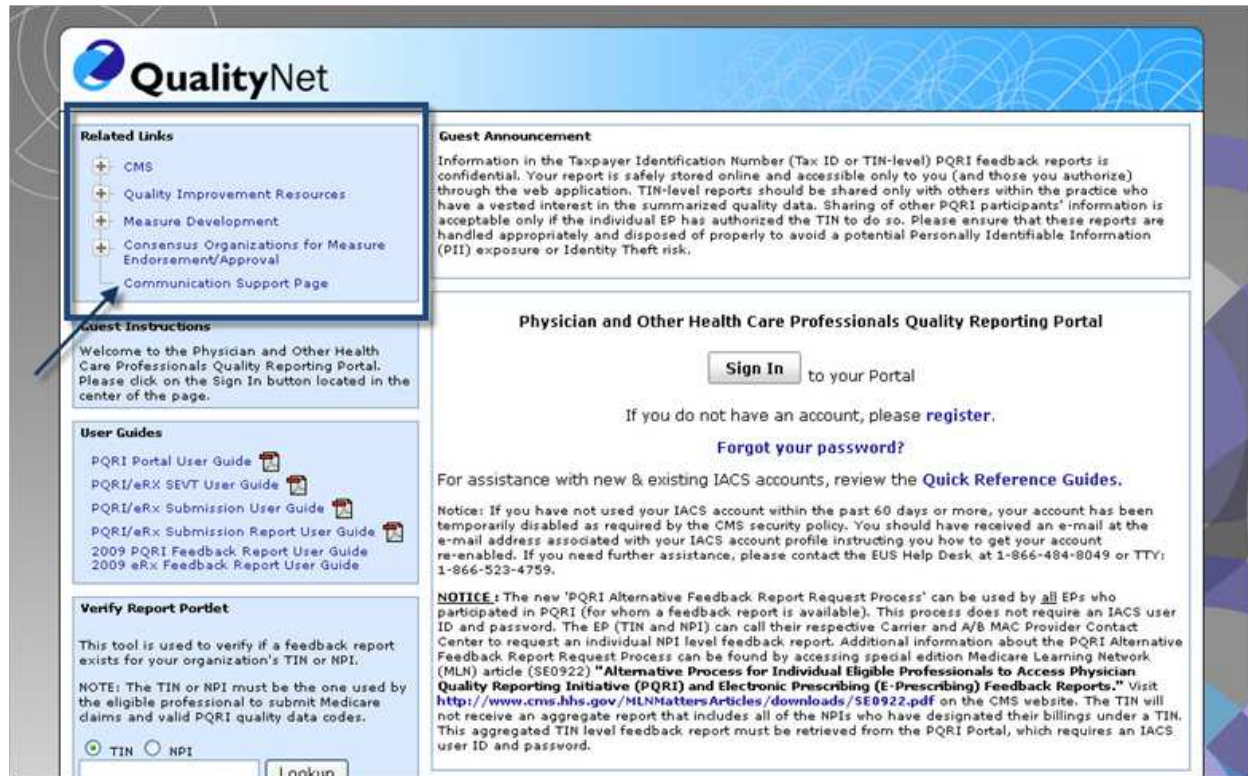
The Communication Support Page does *not* require users to:

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

4.3 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 4-1.)

Figure 4-1. Accessing the Communication Support Page



4.4 System Organization & Navigation

1. From the Accessing the Communication Support Page (Related Links menu) screen, click **Communication Support Page**. The Communication Support Page is displayed. (See Figure 4-2.)

Figure 4-2. Communication Support Page

U.S. Department of Health & Human Services www.hhs.gov

CMS Centers for Medicare & Medicaid Services

Communication Support Page

* Required Field

User Information

Legal Business Name (as enrolled in PECOS)*:

TDN (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 Reports

Program Year: Reports: PQRS Feedback Report 2012 eRx Payment Adjustment Feedback Report
 eRx Feedback Report

Request Hardship Exemption (View Link [ANS 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 #: CMS EHR Certification ID #:

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 alternatives 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*

[Help](#)

2. Enter **data** in the form. 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 5, Using the System.

4.5 Exiting the System

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

5 USING THE SYSTEM

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

- Requestor Information, which includes User Information and Contact Information
- NPI-Level 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.

5.1 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 Provider Enrollment Chain Ownership System (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
- Requestor Relationship

On the screen, these fields are marked with an asterisk. (See Figure 5-1.)

Figure 5-1. Required User and Contact Information

User Information

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*:

5.2 Request National Provider Identifier Level Reports

To request a feedback report:

1. From the Program Year dropdown box, select the appropriate program year. The Program Year displays an empty value by default. Once you have selected the program year, the available reports for that year will be enabled for selection. (See Figure 5-2.)

Figure 5-2. Select Program Year for selection of reports

Request NPI Level Reports

Program Year:

Reports: PQRS Feedback Report 2013 eRx Payment Adjustment Feedback Report
 eRx Feedback Report

2. Click the checkbox next to *one or more* of the reports you wish to generate. (See Figure 5-3.)

Figure 5-3. Select Reports

Program Year:

Reports: PQRS Feedback Report 2013 eRx Payment Adjustment Feedback Report
 eRx 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 5-1.)

5.3 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 5-4.)
 - I registered to participate in the Medicare or Medicaid Electronic Health Record (EHR) Incentive Programs for 2011 and have adopted Certified Electronic Health Record technology. (If choosing this reason, you must also enter your Registration ID # and CMS EHR Certification ID #. The CMS EHR Certification ID # is a 15 digit alphanumeric value.)
 - 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 5-4.)
 - This field becomes required if you click any of the buttons in Section 5.3, Step 1.
 - This field is limited to 250 words or 1,000 characters.

Figure 5-4. Request Hardship Exemption

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 # CMS EHR Certification ID #

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

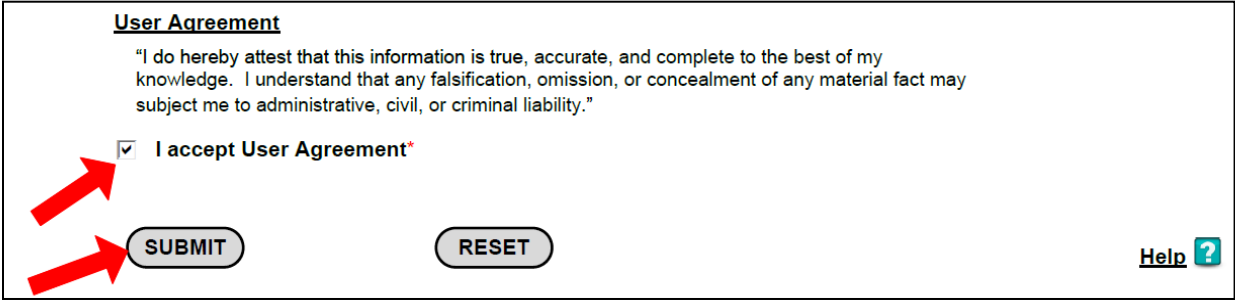
I practice in a rural area without sufficient high speed internet access

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

5.4 Accept User Agreement

Figure 5-5. Accept User Agreement



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*

[Help ?](#)

The screenshot shows a web form titled "User Agreement". It contains a paragraph of text, a checked checkbox labeled "I accept User Agreement*", and two buttons labeled "SUBMIT" and "RESET". A "Help ?" link is located in the bottom right corner. Two red arrows point to the checkbox and the "SUBMIT" button.

1. Regardless of the type of request you are submitting, you must **check** the box next to the "I accept User Agreement" statement. (See Figure 5-5.)
2. Once you have checked the aforementioned box, click **Submit**.

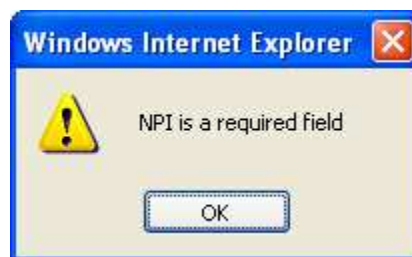
6 TROUBLESHOOTING & SUPPORT

For additional information about submitting requests, click **Help** in the lower right corner of the Communication Support Page screen. (See Figure 4-2.)

6.1 Error Messages

Using a tab key or a mouse click from a field that is not populated or does not meet 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.

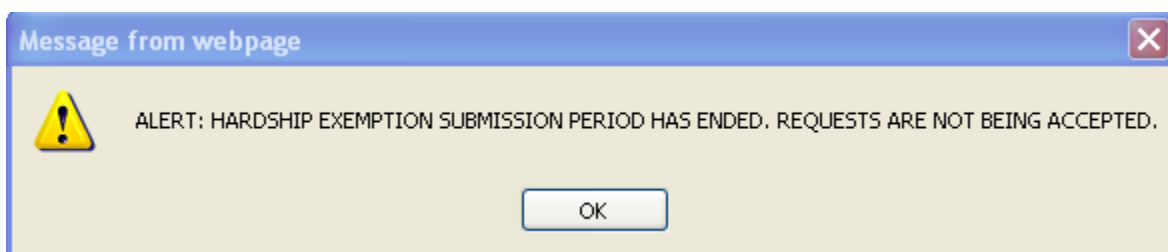
Figure 6-1. Required Field Error Message



If all required fields have not been completed, once you click **Submit**, error messages are displayed directing you to correct or enter missing information.

If you enter the Communication Support Page after the hardship exemption submission period has ended, the following Hardship Exemption Submission Alert Message is displayed. (See Figure 6-2.)

Figure 6-2. Hardship Exemption Submission Alert Message



6.2 Special Considerations

This section is to be developed.

6.3 Support

Table 6-1. Points of Contact

Contact	Organization	Phone	Email	Role	Responsibility
QualityNet Help Desk	SDPS	1-866-288-8912	Mail to: QNet Support, qnet.support@ sdps.org	Help desk support	1 st level user support & problem reporting

APPENDIX A – ACRONYMS

This section describes the acronyms used in this document.

Acronym	Description
EHR	Electronic Health Record
eRx	Electronic Health Record
CMS	Centers for Medicare & Medicaid Services
IACS	Individuals Authorized Access to CMS Computer Services
NPI	National Provider Identifier
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. To read more, refer to [Eligible Professionals](https://www.cms.gov/PQRS/Downloads/Eligible_Professionals03-08-2011.pdf), https://www.cms.gov/PQRS/Downloads/Eligible_Professionals03-08-2011.pdf.

Feedback Reports – Confidential reports available to TIN/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.