



User Guide: 2015 Interim Feedback Dashboard

7/10/2015

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User Guide

2015 Interim Feedback Dashboard

Purpose

The *2015 Interim Feedback Dashboard User Guide* is designed to assist eligible professionals (EPs), and their authorized users, with accessing and interpreting the 2015 Interim Dashboard data. The Dashboard allows organizations and EPs to log-in to a web-based tool and access their 2015 Physician Quality Reporting System (PQRS) data on a quarterly basis in order to monitor the status of claims-based individual measures. Additional information about the 2015 PQRS requirements is available on the Centers for Medicare & Medicaid Services (CMS) website at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS>.

Note: The Dashboard does **not** provide the final data analysis for full-year reporting, or subjectivity to the 2017 PQRS payment adjustment or the value-based payment modifier to be implemented in 2017. The Dashboard will **only** provide claims-based data for 2015 interim feedback. Data submitted via registry reporting, qualified clinical data registry (QCDR), Group Practice Reporting Option (GPRO) Web Interface, Centers for Medicare & Medicaid Innovation (CMMI, includes Pioneer Accountable Care Organizations [ACO] participants), Medicare Shared Savings Program ACOs, or qualified Electronic Health Records (EHR) systems will **not** be included for purposes of the 2015 Dashboard data feedback. Data submitted for 2015 PQRS reporting via methods other than claims will be available for review in the fall of 2015 through the final PQRS feedback report.

PQRS Program Overview

The 2006 Tax Relief and Health Care Act (TRHCA) authorized a physician quality reporting system, including an incentive payment, for EPs who satisfactorily reported data on quality measures for Medicare Part B Physician Fee Schedule (PFS) covered professional services furnished to Medicare Fee-for-Service (FFS) beneficiaries during the second half of 2007. CMS named this program the Physician Quality Reporting Initiative (PQRI), which was renamed Physician Quality Reporting System or PQRS in 2011.

PQRS was further modified as a result of The Medicare, Medicaid, and SCHIP Extension Act (MMSEA) and the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). MMSEA authorized CMS to establish two alternative reporting periods; the reporting of measures groups, and submission of data on PQRS quality measures through clinical data registries. The Affordable Care Act authorized payment adjustments beginning in 2015. For each program year, CMS implements PQRS through an annual rulemaking process published in the *Federal Register*. The program has expanded the number of measures and reporting options over time to facilitate quality reporting by a broad array of eligible professionals.

PQRS for the 2015 calendar year continues as a reporting program that includes claims-, registry-, qualified clinical data registry-, electronic health record (EHR)-, CMS-certified survey vendor, and Group Practice Reporting Option (GPRO) Web Interface-based reporting of data on 254 total quality measures, 22 measures groups, 17 GPRO Web Interface measures (including subcomponents of composite measures), and 12 summary survey modules for CAHPS for PQRS. The reporting period for this program year is January 1, 2015-December 31, 2015. There are 9 options for satisfactorily reporting quality measures data for 2015 PQRS that differ based on the reporting period, the reporting option (individual measures or measures group[s]), and the selected data collection method (claims, participating registry, qualified clinical data registry, qualified/participating EHR, CMS-certified survey vendor, or GPRO Web Interface). In 2017, the program also applies a payment adjustment to EPs who did not satisfactorily report data on quality measures for covered professional services during the 2015 program year.

For more information on the 2015 PQRS, please visit the CMS website at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS>.

Dashboard Overview

The Affordable Care Act of 2010 called for “timely feedback to eligible professionals on the performance of the eligible professional with respect to satisfactorily submitting data on quality measures.” As timely feedback is already provided, CMS indicated in the 2012-2014 PFS final rule the introduction of the Dashboard as an additional tool for EPs to review their interim performance in PQRS. The Dashboard allows organizations and EPs to log-in and access their interim 2015 PQRS reported data on a quarterly basis in order to monitor the status of claims-based individual measures reporting. The Dashboard should **not** be used to determine final data analysis for full-year program reporting.

The Dashboard is available to each TIN with at least one EP who submits one or more denominator-eligible Medicare Part B PFS claims. The Dashboard will display the most current data available on a cumulative quarterly basis for claims with dates of service during the following interim report periods, and processed into the National Claims History (NCH) by the given deadlines as follows:

Dashboard Data – Quarterly Claims Processing

Dashboard Data Quarters	Claims Dates of Service	Processed into NCH Deadline
1 st Quarter (3-months)	January 1-March 31, 2015	April 29, 2015
2 nd Quarter (6-months cumulative)	January 1-June 30, 2015	July 29, 2015
3 rd Quarter (9-months cumulative)	January 1-September 30, 2015	October 28, 2015
4 th Quarter (12-months cumulative)	January 1-December 31, 2015	January 27, 2016

All Medicare Part B claims submitted for services furnished from January 1-December 31, 2015 and processed through January 27, 2016 will be analyzed to determine the EP’s **interim** participation in 2015 PQRS. The Dashboard will analyze data for those eligible professionals who reported individual measures’ quality-data codes (QDCs) to CMS via claims. Participation in PQRS is analyzed at the individual NPI-level within a Tax ID (TIN/NPI). Data provided through the Dashboard is separate from the final PQRS feedback reports that will be released in the fall of 2016.

Dashboard Content and Appearance

Dashboard data can be viewed as a TIN summary or as individual NPI detail. The TIN-level data (Table 1) provides a summary of claims submission data from all individual/rendering NPIs under the organizational TIN. NPI-level data (Table 2) provides detail of claims submission data from individual/rendering NPIs. Both TIN- and NPI-level data provide cumulative interim analysis for 2015 PQRS individual measures and on a quarterly basis throughout the program year.

Following are examples and additional information about the TIN- and NPI-level Dashboard data and appearance.

Table 1: Interim Reporting Summary for the Taxpayer Identification Number (Tax ID or TIN)

TIN-level analysis of claims submission from all individual/rendering NPIs under the organizational TIN will be available to authorized CMS Enterprise Identity Management System (EIDM) account users. TIN-level data will be provided in *Table 1: Interim Reporting Summary for the Taxpayer Identification Number (Tax ID or TIN)*, and will analyze each individual NPI who submitted at least one QDC on a Medicare Part B PFS claim during the applicable 2015 PQRS interim report period (see Example 1.1). The Dashboard will provide the following data:

- **Total # Measures Reported:** The total number of different individual measures reported for TIN/NPI (identified by measure-specific QDCs received) regardless of accuracy of reporting. The provider will see how many individual measures were accurately reported in the next field titled “Total # Measures Accurately Reported.”
- **Total # Measures Accurately Reported:** The total number of different individual measures reported for TIN/NPI based upon *valid* QDC submissions. Valid reporting is defined by numerator and denominator requirements as outlined in the measure specification.
- **Total # Cross Cutting Measures Reported:** The number of Cross Cutting measures reported by each TIN/NPI.
- **Total # Domains Covered by Measures Accurately Reported:** The number of domains in which measures were reported with a valid QDC. This does not necessarily indicate that satisfactory reporting criteria have been met.

For definition of terms related to Dashboard TIN-level data see **Appendix A**. For additional content detail, please refer to the footnotes of each table.

Note: The Dashboard may contain a partial or "masked" Social Security Number/Social Security Account Number (SSN/SSAN) as part of the TIN field. Care should be taken in the handling and disposition of Dashboard data to protect the privacy of the individual practitioner with which the SSN is potentially associated. Please ensure that Dashboard data is handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

The following screenshot is provided for example only and is subject to change. Minor changes in language and/or format should be expected.

Example 1.1: Interim Reporting Summary for the Taxpayer Identification Number (Tax ID or TIN)

<insert program year> PQRS FEEDBACK DASHBOARD CONTENT - TIN - LEVEL

Table 1: Interim Reporting Summary for the Taxpayer Identification Number (Tax ID)

Tax ID Name*: John Q. Public Clinic
Tax ID Number: XXXXX6789

Reporting Time Period: Dates of service from *<start date>* to *<end date>* and processed by CMS Central Office by *<processed by date>*.

Interim Reporting Summary: Individual Measures via Claims					
NPI	NPI Name*	Total # Measures Reported ¹	Total # Measures Accurately Reported ²	Total # Cross Cutting Measures Accurately Reported ³	Total # Domains Covered by Measures Accurately Reported ⁴
1000000002	Smith, Susie	4	0	2	0
1000000003	Johnson, Donald	9	7	0	1
1000000004	Ford, Geraldine	14	13	2	1
1000000008	Stemple, Renny	10	10	1	2
1000000009	Garrett, Wade	14	14	2	2
1000000016	Anderson, Cooper	20	18	1	3
1000000022	Shelley, Laurie	13	4	0	1
1000000023	Love, Christine	15	14	3	1
Summary		99	80	11	

*Name identified by matching the identifier number in the CMS national Provider Enrollment Chain 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 Carrier 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 *<insert program year>* Physician Quality Reporting System (PQRS) incentive payment or *<insert payment adjustment year>* payment adjustment, only the system's ability to populate this field in the report.

For additional information, please refer to the *<insert program year>* Interim Dashboard User Guide on the CMS PQRS website at www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS.

¹The number of measures where quality-data codes (QDCs) are submitted, but are not necessarily valid. These instances do not count towards reporting success.
²The number of measures for which the TIN/NPI reported a valid quality-data code (QDC). This does not necessarily indicate the measure was reported satisfactorily.
³The number of cross cutting measures for which the TIN/NPI reported a valid quality-data code (QDC). This does not necessarily indicate the measure was reported satisfactorily.
⁴The number of domains in which measures were reported with a valid quality data code (QDC). This does not necessarily indicate that satisfactory reporting criteria have been met.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (TIN) 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.

Table 1 - TIN Summary 06/16/2015

Figure 1.1 Screenshot of Table 1: Interim Reporting Summary for the Taxpayer Identification Number (Tax ID)

Table 2: Interim Reporting for NPI

NPI-level data reports can be requested for individual EPs who submitted at least one denominator-eligible Medicare Part B PFS claim with a date of service during the interim report period. The Dashboard will allow eligible professionals, and their authorized users, to view data for individual measures reported. The following NPI-level reports will be available through the Dashboard depending on the NPIs reporting:

Table 2a: Interim Reporting Summary for the NPI (for individual measures reporting)

Table 2b: Interim Individual Measure Detail for the NPI (for individual measures reporting)

NPI-level Tables 2(a-b) will provide the following data:

Table 2a: Interim Reporting Summary for the NPI (see Example 2.1):

- **Total # Measures Reported:** The total number of different individual measures reported for TIN/NPI (identified by measure-specific QDCs received) regardless of accuracy of reporting. The provider will see how many individual measures were accurately reported in the next field titled "Total # Measures Accurately Reported."
- **Total # Measures Accurately Reported:** The total number of different individual measures reported for TIN/NPI based upon *valid* QDC submissions. Valid reporting is defined by numerator and denominator requirements as outlined in the measure specification.
- **Total # of Cross Cutting Measures Accurately Reported:** The number of Cross Cutting measures reported by each TIN/NPI.
- **Total # Domains Covered by Measures Accurately Reported:** The number of domains in which measures were reported with a valid QDC. This does not necessarily indicate that satisfactory reporting criteria have been met.

Table 2b: Interim Reporting Individual Measure Detail for the NPI (see Example 2.2):

- **Cross Cutting Measure (Y/N):** The identification, Y(es) or N(o), whether the measure is identified as a Cross Cutting measure.
- **Domain:** The category of care a measure falls under.
- **Number of Eligible Instances:** The number of denominator-eligible instances the TIN/NPI was eligible to report the measure.
- **Number of Eligible Instances Where QDCs Were Accurately Reported:** The number of denominator-eligible instances that were accurately reported with a valid QDC(s). Valid reporting is defined by numerator and denominator requirements as outlined in the measure specification.
- **Number of Eligible Instances Where No QDC Was Reported:** The number of denominator-eligible instances where the TIN/NPI could have reported a QDC, but *did not*.

For definition of terms related to Dashboard NPI-level data see **Appendix A**. For additional content detail, please refer to the footnotes of each table.

Note: *The Dashboard may contain a partial or "masked" SSN/SSAN as part of the TIN field. Care should be taken in the handling and disposition of Dashboard data to protect the privacy of the individual practitioner with which the SSN is potentially associated. Please ensure that Dashboard data is handled appropriately and disposed of properly to avoid a potential PII exposure or Identity Theft risk.*

The screenshots are provided for examples only and are subject to change. Minor changes in language and/or format should be expected.

Example 2.1: Table 2a: Interim Reporting Summary for NPI

(Individual measures reporting)

<insert program year> PQRS FEEDBACK DASHBOARD CONTENT - NPI - LEVEL

Table 2a: Interim Reporting Summary for the NPI

Tax ID Name*: John Q. Public Clinic

Tax ID Number: XXXXX6789

NPI Number: 1000000013

NPI Name*: Doe, Jane

Reporting Time Period: Dates of service from <start date> to <end date> and processed by CMS Central Office by <processed by date>.

Interim Reporting Summary: Individual Measures via Claims			
Total # Measures Reported ¹	Total # Measures Accurately Reported ²	Total # Cross Cutting Measures Accurately Reported ³	Total # Domains Covered by Measures Accurately Reported ⁴
4	3	1	1

*Name identified by matching the identifier number in the CMS national Provider Enrollment Chain 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 Carrier 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 <insert program year> Physician Quality Reporting System (PQRS) incentive payment or <insert payment adjustment year> payment adjustment, only the system's ability to populate this field in the report.

For additional information, please refer to the <insert program year> Interim Dashboard User Guide on the CMS PQRS website at www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS.

¹The number of measures where quality-data codes (QDCs) are submitted, but are not necessarily valid. These instances do not count towards reporting success.

²The number of measures for which the TIN/NPI reported a valid quality-data code (QDC). This does not necessarily indicate the measure was reported satisfactorily.

³The number of cross cutting measures for which the TIN/NPI reported a valid quality-data code (QDC). This does not necessarily indicate the measure was reported satisfactorily.

⁴The number of domains in which measures were reported with a valid quality data code (QDC). This does not necessarily indicate that satisfactory reporting criteria have been met.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (TIN) 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.

Figure 2.1 Screenshot of Table 2a: Interim Reporting Summary for NPI

Example 2.2: Table 2b: Interim Reporting Individual Measure Detail for the NPI
(Individual measures reporting)

<insert program year> PQRS FEEDBACK DASHBOARD CONTENT - NPI - LEVEL

Table 2b: Interim Reporting Individual Measure Detail for the NPI

Tax ID Name*: John Q. Public Clinic
 Tax ID Number: XXXXX6789
 NPI Number: 1000000013
 NPI Name*: Doe, Jane

Reporting Time Period: Dates of service from <start date> to <end date> and processed by CMS Central Office by <processed by date>.

Interim Reporting Detail: Individual Measures via Claims						
Measure Number	Measure Title	Cross Cutting Measure (y/n)	Domain ¹	Number of Eligible Instances ²	Number of Eligible Instances Where QDCs Were Accurately Reported ³	Number of Eligible Instances Where No QDC Was Reported ⁴
32	Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy	N	Effective Clinical Care	90	74	0
36	Stroke and Stroke Rehabilitation: Rehabilitation Services Ordered	Y	Effective Clinical Care	90	0	8
51	Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation	N	Effective Clinical Care	140	100	20
52	Chronic Obstructive Pulmonary Disease (COPD): Inhaled Bronchodilator Therapy	N	Effective Clinical Care	150	110	25

*Name identified by matching the identifier number in the CMS national Provider Enrollment Chain 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 Carrier 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 <insert program year> Physician Quality Reporting System (PQRS) incentive payment or <insert payment adjustment year> payment adjustment, only the system's ability to populate this field in the report.

For additional information, please refer to the <insert program year> Interim Dashboard User Guide on the CMS PQRS website at www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS.

¹The category of care a measure falls under.

²The number of instances the TIN/NPI was eligible to report the measure.

³The number of reporting instances where the quality-data codes (QDCs) submitted were against denominator eligible instances. This does not necessarily indicate the measure was reported satisfactorily.

⁴The number of instances where reporting was not met due to no quality-data code (QDC) information/numerator coding existing for the measure for the TIN/NPI combination.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the Tax Identification Number (TIN) 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.

Figure 2.2 Screenshot of Table 2b: Interim Reporting Individual Measure Detail for the NPI

Accessing the Dashboard

EPs or their authorized users are able to access the Dashboard via the Physician and Other Health Care Professionals Quality Reporting Portal (Portal), at <http://www.qualitynet.org/pqrs>, with CMS Enterprise Identity Management system (EIDM) sign-in. The Portal is a CMS supported secured website that safely transfers and stores PQRS data. EPs or their authorized users will have the ability to access prior Dashboard data for up to two years. The Dashboard allows end users to immediately view the current interim data through the website. The Dashboard will *not* email data to the requestor. Downloadable and printable PQRS interim data will be available as HTML via the Dashboard.

The end user will be able to view TIN- or NPI-level Dashboard data depending on his/her EIDM account. These EIDM accounts will have the following permissions:

- “**PQRS Representative**” authorization will be able to access TIN-level Dashboard data; which will display NPI-level data for all eligible professionals under that TIN.
- “**Individual Practitioner**” authorization for sole proprietors, who submitted claims under a SSN, will be able to access NPI-level Dashboard data.
- “**Individual Practitioner Representative**” authorization for representatives of sole proprietors, who submitted claims under a SSN, will be able to access NPI-level Dashboard data.
- “**Security Official**” or “**Back-up Security Official**” roles will **not** be able to access the Dashboard data.

The *Dashboard User Guide* is available on the Portal to assist EPs and authorized users with navigating through the Dashboard, and understanding the Dashboard data.

If you do not already have an EIDM account, refer to the *Quick Reference Guides* for step-by-step instructions; see Figure 3.1 for assistance in locating these guides. Eligible professionals will need to obtain an EIDM account for a “PQRS Representative” role or “Individual Practitioner” role for sole proprietors, who submitted claims under a SSN, in order to access the Dashboard through the Portal. Those assigned “Security Official” or “Back-up Security Official” roles **only** perform EIDM administrative functions, such as creating the Organization and approving EIDM accounts, and do not have access to Dashboard data. The New User Registration Menu for CMS Applications is at <https://idm.cms.hhs.gov/idm/user/newregistration.jsp>. Provider enrollment information must be current in the Medicare Provider Enrollment Chain and Ownership System (PECOS) in order to request an EIDM account, see <http://www.cms.gov/MedicareProviderSupEnroll>.

System Requirements for the Dashboard

Minimum hardware and software requirements to effectively access and view the Dashboard are listed below.

Hardware

The Dashboard requires the following minimum set of hardware requirements:

- 233 MHz Pentium processor with a minimum of 150 MB free disk space
- 64 MB Ram (128MB preferred)

Software

The Dashboard requires the following minimum set of software requirements:

- Microsoft® Internet Explorer version 7.0 and above, or Mozilla® Firefox
- Adobe® Acrobat® Reader version 5.0 and above
- JRE is 1.6
- Windows® XP operating system

Internet Connection

- Dashboard will be accessible via any Internet connection running on a minimum of 33.6k or high-speed Internet

Step-by-Step Dashboard Instruction

Dashboard will only be available to eligible professionals and authorized users who have an EIDM account. Only interim data for the *individual/rendering NPI* is available via the Dashboard – **do not enter a group NPI**. Entering a group NPI will result in a “No Data Available” message.

The screenshots are provided for examples only and are subject to change. Minor changes in language and/or format should be expected.

STEP 1: Portal Sign-In (eligible professionals or authorized users must have EIDM sign-in)

- a) Start at Portal web page, available at <http://www.qualitynet.org/pqrs>.
- b) To sign-in to the Portal, click on the **“Sign-In”** button on the middle of the screen as shown in Figure 3.1.
- c) Review the Terms and Conditions, Click **“Accept”** to accept the Terms and Conditions as shown in Figure 3.2.
- d) Enter your EIDM username and password, and click **“Sign In”** as shown in Figure 3.3.

Example 3.1: Screenshot of Step 1

CMS.gov | QualityNet
Centers for Medicare & Medicaid Services

a) Go to the Portal at:
<http://www.qualitynet.org/pqrs>

Related Links

- CMS
- Quality Improvement Resources
- Measure Development
- Consensus Organizations for Measure Endorsement/Approval
- Communication Support Page

Guest Instructions

Welcome to the Physician and Other Health Care Professionals Quality Reporting Portal. Please click on the Sign In button located in the center of the page.

[Download and install Adobe Reader](#) to view User Guides in accessible PDF format.

User Guides

- PQRS Portal User Guide
- PQRS SEVT User Guide
- PQRS Submissions User Guide
- PQRS Submission Reports User Guide
- PQRS GPRO Web Interface User Guide
- PQRS Feedback Report User Guide
- eRx Feedback Report User Guide
- eRx Payment Adjustment Feedback User Guide
- PQRS Feedback Dashboard User Guide

PQRS Verify Report

Enter a TIN or NPI to verify that a feedback report exists for your organization. The TIN or NPI must be one used to submit Medicare claims and valid PQRS quality data codes.

Guest Announcement

Information in the Taxpayer Identification Number (Tax ID or TIN-level) PQRS feedback reports is confidential. Your report is safely stored online and accessible only to you (and those you authorize) through the web 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 PQRS 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.

2014 PQRS Feedback Reports are now available on the PV-PQRS portal. For instructions on how to access your 2014 Feedback Report, please go to [Physician Feedback Program website](#).

Physician and Other Health Care Professionals Quality Reporting Portal

Sign In to your Portal

If you do not have an account, please register.

[Forgot your password?](#)

For assistance with new & existing EIDM accounts, review the [Quick Reference Guides](#).

2014 PQRS Feedback Reports are now available on the PV-PQRS portal. For instructions on how to access your 2014 Feedback Report, please go to [Physician Feedback Program website](#).

Notice: If you have not used your EIDM account within the past 60 days or disabled as required by the CMS security policy. You should have received your EIDM account profile instructing you how to get your account re-enabled. If you have not received this information, contact the QualityNet Help Desk at 1-866-288-8912, or qnetsupport@hcqis.org.

For support, please contact the QualityNet Help Desk at 866-288-8912, TTY 877-715-6222, or via email at qnetsupport@hcqis.org

b) Click here to sign in with EIDM to access the Portal

Click here to access the Quick Reference Guides for instructions on registering for an EIDM account

Figure 3.1 Screenshot of Portal Web Page (Steps 1 a-b)

Example 3.2: Screenshot of Step 1

CMS.gov | Enterprise Portal
Centers for Medicare & Medicaid Services

Home | About CMS | Newsroom | Archive | [Help & FAQs](#) | [Email](#) | [Print](#)

Health Care Quality Improvement System | Provider Resources

Terms and Conditions

OMB No.0938-1236 | Expiration Date: 04/30/2017 | [Paperwork Reduction Act](#)

You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:
You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system.
At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.

Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

[I Accept the terms and conditions. If you decline, your login will automatically be cancelled.](#)

c) After reviewing the terms and conditions, click "I Accept" to continue

Figure 3.2 Screenshot of Terms and Conditions Page (Step 1c)

Example 3.3: Screenshot of Step 1

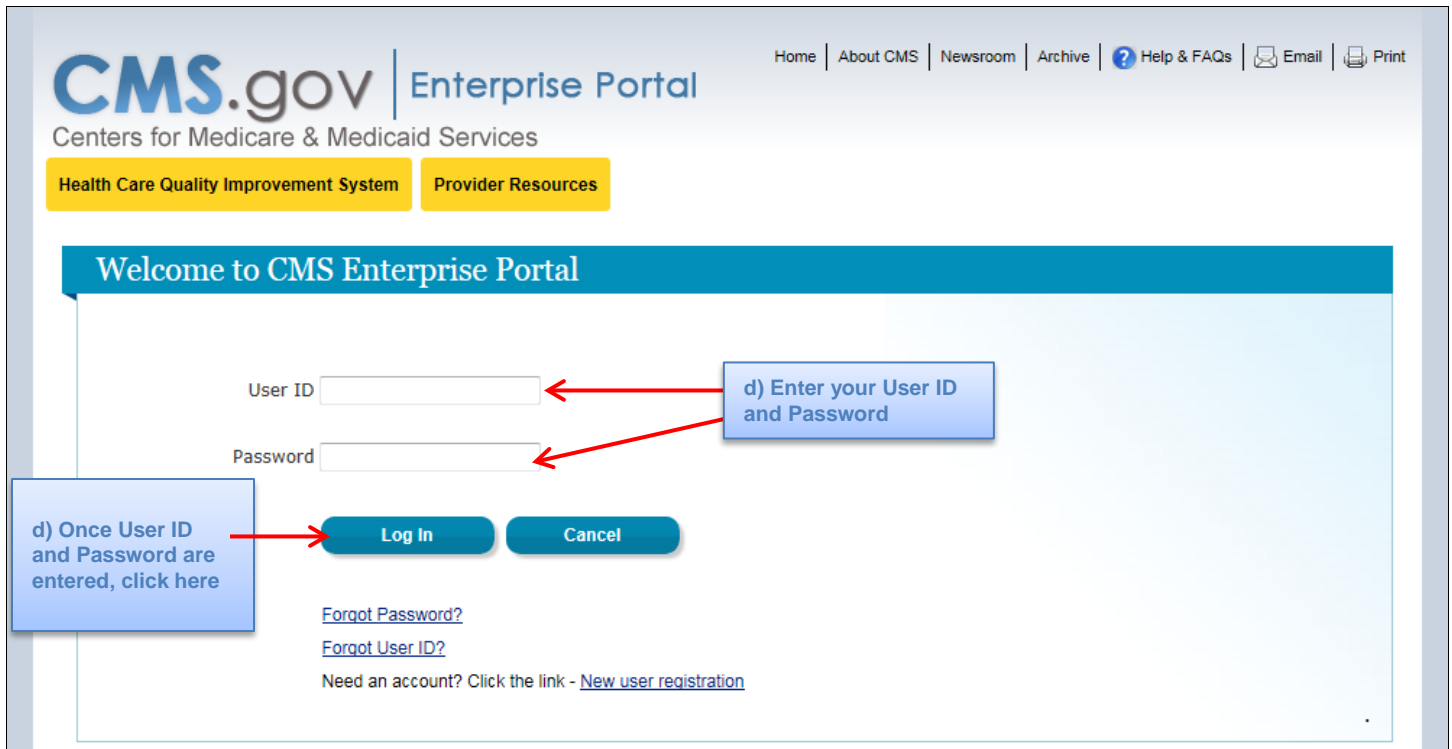


Figure 3.3 Screenshot of Portal Sign In Page (Step 1d)

STEP 2: Accessing the Dashboard

- e) Once signed-in to the Portal, click on “**Feedback Dashboard**” in top left-hand corner of window as shown in Figure 3.4.

Example 3.4: Screenshot of Step 2



Figure 3.4 Screenshot of Accessing the Dashboard (Step 2a)

STEP 3: “Interim 2015 Physician Quality Reporting System Dashboard” Page

- a) The “Interim 2015 Physician Quality Reporting System Dashboard” page will open in either a new tab or a new window based upon your Internet browser settings (see Step 5 for browser pop-up options).
- The most recent claims-based report period is displayed at the top of the page (as shown in Figure 3.5).
 - This page provides an introduction about the Dashboard data. As new Dashboard data becomes available, the date fields throughout this page will update to provide the current report period dates.

Review the information on the “Interim 2015 Physician Quality Reporting System Dashboard” page and, if agreeable, **check the box** to accept the terms and conditions, and then click “**Continue**”. See Figure 3.5 for an example of these features.

Example 3.5: Screenshot of Steps 3

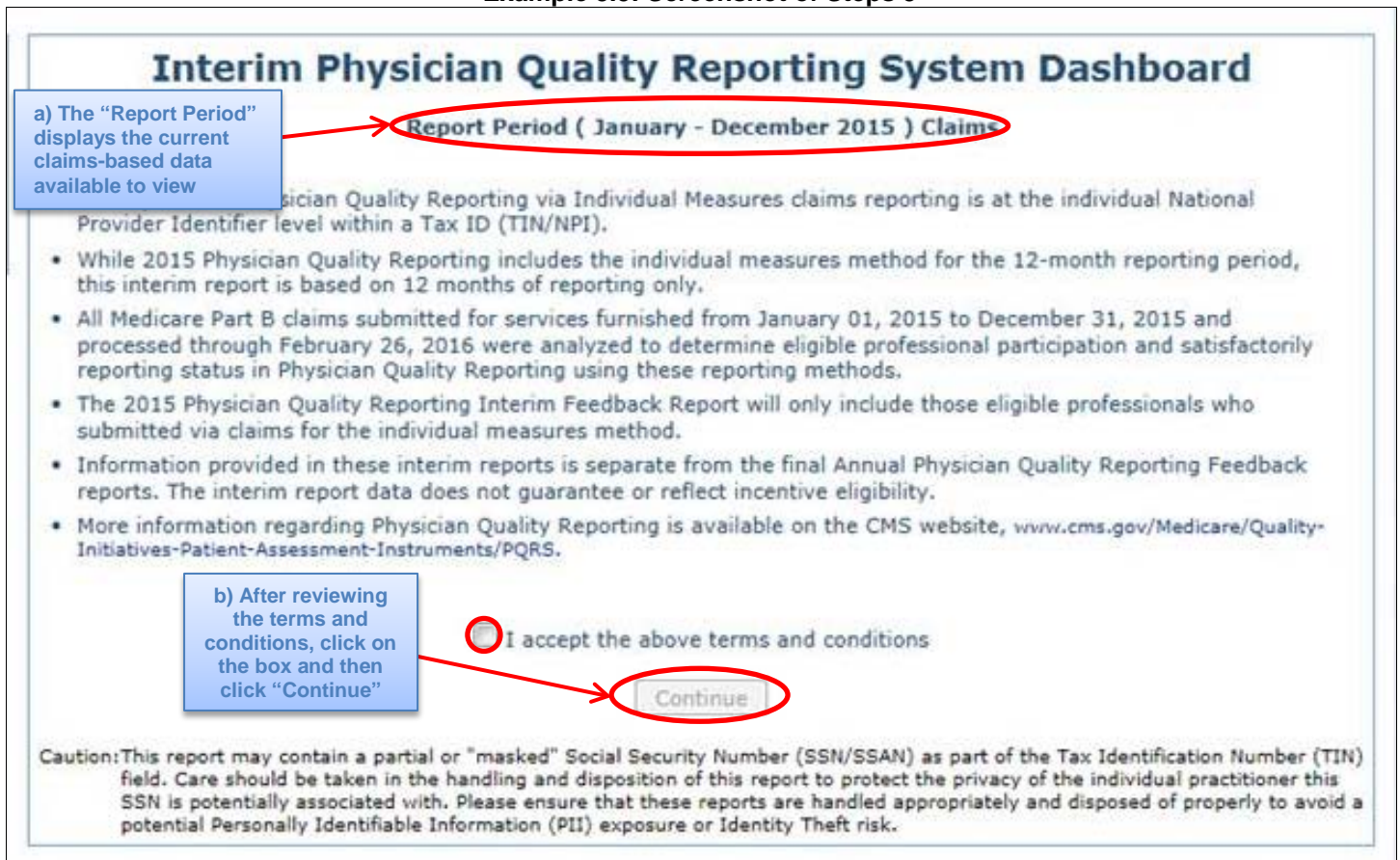


Figure 3.5 Screenshot of “Interim 2015 Physician Quality Reporting System Dashboard” Page (Steps 3a-b)

STEP 4: Dashboard Request Report Page

As previously mentioned, the EP or authorized user will be able to view the TIN-level Dashboard Request Report page (see Figure 3.6), or the NPI-level Dashboard Request Report page (see Figure 3.7) based on his/her EIDM permissions. The following fields must be completed for the Request Report page:

- a) **Report Type** – Based on EIDM permissions, end users must choose which report to view from the choices in the drop-down box. Examples and definitions of the different reports were previously mentioned in the Dashboard Content and Appearance section.
- b) **NPI # or TIN #** – Based on EIDM permissions, end users may choose to enter either a NPI or TIN to view Dashboard data for different providers or organizations.
 - 1. If able to enter **NPI #** (Example 3.6) – Enter one *individual/rendering* NPI (10-digits) to view a specific EP’s data. Do *not* enter a group NPI. If no NPI number is entered, the Dashboard will display data for all NPIs associated with the TIN. Only one individual/rendering NPI can be entered for each report request.
 - 2. If able to enter **TIN #** (Example 3.7) – Individual Practitioner should leave this field blank. If there is a circumstance under which the practitioner also submits claims under a different TIN, enter one TIN (9-digits, including leading “0” if applicable) to view reporting under a specific TIN. If no TIN is entered, the Dashboard will display data for all TINs the EP billed under. Only one TIN can be entered for each report request.
- c) **Report Format –“HTML”**
- d) **Report Period** – Select the desired report period from the drop-down box.
 - 1. **HTML** – The table displays up to 20 NPIs per table. TINs with more than 20 NPIs will see multiple tables of 20 until all NPIs are listed.
- e) Click on the “**Request Report**” button to continue

Example 3.6: Screenshot of Steps 4 (Request Report Page for “PQRS Representative”)

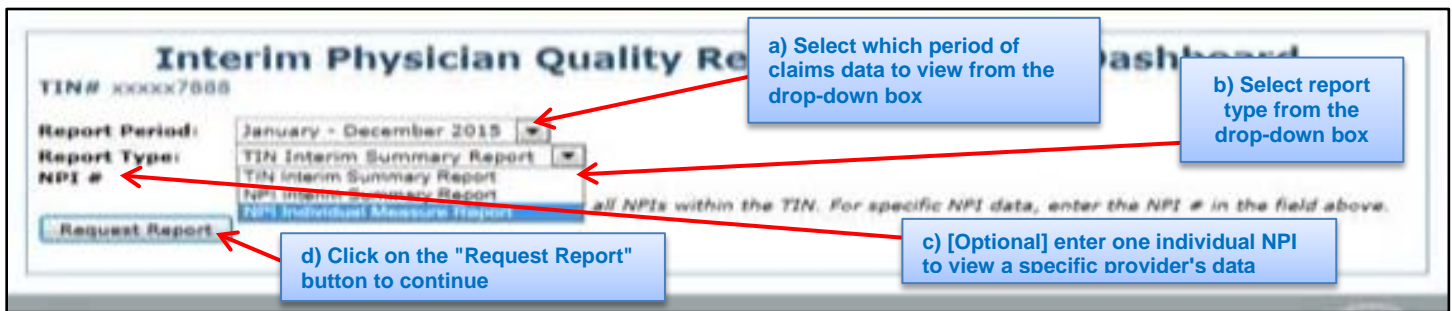


Figure 3.6 Screenshot of Dashboard End User Request Report Page (Steps 4a-e)

Example 3.7: Screenshot of Steps 4 (Request Report Page for “Individual Practitioner” or “Individual Practitioner Representative”)

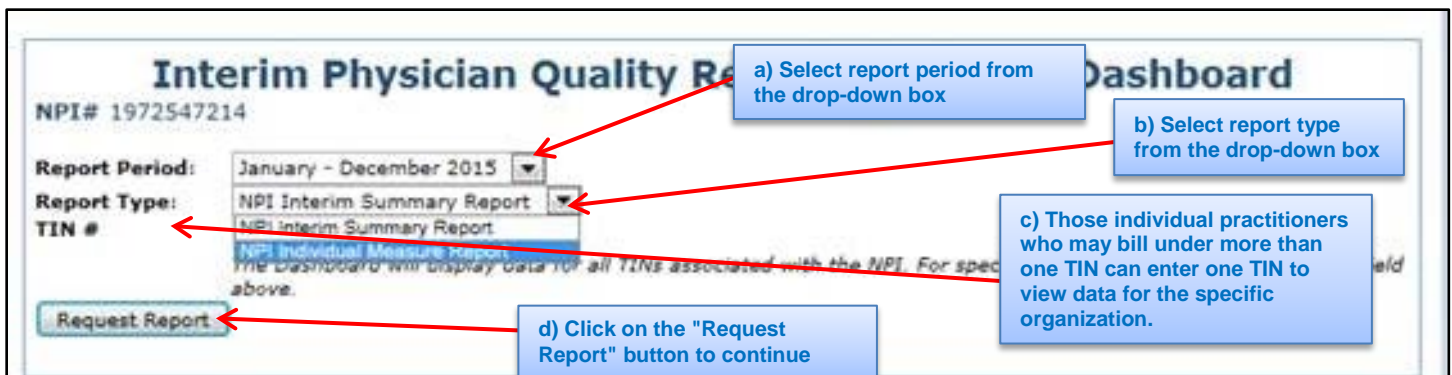
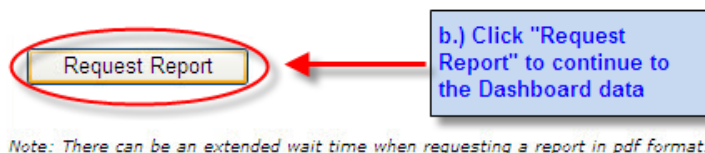


Figure 3.7 Screenshot of Dashboard Individual Practitioner Request Report Page (Steps 4a-e)

STEP 5: Request Report Confirmation

- The “Request Report” page will open in either a new tab or a new window based upon your Internet browser settings (see Step 6 for browser pop-up options).
- Click on “Request Report” to continue to the report.

Example 3.8: Screenshot of Step 5



Note: There can be an extended wait time when requesting a report in pdf format.

Figure 3.8 Screenshot of Request Report Page (Step 5b)

NOTE: Extended time will be needed to generate Dashboard data for TINs with multiple NPIs. Prolonged use of the Dashboard may result in a system “time out”, which requires the end user to click “OK” on the pop-up refresh window.

STEP 6: Viewing the Dashboard Data

- Depending on your web browser settings, the Dashboard data will either pop-up in a new window or the current webpage will redirect you to the report. You can choose to have pop-ups open in new tab or new window by going to the Internet Explorer “Internet Options” drop-down, scroll down to the Tab section and click on “Settings”. Then select the desired option in the “When a pop-up is encountered” and “Open links from other programs in” sections (see Figure 3.9).
- If the Internet Explorer window indicates that a Pop-up is blocked, click on the “Tools” drop-down menu, scroll down to “Pop-up Blocker” and select “Turn off Pop-up Blocker” (see Figure 3.10).
- Screenshot examples of Dashboard data were previously provided in Figures 1.1-2.3.**

Examples 3.9: Screenshot of Step 6 (Pop-Up Blocker Settings)

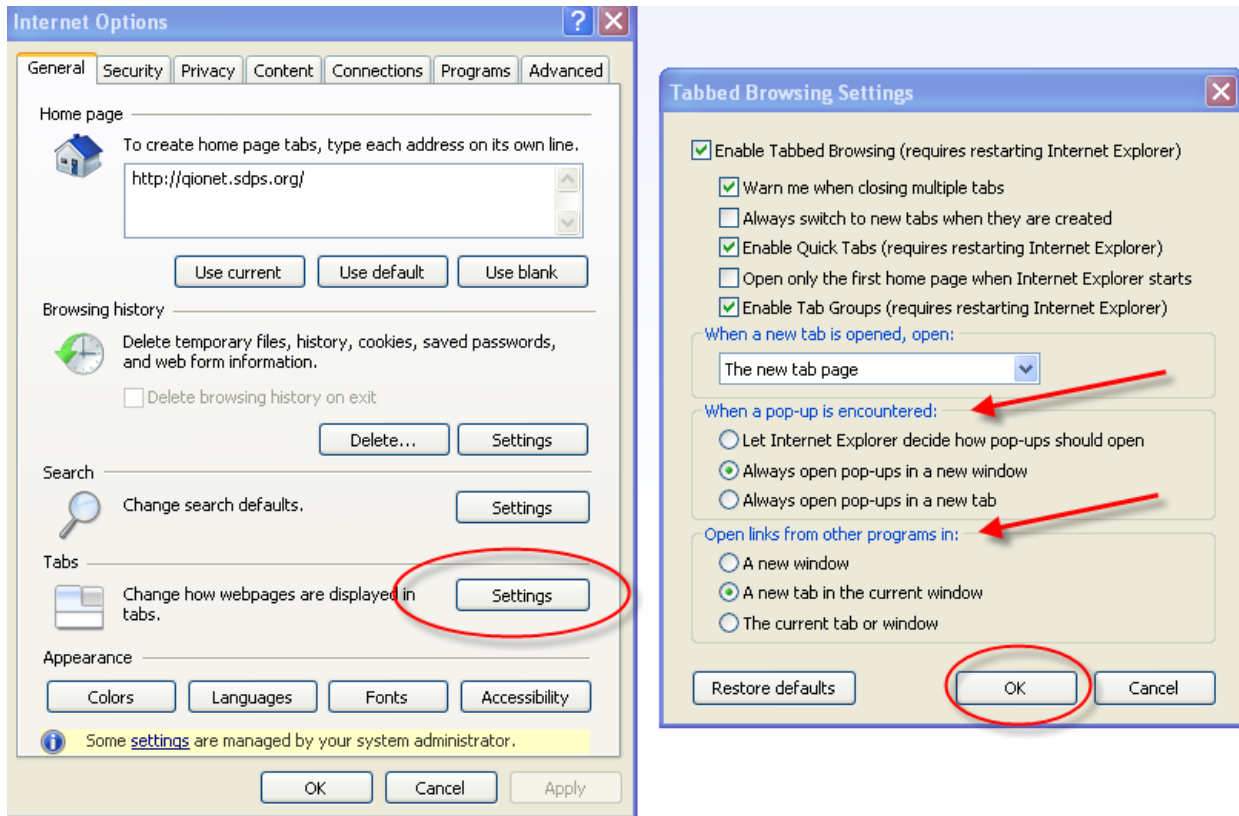


Figure 3.9 Screenshot of Internet Explorer Pop-up Settings (Step 6a)

Examples 3.10: Screenshot of Step 6 (Turning Off Pop-Up Blocker)

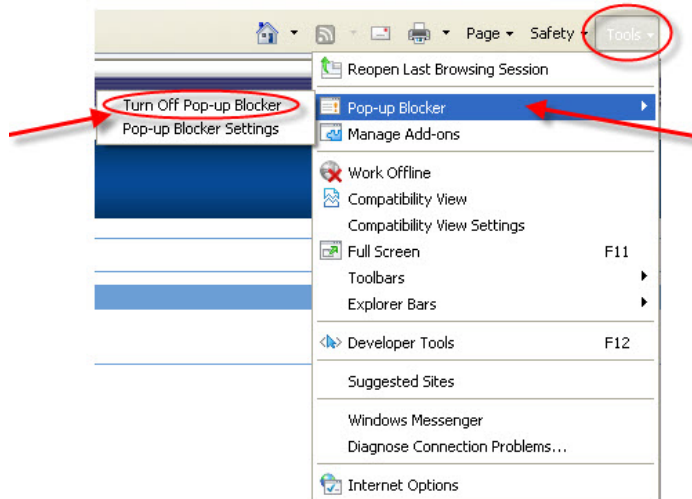


Figure 3.10 Screenshot of Turning off Internet Explorer Pop-up Blocker (Step 6b)

STEP 7: Exiting the Dashboard

- a) The user can log off via the “Log Off” link located in the in top left-hand corner of window (see Figure 3.11).

Example 3.11: Screenshot of Step 7

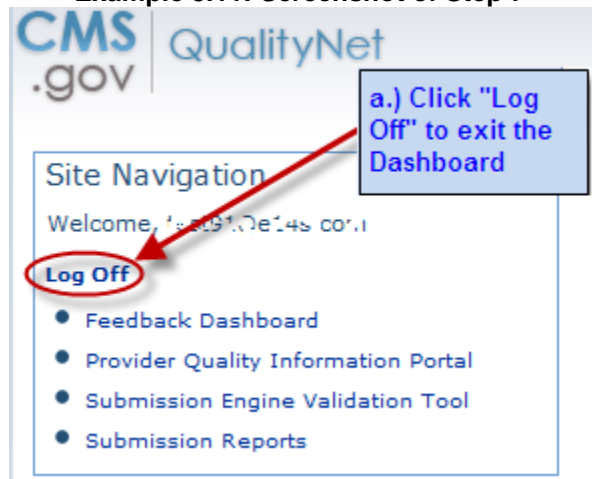


Figure 3.11 Screenshot of Dashboard Log-off (Step 7a)

Key Facts about the Dashboard

Frequent Concerns

- CMS will provide the final 2015 PQRS feedback report through a separate process.
- The final 2015 PQRS feedback reports will be available fall of 2016.
- The final 2015 PQRS feedback report will be issued at different times, and independent of Dashboard data.
- The Dashboard will only include those EPs who reported individual measures' QDCs to CMS via claims during the specified report period.
- Dashboard data does *not* indicate subjectivity to the 2017 PQRS payment adjustment.
- Dashboard interim data will show a rolling 2 years availability.
- If **all** of the 2015 PQRS QDCs submitted by individual EPs are *not* denominator-eligible events for the 2015 PQRS measure, the NPI-level Dashboard will be populated with zeroes in most or all of the numeric fields of the tables.
- If a provider sees "0" reporting displayed, but is certain QDCs were entered on Part B claims, the provider should look for the N620 remark code on remittance advice to determine if the QDC was processed, as PQRS reporting codes may have been stripped by claims software or by a clearinghouse. Claims may not be resubmitted only to add QDCs. Please call the QualityNet Help Desk for assistance in this circumstance. **Note:** The N620 remark code does **NOT** indicate whether the QDC is accurate for that claim or for the measure the eligible professional attempted to report.

Dashboard Messages

- The "No Data Available" message will appear for the following reasons:
 - An invalid or Group NPI, or invalid TIN entry
 - GPRO TIN/NPI entry (includes CMMI participants, such as Pioneer ACOs, and Medicare Shared Savings Program ACOs)
 - There is no PQRS data available for report type or report period requested
 - The organization or eligible professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database at the time this report was produced (Table 1 only)
- The "Invalid Number" message will appear for the following reasons:
 - If the TIN user enters less than 10 digits into the NPI # text field box
 - If the TIN user enters 10 or less alpha or alpha numeric characters into the NPI # text field box
 - If the NPI user enters less than 9 digits into the TIN # text field box
 - If the NPI user enters 9 or less alpha or alpha numeric characters into the TIN # text field box

Help/Troubleshooting

Following are helpful hints and troubleshooting information:

- The report may not function optimally, correctly, or at all with some older versions of Microsoft® Windows, Microsoft® Internet Explorer, or Mozilla® Firefox.
- Users may need to turn off their web browser's Pop-up Blocker or temporarily allow Pop-up files in order to download the Dashboard data.
- Regardless of the format, users should preview their Dashboard data prior to printing.
- If you need assistance with the EIDM registration process (i.e., forgot ID, password resets, etc.), contact the **QualityNet Help Desk** at 866-288-8912 (TTY 877-715-6222) or qnet support@hccjis.org (Monday-Friday 7:00 a.m.-7:00 p.m. Central Time). You may also contact them for assistance including **accessing the Portal**.

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- *Sun Java Runtime Engine (JRE) is a registered trademark of Oracle.*
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Appendix A: Dashboard Definitions

Table 1: Interim Reporting Summary for the Taxpayer Identification Number (Tax ID or TIN)

Term	Definition
Tax ID Name	Legal business name associated with a Taxpayer Identification Number (TIN). Eligible professional's name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization's or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database 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; only the system's ability to populate this field in the report.
Tax ID Number	The masked TIN, whether individual or corporate TIN. A TIN can be an Employer Identification Number (EIN) used by organizations to submit claims, or a TIN can be the Individual Practitioner's Social Security Number (SSN).
Reporting Time Period	Indicates the dates of service of the Medicare Part B PFS claims data that was analyzed for this report (data extracted from claims processed into NCH by the processing date).
Method of Reporting	The method of reporting attempted by the NPI. Defaults to Individual Measures via Claims.
NPI	Individual National Provider Identifier of the eligible professional billing under the TIN.
NPI Name	Eligible professional's name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization's 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 Carrier or MAC 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; only the system's ability to populate this field in the report.
Total # Measures Reported	The total number of different individual measures reported for TIN/NPI (identified by measure-specific QDCs received) regardless of accuracy of reporting. The provider will see how many individual measures were accurately reported in the next field titled "Total # Measures Accurately Reported."
Total # Measures Accurately Reported	The total number of different individual measures reported for TIN/NPI based upon valid QDC submissions. Valid reporting is defined by numerator and denominator requirements as outlined in the measure specification.
Total # Cross Cutting Measures Accurately Reported	The number of Cross Cutting measures reported by each TIN/NPI.
Total # Domains Covered by Measures Accurately Reported	The total number of domains covered by the measures accurately reported. If a TIN/NPI hasn't reported any valid QDCs, this field will populate with "0" (zero). The number of Cross Cutting measures reported by each TIN/NPI.
Summary	The column summary sections display the summarized total number of NPIs, total number of measures reported, and total number of measures accurately reported. Data that is available and has a true zero value will display as '0'.

Table 2a: Interim Reporting Summary for the NPI

Term	Definition
Tax ID Name	Legal business name associated with a Taxpayer Identification Number (TIN). Eligible professional's name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization's or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database 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; only the system's ability to populate this field in the report.
Tax ID Number	The masked TIN, whether individual or corporate TIN. A TIN can be an Employer Identification Number (EIN) used by organizations to submit claims, or a TIN can be the Individual Practitioner's Social Security Number (SSN).

Term	Definition
NPI Number	Individual National Provider Identifier of the eligible professional billing under the TIN.
NPI Name	Eligible professional's name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization's 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 Carrier or MAC 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; only the system's ability to populate this field in the report.
Reporting Time Period	Indicates the dates of service of the Medicare Part B PFS claims data that was analyzed for this report (data extracted from claims processed into NCH by the processing date).
Method of Reporting	The method of reporting attempted by the NPI. Defaults to Individual Measures via Claims.
Total # Measures Reported	The total number of different individual measures reported for TIN/NPI (identified by measure-specific QDCs received) regardless of accuracy of reporting. The provider will see how many individual measures were accurately reported in the next field titled "Total # Measures Accurately Reported."
Total # Measures Accurately Reported	The total number of different individual measures reported for TIN/NPI based upon <i>valid</i> QDC submissions. Valid reporting is defined by numerator and denominator requirements as outlined in the measure specification.
Total # Cross Cutting Measures Accurately Reported	The number of Cross Cutting measures reported by each TIN/NPI.
Total # Domains Covered by Measures Accurately Reported	The total number of domains covered by the measures accurately reported. If a TIN/NPI hasn't reported any valid QDCs, this field will populate with "0" (zero). The number of Cross Cutting measures reported by each TIN/NPI.
Summary	The column summary sections display the summarized total number of NPIs, total number of individual measures reported, and total number of measures accurately reported. Data that is available and has a true zero value will display as '0'.

Table 2b: Interim Reporting Individual Measures for the NPI

Term	Definition
Tax ID Name	Legal business name associated with a Taxpayer Identification Number (TIN). Eligible professional's name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization's or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database 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; only the system's ability to populate this field in the report.
Tax ID Number	The masked TIN, whether individual or corporate TIN. A TIN can be an Employer Identification Number (EIN) used by organizations to submit claims, or a TIN can be the Individual Practitioner's Social Security Number (SSN).
NPI Number	Individual National Provider Identifier of the eligible professional billing under the TIN.
NPI Name	Eligible professional's name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization's 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 Carrier or MAC 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; only the system's ability to populate this field in the report.
Reporting Time Period	Indicates the dates of service of the Medicare Part B PFS claims data that was analyzed for this report (data extracted from claims processed into NCH by the processing date).
Measure Number	2015 PQRS measure number.
Measure Title	2015 PQRS measure title.

Term	Definition
Cross Cutting Measure (Y/N)	The identification, Y(es) or N(o), whether the measure is identified as a Cross Cutting measures.
Domain	The domain that the measure reported falls under.
Number of Eligible Instances	The number of denominator-eligible instances for which the TIN/NPI could have reported at least one valid QDC. Data that is available and has a true zero value will display as '0'.
Number of Eligible Instances Where QDCs Were Accurately Reported	The number of denominator-eligible instances that were accurately reported with a valid QDC(s). Valid reporting is defined by numerator and denominator requirements as outlined in the measure specification.
Number of Eligible Instances Where No QDC Was Reported	The number of denominator-eligible instances where the TIN/NPI could have reported at least one QDC, but did not. Data that is available and has a true zero value will display as '0'