

## Targeted Review of the 2019 Merit-based Incentive Payment System Payment Adjustment

Starting on January 1, 2017, eligible clinicians began participation in the [Quality Payment Program](#) (QPP) in one of two ways:

- [Merit-based Incentive Payment System \(MIPS\)](#)
- [Advanced Alternative Payment Models \(Advanced APMs\)](#)

Under MIPS, there are four performance categories, three of which affect your 2019 Medicare payments for covered professional services made under or based on the Physician Fee Schedule (PFS). Each performance category is scored by itself and has a specific weight that contributes to the MIPS final score. The 2019 MIPS payment adjustment that a MIPS eligible clinician will receive is based on their 2017 MIPS final score, and will result in a positive, negative, or neutral adjustment applied to the Medicare paid amount for covered professional services furnished by the MIPS eligible clinician. The 2019 MIPS payment adjustment factor generally will range from -4% (for clinicians who do not participate) to a + 4% but may differ to account for the budget neutrality required by statute.

MIPS eligible clinicians with a final score of 70 or above qualify for an additional MIPS payment adjustment factor for exceptional performance.

The following were the performance category weights for the 2017 performance period (2019 MIPS payment year):

- Quality (60%)
- Advancing Care Information (25%)
- Improvement Activities (15%)
- Cost (0%) – no impact on 2019 Medicare payments

Please note that different performance category weights may apply if a MIPS eligible clinician qualifies for reweighting, and to clinicians scored under the [APM scoring standard](#).

### What is a Targeted Review?

A targeted review is a process where MIPS eligible clinicians or groups can request that CMS review the calculation of their 2019 MIPS payment adjustment factor and, as applicable, their additional MIPS payment adjustment factor for exceptional performance.

### Who Can Request a Targeted Review?

MIPS eligible clinicians or groups (along with their designated support staff or authorized third-party intermediary), including those who are subject to the APM scoring standard, can request a targeted review of their 2019 MIPS payment adjustment factor(s). We encourage clinicians to request a targeted review at the same level (individual or group) as the data was submitted to MIPS.



For example:

- A MIPS eligible clinician who participated individually (submitted data under a specific TIN/NPI combination) would submit an individual request for that TIN/NPI combination because the payment adjustment would be based on the clinician's individual performance.

A practice that participated as a group (submitted aggregated data under their TIN on behalf of all MIPS eligible clinicians in the practice) would submit a group request for that TIN because the MIPS payment adjustment would be the same for all the MIPS eligible clinicians identified as part of the practice for the 2017 performance period.

### **Why Would a Clinician Request a Targeted Review?**

The following are examples of circumstances under which a MIPS eligible clinician or group may wish to request a targeted review:

- A MIPS eligible clinician or group has supporting documentation indicating that measures or activities submitted during the submission period and used in the calculations of the MIPS final score and determination of the MIPS payment adjustment have calculation errors or data quality issues. These measures or activities could have been submitted with or without the assistance of a third-party intermediary.
- A MIPS eligible clinician or group has supporting documentation indicating that certain errors were made, such as eligibility being wrongly assigned to the MIPS eligible clinician or group (e.g. the MIPS eligible clinician or group fell below the low-volume threshold and should not have received a payment adjustment).
- A MIPS eligible clinician has supporting documentation indicating that they should qualify for automatic reweighting of performance categories due to the 2017 policy for extreme and uncontrollable circumstances.
- A MIPS eligible clinician has supporting documentation indicating that they were erroneously excluded from the APM participation list and should have been scored under the APM scoring standard.

Please note that this is not a comprehensive list of circumstances. We encourage all MIPS participants to submit a request if, after reviewing final performance feedback, they can provide supporting documentation that a targeted review of their MIPS payment adjustment factor (or additional MIPS payment adjustment factor) is warranted.

## What is Beyond the Scope of a Targeted Review?

Please note that there are statutory limitations on administrative and judicial review; as such, there will be no targeted review of the following:

1. The methodology used to determine the amount of the MIPS payment adjustment factor and the amount of the additional MIPS payment adjustment factor and the determination of such amounts;
2. The establishment of the performance standards and the performance period;
3. The identification of measures and activities specified for a MIPS performance category and information made public or posted on the Physician Compare Internet Web site of the CMS; and
4. The methodology developed that is used to calculate performance scores and the calculation of such scores, including the weighting of measures and activities under such methodology.

Any request for a targeted review of these items will be denied.

## How Do I Request a Targeted Review?

MIPS eligible clinicians and groups can request a targeted review after reviewing their final performance feedback; targeted review requests will generally be submitted through the Quality Payment Program (QPP) portal ([qpp.cms.gov](http://qpp.cms.gov)). To sign into the QPP portal, users must have an Enterprise Identify Management (EIDM) account with the appropriate user role associated with the organization, individual clinician or group.

The same EIDM roles that allowed MIPS eligible clinicians, groups and their designated support staff to submit data or view the data submitted on their behalf will allow them to review their final performance feedback and submit a targeted review request through the QPP portal. (Please refer to the [EIDM User Guide](#) or [EIDM ACO User Guide](#) in the [2017 QPP Resource Library](#).)

Third-party intermediaries, such as qualified registries, health IT vendors and QCDRs, that don't have access to their clients' final performance feedback through the QPP portal will be able to request a targeted review on behalf of the MIPS eligible clinicians and groups they assist, if they have been authorized to do so. CMS will share a link to the targeted review request form with these designated entities through a targeted communication such as a listserv. Additional instructions for requesting a targeted review will be available in early summer.

## When Can I Request Targeted Review?

Requests for a targeted review can be submitted immediately following the release of the 2019 MIPS payment adjustment factor, and if applicable, the additional MIPS payment adjustment factor. We anticipate final performance feedback, including these payment adjustment factors, will be available in July 2018. It's important to note that all projected scores displayed within the QPP system are considered in progress until final performance feedback is available. Please sign up for the QPP listserv ("Subscribe to Updates" at the bottom of any page on [qpp.cms.gov](http://qpp.cms.gov)) to receive notifications about important QPP activities, including the availability of final performance feedback and the ability to request a targeted review.



Requests can be submitted until September 30, 2018 but we strongly encourage everyone to **secure the necessary EIDM credentials no later than July 31, 2018** and submit a request as soon as possible. This will help to ensure payment adjustments are applied correctly from the start of the payment year.

## What Should I Expect from a Targeted Review?

Individual MIPS eligible clinicians, groups, support staff, or third-party intermediaries who submit valid requests for targeted review will be sent a confirmation email stating that CMS has received and will process the targeted review request. When evaluating a targeted review request, CMS may require documentation to support the request; documentation needs may vary according to the circumstances of the targeted review request.

Supporting documentation may include, but is not limited to:

- Supporting extracts from the MIPS eligible clinician's EHR
- Copies of performance data provided to a third-party intermediary by the clinician or group
- Copies of performance data submitted to CMS
- QPP Service Center ticket numbers
- Signed contracts or agreements between a clinician/group and a third-party intermediary
- APM participation agreements
- Partial QP election forms

**NOTE:** Documentation must be received by CMS within 30 calendar days of CMS's initial request for the documentation.

Each request for targeted review is reviewed based upon the information provided and requests for targeted review may be denied if the request is duplicative of another request or if it is not related to the calculation of the MIPS payment adjustment factor and the additional MIPS payment adjustment factor.

If a targeted review request is denied, there will be no change to the MIPS final score or associated payment adjustment.

If a request for targeted review is approved, the outcome will vary according to the specific circumstances under review. For example, CMS may determine that:

- The clinician should have been excluded from MIPS and therefore is ineligible for a payment adjustment,
- The weights of certain performance categories within the final score should be redistributed (for example, if a performance category should have been weighted at zero), or
- A performance category score needs to be recalculated in accordance with the scoring methodology for the affected category (if technically feasible).

If a targeted review request is approved, the final score and associated payment adjustment will be updated, if applicable; we will attempt to recalculate performance category scores and final

scores to the extent possible based on data previously submitted. Targeted review outcomes will be sent via email to the submitter, while specific changes to performance category scores, final scores and MIPS payment adjustments will be communicated through updated performance feedback. Performance feedback will be updated in the [QPP portal](#) as soon as technically feasible. (APM entities will receive updated performance feedback through their model teams.)

**NOTE: Targeted review decisions are final and there will be no further review.**

## Targeted Review Quick Facts

- Targeted review requests must be submitted no later than **September 30, 2018**.
- To access performance feedback and request a targeted review through the QPP portal, MIPS eligible clinicians and groups (or their designated support staff) must have an EIDM account and appropriate role (same as for data submission). EIDM credentials should be secured no later than July 31, 2018 to ensure timely processing of targeted reviews.
  - With the exception of Medicare Shared Savings Program and Next Generation ACOs, MIPS APM Entities and participants will not be able to access their MIPS performance feedback by logging into [qpp.cms.gov](#), and therefore will not need EIDM accounts. If applicable, MIPS performance feedback will be provided through their specific APM team.
- Each targeted review request is evaluated on a case-by-case basis, based on the circumstances described in the request, such as:
  - Submission issues
  - Eligibility issues
  - Measure(s) issues
  - APM scoring standard issues
- Supporting documentation must be received by CMS within 30 calendar days of CMS's initial request for the documentation.
- Targeted reviews include MIPS data submitted by April 3, 2018 (8pm EST), for the 2017 MIPS performance period (January 1, 2017 through December 31, 2017).
- For clinicians who submitted their quality measures via claims, only claims that were submitted with quality-data codes (QDC) for the 2017 performance period, and processed by March 1, 2018, will be included in the analysis for the 2019 MIPS payment adjustment determination.
- Targeted review decisions are final and not eligible for further review.



## **Additional Resources**

A targeted review user guide will be available in the [Quality Payment Program resource library](#) in July 2018 to coincide with the release of final performance feedback.

For additional information about the Quality Payment Program, contact the Quality Payment Program at 1-866-288-8292 (TTY 1-877-715- 6222), Monday through Friday, 8:00 AM-8:00 PM Eastern Time or via e-mail at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov).