2018 Targeted Review User Guide

Introduction

After the Merit-based Incentive Payment System (MIPS) 2018 performance feedback and payment adjustment information is released, MIPS eligible clinicians, groups, virtual groups and Alternative Payment Model (APM) participants (individual clinicians, groups and the APM Entity) that believe an error has been made can request that the Centers for Medicare & Medicaid Services (CMS) review, through a targeted review, their 2020 MIPS payment adjustment factor(s).

What Should I Know about Targeted Review?

This user guide will help those requesting a targeted review. Below are the vital steps of requesting a targeted review:

1. Review your 2018 MIPS performance feedback and 2020 MIPS payment adjustment factor(s) as soon as it's available.

2. If you believe there is an error with your 2018 MIPS performance feedback, submit your targeted review request **immediately**.
   - Targeted reviews can be requested until September 30, 2019. It is strongly recommended that targeted review requests are submitted **as soon as possible** to ensure that payment adjustments are applied correctly as of January 1, 2020.

3. Provide a detailed explanation of the issue encountered to prompt the completion of a targeted review request.

4. If requested, provide documentation to support your request for targeted review as soon as possible.

This User Guide includes the following information:

- Targeted Review Process Overview
- Accessing the Targeted Review Request Form
- Completing the Targeted Review Request Form
- Appendix
  - QPP Account Organization Roles and User Types
  - Quality Payment Program Acronyms

Targeted Review Process Overview

Review MIPS Performance Feedback

Who Receives MIPS Performance Feedback?

- Individual MIPS eligible clinicians

- Groups

- Virtual Groups

- APM Entities (that did not receive QP status)

Qualifying APM Participants (QPs), and Partial QPs who did not elect to participate in MIPS, will **not** receive MIPS performance feedback.

For further information regarding performance feedback, refer to the 2018 Performance Feedback FAQs).

When Will You Receive Your MIPS Performance Feedback?

MIPS performance feedback for 2018 was released on July 1, 2019. You can access your performance feedback through the QPP by signing in to qpp.cms.gov.

What is Included in Your MIPS Performance Feedback?

Your MIPS performance feedback will reflect special scoring circumstances and all the MIPS data submitted or calculated.

MIPS performance feedback includes:

- The 2018 score;

- 2020 payment adjustment information;

- Category-level scores;

- Activity-level scores; and

- Measure-level performance data and scores.

Determine if a Targeted Review is Warranted

Why Would a Clinician Request a Targeted Review?

If you believe there is an error in your MIPS performance feedback and MIPS payment adjustment factor(s), you can request a targeted review until **September 30, 2019 at 8:00 pm Eastern Time**.

We strongly recommend that you submit your targeted review request as early as possible to ensure payment adjustments are applied correctly beginning January 1, 2020.

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.

Complete the Targeted Review Request Form

If a targeted review is warranted, please complete the Targeted Review Request Form.

The Targeted Review Request Form is accessible, for the following by signing in to the QPP:

- Individual MIPS eligible clinicians

- Groups

- Virtual Groups

- APM Entities

The Targeted Review Request Form is accessible via URL link from CMS by:

- Authorized third-party intermediaries

- Clinicians who believe that they are MIPS eligible and qualify for a MIPS payment adjustment

More information on completing the Targeted Review Request Form is available below.

Provide Supporting Documentation

When evaluating a targeted review request, we will generally require additional documentation to support the request. Documentation needs will vary depending on the given circumstances of the Targeted Review request.

Supporting documentation may include, but is not limited to:

- Supporting extracts from the MIPS eligible clinician's Electronic Heath Record (EHR)
- Copies of performance data provided to a third party by the clinician or group
- Copies of performance data submitted to CMS
- QPP Service Center ticket numbers
- Proof of your APM participation
- A copy of your Partial Qualifying APM Participant (QP) election form

Gather Supporting Documentation

Supporting documentation is a critical component of the targeted review evaluation process. If we request additional supporting documentation to process and evaluate the targeted review request, the submitter must provide the requested documentation to us within 30 calendar days of our request. Failure to provide requested information within 30 days of our request may result in a targeted review denial. To prepare for this request, we recommend that you begin gathering supporting documentation in advance of submitting a targeted review request.

How to Submit Supporting Documentation

If we request additional supporting documentation, you will receive an email from us notifying you of the documentation we are requesting. In addition to the requested documentation, you are encouraged to submit any additional documentation that supports your request for targeted review. Attach the supporting documentation to the documentation request email and respond as soon as possible, so we can begin processing your request for targeted review.

How to Submit PII and PHI

Masking Data: Unless required as evidence supporting your targeted review request, please ensure that all PII or PHI (such as Name, SSN, DOB, and Taxpayer Identification Number (TIN)) is masked (not merely hidden) within the required documentation prior to submitting.

Encrypting Data: If we indicate that PII or PHI, such as a TIN within the supporting documentation must remain unmasked; you will need to take the following steps before submitting the information to ensure this information is protected via data encryption.

1. Encrypt and password protect the file/documentation before attaching to the email.
2. Call the Quality Payment Program at 1-866-288-8292 (TTY 1-877-715- 6222), Monday through Friday, 8:00 AM-8:00 PM ET, reference your Targeted Review request number and provide us the password to access the file/documentation.

Please note that transmission of unencrypted data would be considered a PII breach and would need to be reported to the CMS IT Help desk as a PII incident.

If you require any additional information regarding the encryption of sensitive information, please contact the CMS IT Service Desk via E-mail: CMS_IT_Services_Desk@cms.hhs.gov or by phone: 1-800-562-1963.

Receive Targeted Review Outcome

Each targeted review request is carefully reviewed based upon the information provided. Please note that the request for targeted review may be denied if the request is duplicative of another request or if it is outside of the calculation of the MIPS payment adjustment factor(s). We will email the individual who submitted the targeted review request if:

- ✓ The targeted review request is denied, there will be no change to the 2018 MIPS score or associated 2020 MIPS payment adjustment factor(s).

- ✓ The targeted review request is approved, the 2018 MIPS score and associated 2020 MIPS payment adjustment factor(s) will be updated, if applicable, for the associated clinician or organization.

- ✓ The targeted review request is approved for an APM participant and results in updates to the 2018 MIPS score, the updated score will be applied at the APM Entity level, which would update the score for the MIPS eligible clinicians that are participants within the APM Entity.

Note: All targeted review decisions are final and there will be no further review.

Access Updated Feedback

We will recalculate appropriate performance category score(s), 2018 MIPS score, and payment adjustment factor(s), to the extent possible, based on data previously submitted. Updated performance feedback will be available to view in the QPP Portal as soon as technically feasible.

Updated payment adjustment files will be distributed to the Medicare Administrative Contractors (MACs), so the 2020 MIPS payment adjustments reflect approved targeted reviews.

Accessing the Targeted Review Request Form

Individuals, Groups, Virtual Groups, APM Entities

MIPS eligible clinicians, groups, virtual groups, and APM Entities (along with their designated support staff) can request a targeted review by:

- Sign in to the QPP (qpp.cms.gov)
  - If you don't have an account or role, visit the Quality Payment Program Access User Guide for steps to create a HARP account and to obtain a role for your organization.
- Click, **Request a Review**, found in the box labeled, **Request a Targeted Review**, at the bottom of each Performance Feedback page.

Request a Targeted Review

If you believe there is an error with your MIPS final score or Payment Adjustment, you may request a targeted review through September 30, 2019 at 8:00 pm (EDT).

DOWNLOAD FACT SHEET ↓

REQUEST A REVIEW ⤢

Authorized Third-Party Intermediaries

An authorized Third-Party Intermediary, such as Qualified Registries, health IT vendors, and QCDRs that do not have access to their clients' performance feedback through the QPP Portal will still be able to request a Targeted Review on their clients' behalf. We will share an URL link to the Targeted Review Request Form with these designated groups via Listserv.

Completing the Targeted Review Request Form

Targeted Review Application Overview

Below is a view of the components of the targeted review application form:

Step 1: Reporting Information

Step 2: Provider Specialty Type

Step 3: Categories to Review

Step 4: Submissions Method

Step 5: Reasons for Targeted Review

- Submissions Issues
- Eligibility and Special Status Issues
- Measures/Activity Issues
- General Issues
- Extreme and Uncontrollable Circumstances

Step 6: Additional Information

Step 7: Submitter Information

Step 8: Certification Statement

Step 9: Submit

Step 10: Confirmation of Completion

Note: To open a section's details, click the '+' sign on the left; fields with a red asterisk are required to complete prior to submitting the request form.

Step 1: Reporting Information

1.1 How did you report for year 2018?

The first section of the targeted review application form asks how the individual or entity that is requesting the targeted review participated in the Quality Payment Program (QPP) for Year 2018.

Please select how you participated in Year 2018 of QPP from the options below:

- **MIPS – Individual:** Targeted review requested for individual (TIN/NPI level) data submitted by a MIPS eligible clinician.

- **MIPS – Group:** Targeted review requested for aggregated (TIN level) data submitted by a practice on behalf of all its MIPS eligible clinicians.

- **MIPS – Virtual Group:** Targeted review requested for aggregated data submitted by the virtual group on behalf of its MIPS eligible clinicians

- **APM – Individual:** Targeted review requested for individual (TIN/NPI level) data submitted by a clinician participating in an APM.

- **APM – Group:** Targeted review requested for aggregated (TIN level) data submitted by a group on behalf of its clinicians participating in an APM.

  o Generally, this would apply to participant TINs in a MIPS APM that submitted group-level data for the Promoting Interoperability performance category.

- **APM – Entity:** Targeted review requested for data submitted at the APM Entity level.

- **Unknown:** You are unsure how you or your client submitted in Year 2018.

Exceptions:

- If you are requesting a **targeted review of a clinician's MIPS eligibility**, you will want to select **'MIPS – Individual'** even if your practice submitted aggregated data for the entire group.

- If you are requesting **a targeted review of a clinician's eligibility to be scored under the APM scoring standard**, you will want to select **'APM – Individual'** even if your practice submitted aggregated data for the entire group or APM entity.

1.2 Enter MIPS eligible clinician, group, Virtual Group, or APM entity information

Additional fields will populate based on the selection made in the first question "How did you Report for year 2018?"

MIPS – Individual

First, enter the Clinician NPI and verify for accuracy. When entered accurately, clinician information, such as Clinician Type, will be auto-populated based on information provided in the QPP and in the MIPS Participation Lookup Tool. Next, select the appropriate Group Practice Name. (**Note:** You may manually complete the data fields if the auto-populated data is incorrect or if no data is populated.)

MIPS – Group

First, enter the Group TIN and verify for accuracy. Next, select the appropriate Group Practice Name. (**Note:** You may manually complete the data fields if the auto-populated data is incorrect or if no data is populated.)

MIPS – Virtual Group

First, enter the virtual group ID received from the official notification from CMS of the approved virtual group.

APM – Individual

First, enter the Clinician NPI and verify for accuracy. When entered accurately, clinician information will be auto-populated based on information provided in the QPP Participation Status Tool Lookup Tool. Next, select the appropriate Group Practice Name and APM Name. (**Note:** You may manually complete the data fields if the auto-populated data is incorrect or if no data is populated.)

APM – Group

First, enter the Group TIN and select the appropriate APM Name, verify for accuracy. (**Note:** You may manually complete the data fields if the auto-populated data is incorrect or if no data is populated.)

APM – Entity

First, enter the APM Entity ID and verify for accuracy. When entered accurately, information will be auto populated based on information provided in the QPP Participation Status Tool Lookup Tool. (**Note:** You may manually complete the data fields if the auto-populated data is incorrect or if no data is populated.)

Unknown

If you are unsure how you or your client submitted for the Year 2018, select unknown. Enter in the Clinician NPI and verify for accuracy.

When entered accurately (and/or if applicable), clinician information will be auto-populated based on information provided in the QPP and in the QPP Participation Lookup Tool. Next, select the appropriate Group Practice Name. (**Note:** You may manually complete the data fields if the auto-populated data is incorrect or if no data is populated.)

Step 2: Provider Specialty Type

The provider specialty type of the MIPS eligible clinician, group or APM participant will automatically populate in the Provider Specialty Type field based on the information provided in Step 1 of the form. If the auto-populated specialty type doesn't match your records, check "Incorrect Provider Specialty Type" and select the correct provider specialty type from the drop-down menu as seen below. (**Note**: If you identify an error with your provider specialty type, please contact PECOS to verify your Medicare enrollment information, for additional guidance select here.)

Step 3: Categories to Review

Select the affected performance category(ies) you wish for CMS to review.

Step 4: Submission Method

Select the submission method(s) that relate to your request for targeted review. If a third-party submitter was utilized for reporting (i.e. you used an EHR vendor or QCDR/Registry), please provide the third-party submitter organization's name.

⊟ Submissions Method

Check all that apply

☐ Registry/QCDR
☐ Claims
☐ EHR
☐ Attestation

Third Party Submitter

☐ (text field)

Step 5: Select Reason for Targeted Review

When requesting a targeted review, there are five main issue categories to select from: (1) Submission Issues, (2) Eligibility and Special Status Issues, (3) Measure/Activity Issues, (4) General Issues and (5) Extreme and Uncontrollable Circumstances. Please select the category or categories that best align with your reason for targeted review.

Once you determine which issue category aligns with your given circumstance, select the category by checking "Yes" (see below for example). Next, provide a detailed account of your reason for submitting a targeted review in the box below the category you selected.

⊟ Submission Issues

☑ Yes

✱ Please provide the specific details outlining the circumstance(s) of this Targeted Review request.

☐ (text box)

Step 6: Additional Information

If you have any additional information you wish to provide us beyond the detailed explanation provided with your reason for a targeted review, please do so in Additional Comments box. Additionally, if there are any associated Help Desk ticket(s) (e.g. CS0000000) with your given targeted review, please list connected ticket numbers here.

Step 7: Submitter Information

The submitter is the individual who is completing the targeted review request on behalf of a MIPS eligible clinician, group, virtual group, or APM participant. Please complete all the required fields by entering in your contact information and relationship to the MIPS eligible clinician, group, virtual group, or APM participant. Generally, targeted reviews should be requested at the same level as the data was submitted. (**Note**: The submitter will receive follow up communication regarding the targeted review request and outcome.)

Step 8: Certification Statement for Quality Payment Program (QPP) Targeted Review Application

Prior to submitting your targeted review request, please read the statement entirely. Once complete, you may certify that you have read and agree with the statement by signing, dating and checking confirm. (**Note**: These fields are mandatory and MUST be complete prior to submitting your request for targeted review.)

GENERAL NOTICE

No Quality Payment Program Targeted Review may be granted unless this application is completed.

DISCLOSURES: Submission of this Targeted Review Application is voluntary. Failure to provide sufficient information to identify the clinician or group may result in processing delays or denial of the Targeted Review Application. A Targeted Review Application may also be delayed or denied due to insufficient information regarding the nature of the request to review the calculation of the MIPS payment adjustment factor under section 1848(q)(6)(A) of the Act and, as applicable, the calculation of the additional MIPS payment adjustment factor under section 1848(q)(6)(C) of the Act applicable to such MIPS eligible clinician or group for a year.

CERTIFICATION OF CLINICIAN: I certify that the information contained in this Targeted Review Application is true, accurate, and complete to the best of my knowledge, information, and belief. If I become aware that any information contained in this application is not true, accurate, and complete, I will inform CMS promptly. I understand that:

- The Targeted Review Application for the Quality Payment Program that I requested may result in a change in the amount the clinician will be paid from Federal funds.
- By filing the Targeted Review Application, I am submitting information that will be used to assess a claim for Federal funds.
- Any person who knowingly files a statement of claim containing any false, incomplete, or misleading information, may be guilty of a criminal act punishable under Federal and state law and may be subject to civil penalties

I hereby agree to keep all records required related to this Targeted Review Application and to furnish them upon request by the Department of Health and Human Services, or a contractor acting on its behalf.

CERTIFICATION OF SUBMITTER WORKING ON BEHALF OF CLINICIAN(S): I certify that I am submitting this Targeted Review Application on behalf of the clinician or group that has/have authorized me make this submission on their behalf. I certify that the information contained in this Targeted Review Application is true, accurate, and complete to the best of my knowledge, information, and belief. If I

* ☐ Certify

Date

[_____] 🗓

* Name of individual completing form

[_____]

Step 9: Submit Form

Please review the request to verify all fields are correct. Once complete, you may proceed with submission by selecting "Submit" request. If you no longer wish to request a targeted review, you may cancel your request by selecting "Cancel".

Step 10: Confirmation of Completion

MIPS eligible clinicians, groups, APM participants (along with their designated support staff), or third-party intermediaries who submit a valid targeted review request will receive a confirmation email stating that we have received and will process their targeted review request. In addition, the confirmation email contains a targeted review case number for tracking purposes, please keep this confirmation email for your records.

What if I Have Additional Questions?

If you have questions, please contact the Quality Payment Program by:
- Phone:1-866-288-8292/TTY: 1-877-715-6222, or
- Email: QPP@cms.hhs.gov

Appendix

Table 1: Organization Type and Roles

Organization Type	Staff User Role Lets You	Security Official Role Lets You
Practice	✓ View eligibility information for all clinicians in the practice ✓ View claims measure data during the performance period submitted by the individual ✓ View individual and group MIPS performance feedback and payment adjustment information ✓ Access the Physician Compare Preview ✓ Submit data on behalf of the practice, whether reporting individually or as a group ✓ Request a Targeted Review	Do everything the Staff User can do PLUS: ✓ Register a group for the **CMS web interface** ✓ Register a group for the **CAHPS for MIPS survey** ✓ **Approve all additional user requests** (manage access to the organization)

APM Entity	✓ Submit quality data on behalf of the Shared Savings Program ACO entity, Next Generation ACO entity, or CPC+ Practice Site
	✓ View a list of participating practices and clinicians in the APM
	✓ View MIPS performance feedback for the following models:
	   o Shared Savings Program ACO
	   o Next Generation ACO
	   o Comprehensive Primary Care Plus (CPC+)
	   o Comprehensive ESRD Care (CEC)
	   o Oncology Care Model (OCM)
		Do everything the Staff User can do PLUS:
		✓ **Approve all additional user requests** (manage access to the organization)

Registry *(Including Qualified Registries and QCDRs)*	✓ Submit data on behalf of all your clients ✓ View preliminary performance feedback for your clients based on the data you submit on their behalf	Do everything the Staff User can do PLUS: ✓ **Approve all additional user requests** (manage access to the organization) ✓ Complete the **self-nomination application** on

		qpp.cms.gov (previously approved vendors only)
Virtual Group	✓ View a list of all the practices and clinicians participating in your virtual group ✓ Submit data on behalf of the virtual group ✓ View virtual group MIPS performance feedback ✓ Request a Targeted Review	Do everything the Staff User can do PLUS: ✓ Register a group for the **CMS web interface** ✓ Register a group for the **CAHPS for MIPS survey** ✓ **Approve all additional user requests** (manage access to the organization)

Table 2: Quality Payment Program Acronyms

Acronym	Meaning
ACO	Accountable Care Organization
APM	Alternative Payment Model
CMS	Center for Medicare and Medicaid Services
CPT	Current Procedural Terminology
EHR	Electronic Health Record
EMA	Eligible Measure Applicability
FEMA	Federal Emergency Management Agency
HARP	HCQIS Access Roles and Profile
HCPCS	Healthcare Common Procedure Coding System
IA	Improvement Activities
IRS	Internal Revenue Service
IT	Information Technology
MAC	Medicare Administrative Contractor
MIPS	Merit-based Incentive Payment System
MU	Meaningful Use
NPI	National Provider Identification
PCMH	Patient Centered Medical Home
PECOS	Provider Enrollment, Chain, and Ownership System
PHI	Protected Health Information
PI	Promoting Interoperability
PII	Personally Identifiable Information
PQRS	Physician Quality Reporting System

QCDR	Qualified Clinical Data Registry
QP	Qualifying APM Participant
QPP	Quality Payment Program
TIN	Taxpayer Identification Number