

2018 Targeted Review Frequently Asked Questions

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Introduction

We've identified some of the most commonly asked questions from the Quality Payment Program (QPP) 2017 performance period targeted review request process and answered them for the 2018 performance period. Please review the [2018 Targeted Review Fact Sheet](#) for more detailed information on the targeted review process.

The Basics of Targeted Review

1. What is a targeted review?

A targeted review is a process in which you can request for the Centers for Medicare & Medicaid Services to review the calculation of your 2020 Merit-based Incentive Payment System (MIPS) payment adjustment factor and, as applicable, your additional MIPS payment adjustment factor for exceptional performance.

2. Who can request a targeted review?

You can request a targeted review if you are a MIPS eligible clinician, group, virtual group, or part of an Alternative Payment Model. You can also submit a request on behalf of a MIPS eligible clinician, group, virtual group, or Alternative Payment Model (APM) if you are their designated support staff or authorized third-party intermediary (i.e. Health Information Technology vendor or Qualified Clinical Data Registry).

3. How long do I have to submit a targeted review request?

You can request a targeted review after MIPS final performance feedback and MIPS payment adjustment factors are available on or around **July 1, 2019**. You will have **until September 30, 2019 at 8:00 p.m. Eastern Time** to request a targeted review if you believe that a targeted review is warranted. However, you are encouraged to do so **as soon as possible** once MIPS final performance feedback is released and the targeted review window opens. This will help to ensure that we apply the appropriate MIPS payment adjustments in the beginning of the 2020 payment year.

4. Could the period to request a targeted review be extended?

It is possible for the targeted review request period to be extended, however, currently we do not intend to extend the request period for targeted review beyond September 30, 2019 at 8:00 pm Eastern Time. If you identify an error with your 2018 MIPS final performance feedback and 2020 MIPS payment adjustment factor(s), you have from **July 1, 2019 to September 30, 2019** to request a targeted review.

5. I am unable to complete the targeted review form myself. Can I get assistance completing and submitting the targeted review request form?

If you are unable to fill out the targeted review request form, contact the Quality Payment Program at 1-866-288-8292 (TTY 1-877-715-6222) Monday through Friday 8:00 a.m. – 8:00 p.m. Eastern Time and ask the agent to complete the form with you. The agent will notate your responses to the questions on the form and submit the form for you.

6. Why would I request a targeted review?

If you identify an error with your 2018 MIPS final performance feedback and 2020 MIPS payment adjustment factor(s), you may wish to request a targeted review so that CMS can review the calculation of your MIPS payment adjustment factor(s) again. For examples of circumstances under which a targeted review may be requested, visit the [2018 Targeted Fact Sheet](#).

7. What is outside the scope of targeted review?

Certain issues are considered out of scope for a targeted review due to statutory limitations on administrative and judicial review under section 1848(q)(13)(B) of the Social Security Act. Because of these statutory limitations, we will deny targeted review requests of the following:

- The establishment of the performance standards and the performance period.
- The methodology used to determine the amount of the MIPS payment adjustment factor, the amount of the additional MIPS payment adjustment factor, and the determination of such amounts.
- 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.
- The identification of measures and activities specified for a MIPS performance category and information made public or posted on the Physician Compare Internet website of CMS.

8. Are target review decisions final?

The outcome of a targeted review request is **final**, and there will be **no further review** or appeal. This means that you are unable to dispute the outcome of your targeted review.

Completing the Targeted Review Request Form

9. How do I access the targeted review request form?

If you determine that a targeted review is warranted, you may submit a request. Generally, if you are a MIPS eligible clinician, group, virtual group, APM participant, or designated support staff, you will access the targeted review request form through the **performance feedback** page after signing in to the [Quality Payment Program](#).

If you're unable to access performance feedback after signing in to the [Quality Payment Program](#), contact the Quality Payment Program at 1-866-288-8292 (TTY 1-877-715-6222), Monday through Friday 8:00 a.m. – 8:00 p.m. Eastern Time or via email at gpp@cms.hhs.gov for assistance.

10. What option should I choose for “How did you report”?

In the first section of the target review request form, we are asking you to identify how you, or those you're requesting a targeted review on behalf of, chose to participate in the QPP during the 2018 performance period. On the form, under MIPS you can select from individual, group, virtual group, and under APM you can select from individual, group, or entity.

There are **two exceptions** to this; that is if you are requesting a review of a clinician's:

- MIPS eligibility, you'll select MIPS individual.
- Eligibility to be scored under the APM scoring standard, you'll select APM individual.

If none of these options apply to you, you may select unknown and you will then be prompted to provide additional information regarding your participation.

11. Do I need to submit a targeted review request for each clinician?


Please complete the targeted review request form at the level at which you, or those you're requesting a targeted review on behalf of, participated and reported data to the Quality Payment Program for the 2018 performance period. For example, if you're completing a targeted review request for your group (TIN) that chose to report at the group level and aggregate the group's performance data under the same TIN, you'd select **MIPS - group** on your request. You would NOT have to submit a targeted review request for each MIPS eligible clinician within that group.

12. Who is the “submitter” on the targeted review request form?

The second section of the targeted review request form is gathering information on the person who is completing and submitting the targeted review request form. The submitter may be completing the request on behalf of themselves or on behalf of someone else, such as a clinician, group, virtual group or APM participant. The submitter will also receive communication regarding requests for supporting documentation and the final outcome of the request.

13. Which performance categories should I select on my targeted review request form?

On the targeted review request form, you will be asked to identify which performance categories you'd like for us to review, select the performance categories that you believe were affected by the



error you identified and which submission methods were used to submit your performance data to us for the affected performance categories.

If you identify an error with your 2018 MIPS final performance feedback and 2020 MIPS payment adjustment factor(s) while viewing your performance feedback, note which performance categories were affected by this error and how data was submitted to us for those performance categories. This information will help in the preparation and completion of the targeted review request.

14. How do I determine which issue category to select on the request form?

When requesting a targeted review, you will select the issue category that most closely aligns with the issue you or those you're requesting a targeted review on behalf of experienced. The five issue categories you can select from are 1) Submission Issues, 2) Eligibility and Special Status Issues, 3) Measure/Activity Issues, 4) Extreme and Uncontrollable Circumstance Issues, and 5) General Issues. Once you identify which issue category aligns with your given circumstance, select Yes and provide a detailed explanation of the issue you experienced.

If you are still unsure which issue category you should select, contact the Quality Payment Program at 1-866-288-8292 (TTY 1-877-715-6222), Monday through Friday 8:00 a.m. – 8:00 p.m. Eastern Time or via email at gpp@cms.hhs.gov for assistance.

15. What kind of information should I enter in the “Additional Information” section on the request form?


If you believe there's an error with your 2018 MIPS final performance feedback and 2020 MIPS payment adjustment factor(s), make sure you provide as much information as you can to support your request. You are provided more space in the Additional Information section to note any further details that are related to your request. For example, if you had a conversation with the Quality Payment Program Help Desk that is related to your request, you may wish to note what was discussed during that conversation. You may also list any corresponding QPP Help Desk case numbers (CS0000000) in the Associated Help Desk Tickets box that support your request.

16. Will I get notifications regarding my targeted review request?

After the targeted review request form submitted, the person who entered their information under the submitter section will receive a confirmation email notifying them that we have received their request. They will also receive additional communications via email regarding supporting documentation we need to continue processing their request (if applicable), as well as the outcome of their request.

17. When can I expect an outcome regarding my request?

Each targeted review request is carefully evaluated on a case-by-case basis along with the supporting documentation provided. The length of time it takes to complete this review process will vary depending on the complexity of the request. We will respond with an update via email regarding the outcome of the request as soon as possible with the person who submitted the request.



If you'd like an update on the current status of your targeted review request, please contact the Quality Payment Program at 1-866-288-8292 (TTY 1-877-715-6222), Monday through Friday 8:00 a.m. – 8:00 p.m. Eastern Time and reference your targeted review request number (i.e. RITI0000000).

18. What is supporting documentation?

Supporting documentation is a critical part of the targeted review evaluation process. This documentation may include (but is not limited to):

- Supporting extracts from a MIPS eligible clinician's electronic health records,
- Copies of performance data provided to a third-party intermediary by the clinician or group,
- Copies of performance data submitted to us,
- QPP Help Desk case numbers (CS0000000),
- Signed contracts or agreements between a clinician/group and a third-party intermediary,
- Proof of APM participation, or
- Partial Qualifying Participant election forms.


If we need supporting documentation to continue evaluating your request, we will send an email to the person who entered their contact information under the submitter section on the request form notifying them of what documentation we need. In addition to the supporting documentation, you're encouraged to provide any additional information that you believe supports your request for review.

We must receive your documentation within 30 calendar days of our initial request, in order to continue processing and evaluating your request. Failure to provide the documentation within the 30 calendar days will result in a denial of your request. We encourage you to prepare for the possibility that we may request additional information by gathering supporting documentation in advance.

19. How do I submit the requested documentation to support my request?

If we request supporting documentation, the person who entered their contact information under the submitter section on the targeted review request form will receive an email notifying them of what documentation we need. Once you have gathered the necessary supporting documentation, attach the file(s) to the documentation request email we sent you and respond as soon as possible, so we can continue processing your request. Remember, you have 30 calendar days from our initial request to provide supporting documentation.

There may be cases where you need another person, such as your third-party intermediary, to submit supporting documentation on your behalf. In these cases, we will be in contact with the submitter (person who entered their information under the submitter section) of the targeted review request form to acquire necessary contact information for the third-party intermediary.



If you have questions, please contact the Quality Payment Program at 1-866-288-8292 (TTY 1-877-715-6222), Monday through Friday 8:00 a.m. – 8:00 p.m. Eastern Time, reference your targeted review request number (i.e. RITI0000000).

20. How do I ensure my supporting documentation is encrypted or password protected?

It is imperative that Personally Identifiable Information and Protected Health Information (for example, name, social security number, date of birth, and Taxpayer Identification Numbers (TINs)) are protected when sending supporting documentation. We expect you to **mask** PII and PHI when sending supporting documentation to us, unless we specify that this information is needed to support your request. If we note that this information is needed in our email request for documentation, please take appropriate measures to **encrypt** the data within the supporting documentation.

When you respond to our request for support documentation and PII or PHI is needed:

1. Encrypt and password protect the file/documentation before attaching to the supporting documentation email request you received from us.
2. Call the Quality Payment Program at 1-866-288-8292 (TTY 1-877-715-6222), Monday through Friday 8:00 a.m. – 8:00 p.m. Eastern Time, reference your targeted review request number (i.e. RITI0000000) and provide us with the password to access the file/documentation that you sent.

Note that the 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 additional information or assistance with the encryption of sensitive information, contact the CMS IT Help Desk at 1-800-562-1963, available 24 hours a day, seven days a week or via email at [CMS IT Services Desk@cms.hhs.gov](mailto:CMS_IT_Services_Desk@cms.hhs.gov).