Quality Payment PROGRAM

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

Introduction

After the Quality Payment Program 2017 final performance feedback is released, Merit-based Incentive Payment System (MIPS) eligible clinicians, groups and MIPS APM Alternative Payment Model participants (individual clinicians, participating groups and the APM Entity) that believe an error has been made can request that the Centers for Medicare & Medicaid Services (CMS) review their 2019 MIPS payment adjustment factor(s). This process is called Targeted Review, and it replaces older processes, such as Informal Review under the legacy Physician Quality Reporting System (PQRS).

What Should I Know about Targeted Review?

This user guide is intended to help those who are requesting a targeted review. Below are the vital steps of requesting a targeted review:

1. Review your 2017 MIPS performance feedback and 2019 MIPS payment adjustment factor(s) as soon as it's available.
2. If you believe there is an error with your 2017 MIPS final performance feedback, submit your targeted review request **immediately**.
    - Targeted reviews can be requested until 8:00 p.m. ET on October 11, 2018, but 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, 2019.
3. Provide a detailed explanation of the issue encountered in the request form.
4. If we request documentation to support your request for targeted review, it's critical that you provide it as soon as possible.

This User Guide includes the following information:

Targeted Review Process Overview

Review MIPS Performance Feedback

Who Receives MIPS Performance Feedback?

- Individual MIPS eligible clinicians
- Groups
- APM Entities (those with MIPS eligible clinicians scored under the APM scoring standard)

Partial Qualifying APM Participants will **only** receive MIPS performance feedback if they elected to participate in MIPS.

Qualifying APM Participants will **not** receive MIPS performance feedback.

For further information regarding performance feedback, refer to the 2017 Performance Feedback Fact Sheet).

When Will You Receive Your MIPS Performance Feedback?

MIPS performance feedback will be available in July 2018. You can access your performance feedback through the QPP Portal by logging into qpp.cms.gov.

Note: APM entities that did not submit quality data through the CMS Web Interface will receive their MIPS performance feedback directly from their model team.

What is Included in Your MIPS Final Performance Feedback?

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

MIPS performance feedback includes:

- The 2017 final score
- 2019 payment adjustment information, and
- Detailed information about measures and activities

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 8:00 p.m. ET on October 11, 2018.

We strongly recommend that you submit your targeted review request as early as possible to ensure payment adjustments are applied correctly beginning January 1, 2019.

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 through performance feedback on the QPP Portal by:

- Individual MIPS eligible clinicians
- Groups
- APM Entities that submitted quality data through the CMS Web Interface (i.e. Accountable Care Organizations, or ACOs)

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

- Authorized third-party intermediaries
- Other MIPS APM Entities
- 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 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
- Signed contracts or agreements between a clinician/group and a third-party intermediary
- APM participation agreements
- Partial QP election forms

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 the event that we request additional information, it is recommended that you begin gathering supporting documentation in advance.

How to Submit Supporting Documentation

If we request additional supporting documentation, you will receive an email from us notifying you which documentation is requested. 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.

There may be instances where you need another individual, such as a third-party intermediary, to submit supporting documentation on your behalf. In these instances, advise the individual to:

- ✓ Email the documentation to us directly
  - **For MIPS Targeted Reviews**: QPPTargetedReview@telligen.com
  - **For APM Targeted Reviews for MIPS APM and Advanced APM participants**: QPP_APM_TargetedReview@cms.hhs.gov
- ✓ Include the Targeted Review ID number in the email subject line (example: CS0000000 - Requested Supporting Documentation)

- ✓ Follow the instructions provided below on how to protect and properly handle Personally Identifiable Information (PII) and Protected Health Information (PHI) when submitting documentation.

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 and the additional MIPS payment adjustment factor. 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 2017 MIPS final score or associated 2019 MIPS payment adjustment factors.
- ✓ The targeted review request is approved, the 2017 MIPS final score and associated 2019 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 final 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

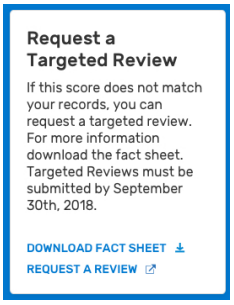
We will attempt to recalculate appropriate performance category score(s), final score, and payment adjustment factor(s) to the extent possible based on data previously submitted. Updated performance feedback will be available to view in the QPP Portal as soon as technically feasible.

Updated payment adjustment files will be distributed to the Medicare Administrative Contractors (MACs), so the 2019 MIPS payment adjustments reflect approved targeted reviews.

Accessing the Targeted Review Request Form

Individuals, Groups, ACOs

MIPS eligible clinicians, groups, Medicare Shared Savings Program ACOs, and Next Generation ACOs (along with their designated support staff) can request a targeted review by logging into the QPP Portal (qpp.cms.gov). To sign into the QPP Portal, users must have an Enterprise Identity Management (EIDM) account with the appropriate user role (reference Table 1 in Appendix) associated with the organization, individual clinician, or group. Please refer to the EIDM User Guide or the ACO User Guide in the Resource Library for guidance on creating an EIDM account.



Once logged into the QPP Portal, you will navigate to Performance Feedback. At the bottom of each Performance Feedback page, you will see a box labeled Request a Targeted Review; to access the targeted review request form click “Request a Review”.

APM Entities (non-ACOs) and Participating Clinicians

APM Entities and participating clinicians will receive the Targeted Review Request Form URL link from their CMS APM model team via email along with their MIPS performance feedback.

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:** Submitter Information
- **Step 3:** Provider Specialty Type
- **Step 4:** Categories to Review
- **Step 5:** Submissions Method
- **Step 6:** Reasons for Targeted Review
  - Submissions Issues
  - Eligibility and Special Status Issues
  - Measures/Activity Issues
  - General Issues
  - Extreme and Uncontrollable Circumstances
- **Step 7:** Additional 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 2017?

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 2017.

Please select how you participated in Year 2017 of QPP from the options below:

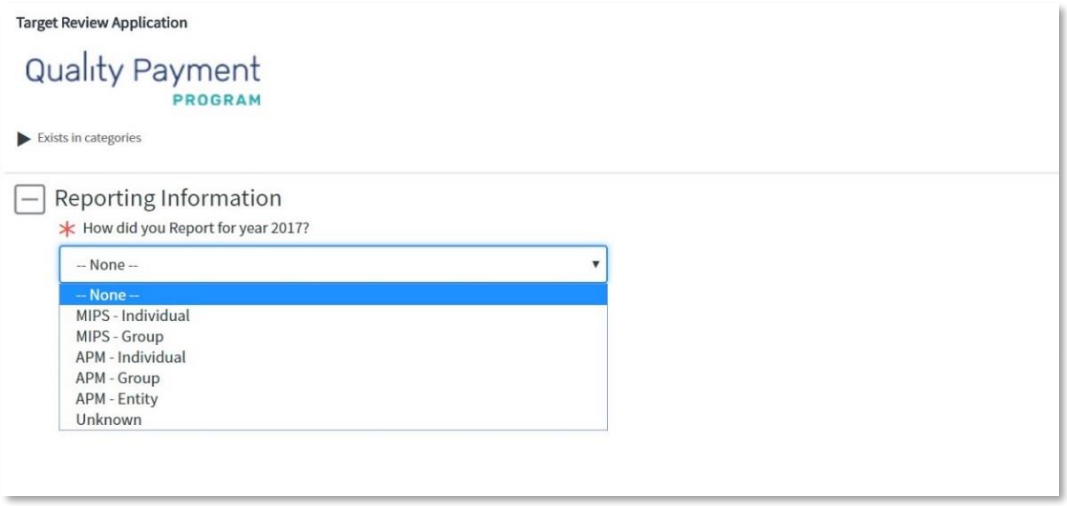
- **MIPS – Individual** when a targeted review is requested for individual (TIN/NPI level) data submitted by a MIPS eligible clinician.
- **MIPS – Group** when a targeted review is requested for aggregated (TIN level) submitted by a practice on behalf of all its MIPS eligible clinicians.
- **APM – Individual** when a targeted review is requested for individual (TIN/NPI level) data submitted by a clinician participating in an APM.
- **APM – Group** when a targeted review is requested for aggregated (TIN level) data submitted by an APM Entity group on behalf of its clinicians participating in an APM.

- Generally, this would apply to participant TINs in a MIPS APM that submitted group-level data for the Advancing Care Information performance category.

- **APM – Entity** when a targeted review is requested for data submitted at the APM Entity level.
- **Unknown** if you are unsure how you or your client submitted in Year 2017.

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.

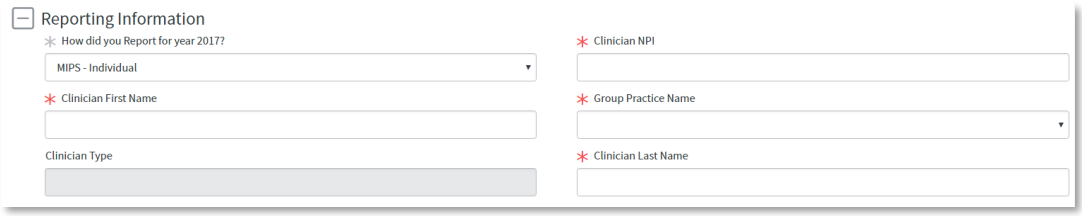


1.2 Enter MIPS eligible clinician, group, or APM entity information

Additional fields will populate based on the selection made in the first question "How did you Report for year 2017?"

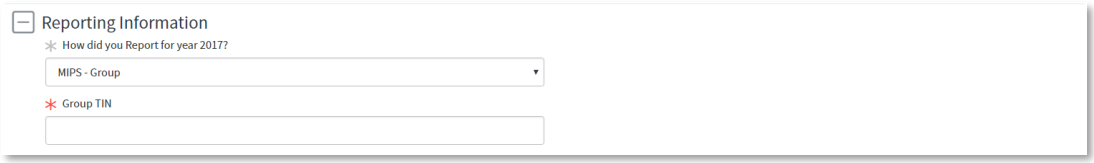
MIPS – Individual

First, enter the Clinician NPI and verify for accuracy. When entered in accurately, clinician information, such as Clinician Type, will be auto-populated based on information provided in the QPP Portal 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.)



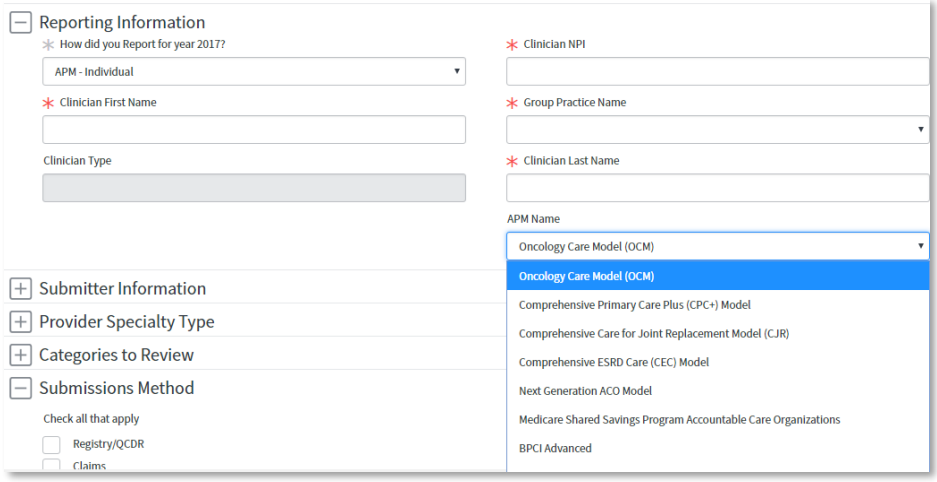
MIPS – Group

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.)



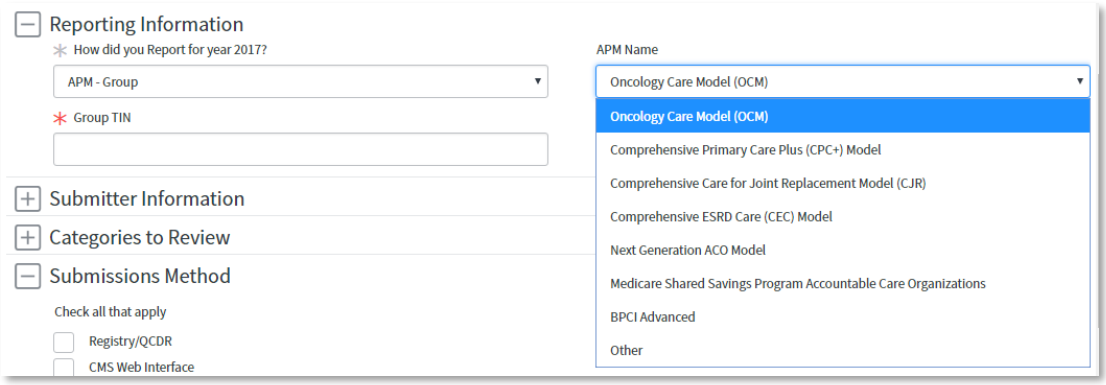
APM – Individual

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 Portal and in the APM Participation 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.)



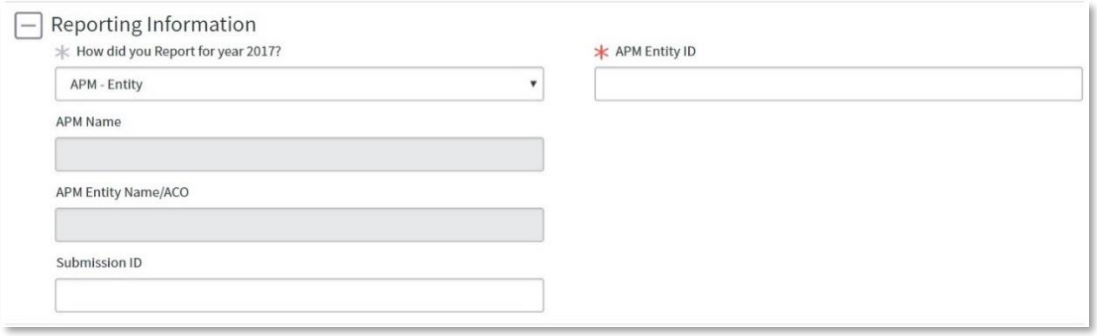
APM – Group

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

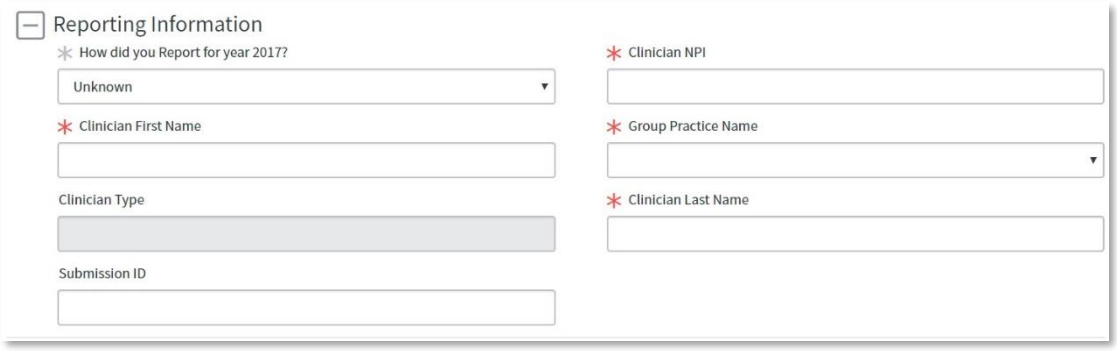
First, enter the APM Entity ID and verify for accuracy. When entered accurately, information will be auto-populated based on information provided in the QPP Portal and in the APM Participation Lookup Tool. (**Note:** You may manually complete the data fields if the auto-populated data is incorrect or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



Unknown

If you are unsure how you or your client submitted for the Year 2017, select unknown. Enter in the Clinician NPI and verify for accuracy.

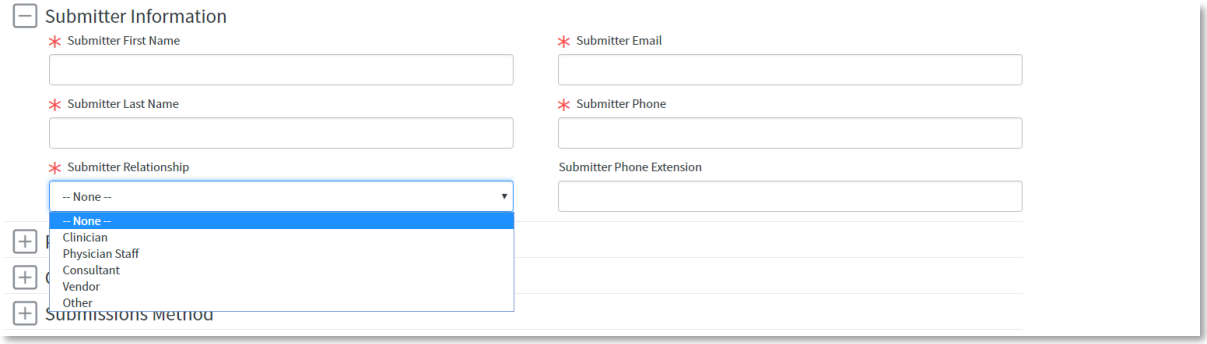
When entered accurately (and/or if applicable), clinician information will be auto-populated based on information provided in the Quality Payment Program Portal and in the Quality Payment Program Participation Lookup Tool. Next, select the appropriate Group Practice Name. (**Note:** You may manually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



Step 2: Submitter Information

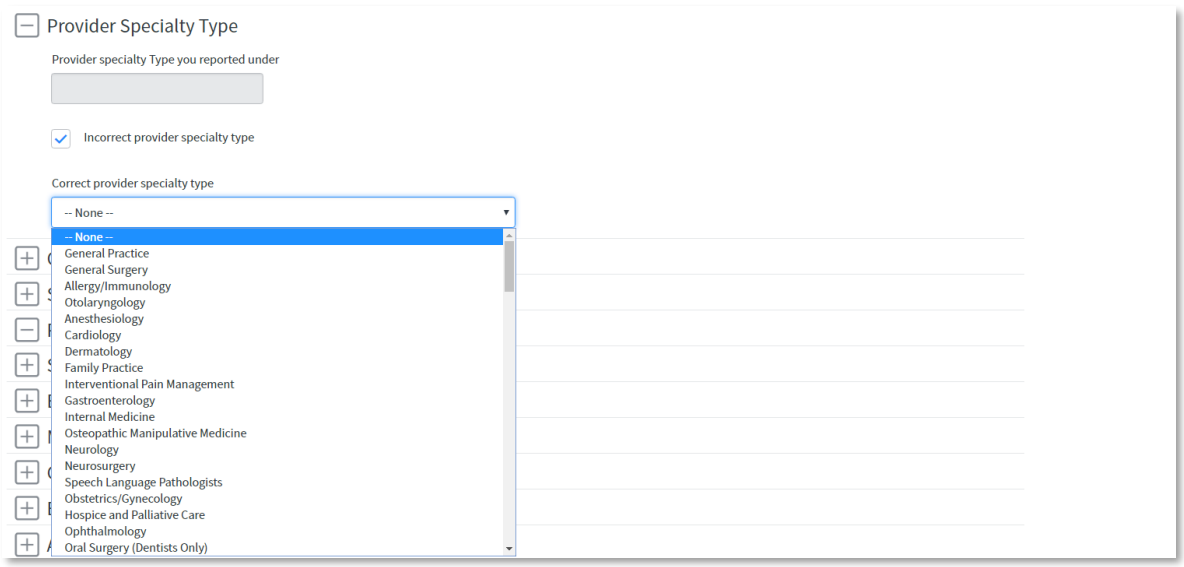
Who is the Submitter?

The submitter is the individual who is completing the targeted review request on behalf of a MIPS eligible clinician, group, or APM participant. Please complete all the required fields by entering in your contact information and relationship to the MIPS eligible clinician, 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.)



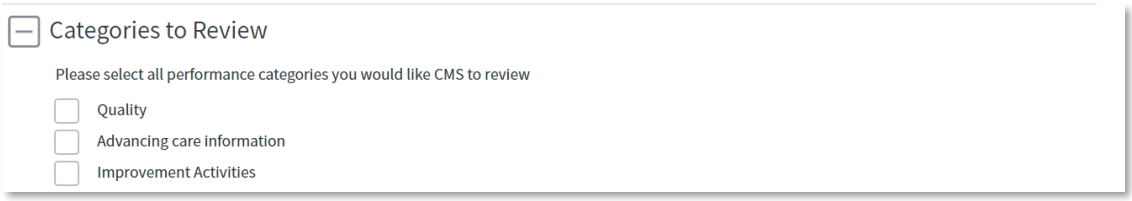
Step 3: Provider Specialty Type

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.)



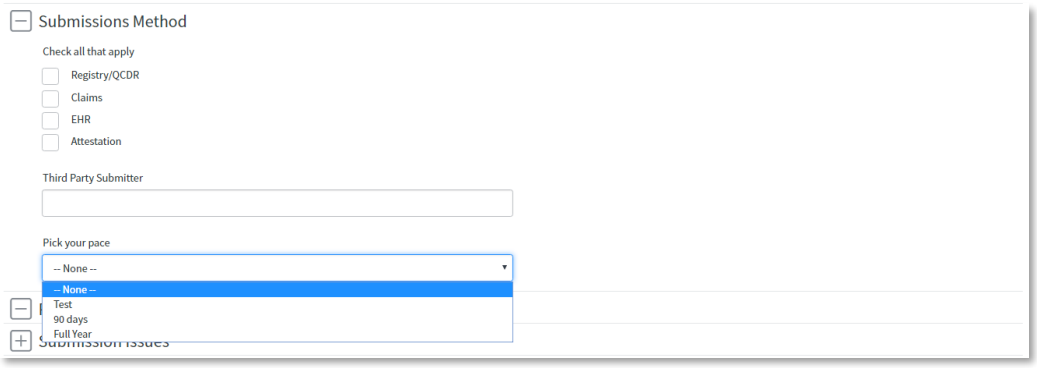
Step 4: Categories to Review

Select the affected performance category(ies) you wish for CMS to review. (**Note**: if no performance categories apply to you, please select N/A.)



Step 5: Submission Method

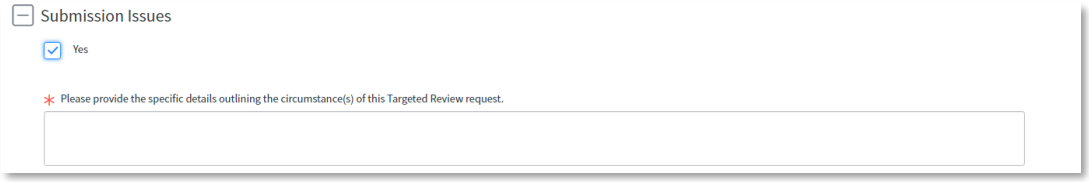
Select the submission method(s) that relate to your request for targeted review. If a third-party submitter was utilized for reporting (i.e. you used an EHR vendor or QCDR/Registry), please provide the third-party submitter organization's name. In addition, select the pace in which you participated in QPP MIPS (test, 90 days, full year) if it's applicable to your request.



Step 6: Select Reason for Targeted Review

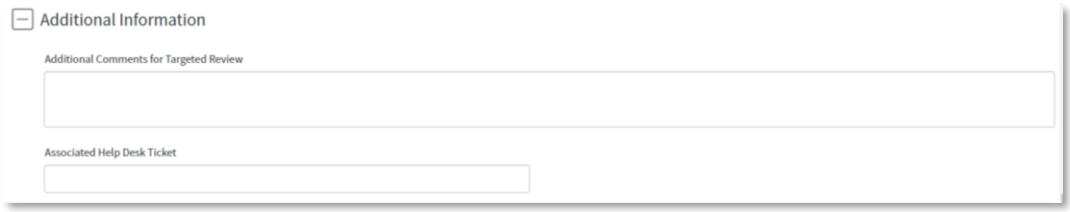
When requesting a targeted review, there are five main issue categories to select from: (1) Submission Issues, (2) Eligibility and Special Status Issues, (3) Measure/Activity Issues, (4) General Issues and (5) Extreme and Uncontrollable Circumstances. Please select the category or categories that best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



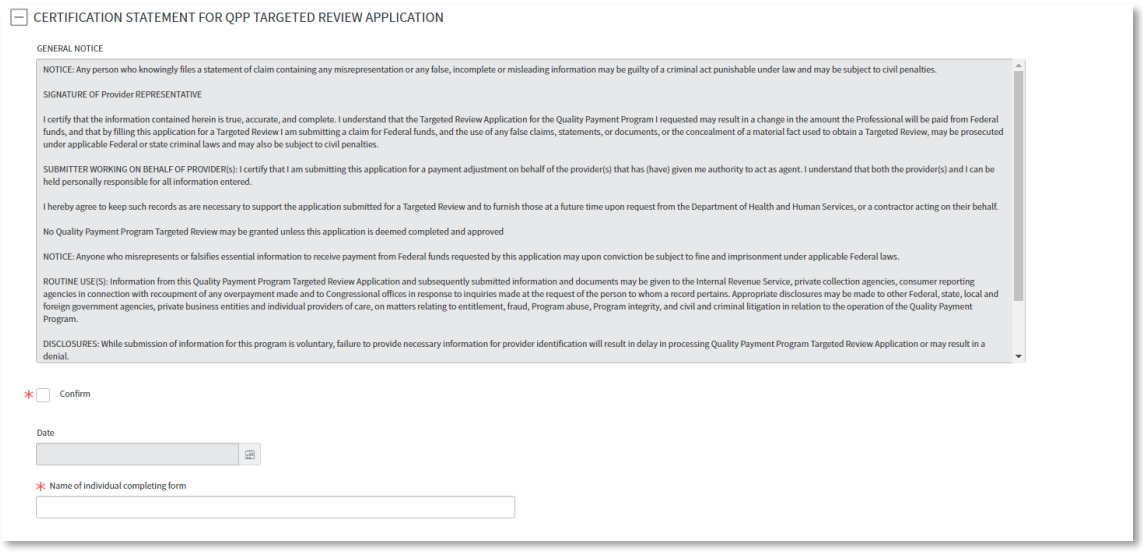
Step 7: Additional Information

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 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.)



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: EIDM Roles

Who	EIDM Roles that Allow Access to Feedback
Group representative/Practice staff (2 or more clinicians billing to the TIN)	• Security Official; or • PQRS Submitter; or • Web Interface Submitter
Individual Clinicians (2 or more clinicians billing to the TIN)	• PQRS Submitter
Solo/Individual Practitioner (1 clinician billing to the TIN)	• Individual Practitioner
Practice Staff (1 clinician billing to the TIN)	• Individual Practitioner Representative
Shared Savings Program ACO Entity representative	• ACO Security Official; or • ACO Web Interface Submitter
Group participating in a Shared Savings Program ACO (2 or more clinicians billing to the TIN)	• Security Official; or • PQRS Submitter; or • Web Interface Submitter
Solo practitioner participating in a Shared Savings Program ACO (1 clinician billing to the TIN)	• Individual Practitioner • Individual Practitioner Representative (for practice staff)
Next Generation ACO Entity representative	• ACO Security Official; or • ACO Web Interface Submitter
Group or clinician participating in a Next Generation ACO	Contact your ACO entity representative
Other MIPS APM Entities	Contact your APM entity representative
Group or Clinician participating in Other MIPS APMs	Contact your APM entity representative

Table 2:

Quality Payment Program Acronyms

Acronym	Meaning
ACI	Advancing Care Information
ACO	Accountable Care Organization
APM	Alternative Payment Model
CMS	Center for Medicare and Medicaid Services
CPC+ Model	Comprehensive Primary Care Plus Model
CPT	Current Procedural Terminology
EHR	Electronic Health Record
EIDM	Enterprise Identity Management Account
EMA	Eligible Measure Applicability
FEMA	Federal Emergency Management Agency
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
PII	Personally Identifiable Information
PQRS	Physician Quality Reporting System
QCDR	Qualified Clinical Data Registry
QP	Qualifying Participant (under APM)
QPP	Quality Payment Program
SSP	Medicare Shared Savings Program
TIN	Taxpayer Identification Number