Quality Payment

Merit-based Incentive Payment System (MIPS)

2020 Targeted Review Guide





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How to Use This Guide



How to Use This Guide

Purpose: The purpose of this guide is to describe what a targeted review is, provide step-by-step instructions on how to complete the request form, and explain what to do after submitting your request.



Please Note: This guide was prepared for informational purposes only and is not intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It is not intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

This guide captures images of the process for opting-in or voluntarily reporting. The information captured in the screenshots may not be the exact language, workflow, or design that was finalized in the system on July 2021.

Table of Contents

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Hyperlinks

Hyperlinks to the <u>QPP website</u> are included throughout the guide to direct the reader to more information and resources.





Introduction



What Is a Targeted Review?

Targeted Review is the process through which Quality Payment Program (QPP) participants can request that the Centers for Medicare & Medicaid Services (CMS) review the calculation of their 2022 MIPS payment adjustment factor(s) and, if applicable, their additional MIPS payment adjustment factor for exceptional performance.

Once 2022 MIPS payment adjustment factor(s) are released, you have **60 days** to request a targeted Review for the 2020 performance year.

2020 performance feedback will be available on August 2, 2021. The last day you can submit a targeted review for the 2020 performance year is **October 1, 2021.**

While you have 60 days to complete your request, you should request a targeted review **as soon as possible** if you identify an error with your MIPS final performance feedback and MIPS payment adjustment factor(s). This will help ensure that the correct payment adjustment is applied to your claims from the start of the 2022 payment year.



Where Is the Targeted Review Application Located?

You can access the Targeted Review application through your QPP account on qpp.cms.gov.

You need a **Healthcare Quality Information System (HCQIS) Access Roles and Profile (HARP) account** to sign in and access the Targeted Review application.

Visit the <u>Quality Payment Program Access Guide</u> (ZIP) for instructions on how to create a HARP account. For additional information on HARP, check out the <u>HARP FAQs</u>.

Who Can Request a Targeted Review

You can request a targeted review if you're a(n):

- MIPS eligible clinician
- Group
- Virtual group
- Alternative Payment Model (APM) participant (individual clinician, group, APM Entity)

Third party intermediaries and designated support staff can submit a targeted review on behalf of program participants.



What Can I Request a Targeted Review for?

As described in section 1848(q)(13)(A) of the Social Security Act, targeted review is limited to the calculation of the MIPS payment adjustment factor(s). You may request a targeted review if you find an error with your **2022 MIPS** payment adjustment factor(s) and associated **2020 MIPS performance feedback**.

While this isn't a comprehensive list, the following are examples of circumstances for which you may wish to request a targeted review.

- Your performance data was submitted under the incorrect Taxpayer Identification Number (TIN) or National Provider Identifier (NPI).
- You qualified for performance category reweighting because of a special status designation, Promoting Interoperability Hardship Exception, or Extreme and Uncontrollable Circumstances Exception that was incorrectly applied.

What Can't I Request a Targeted Review for?

There are statutory limitations on administrative and judicial review as described in section 1848(q)(13)(B) of the Social Security Act. As such, there will be no Targeted Review of the following:

- The methodology used to establish the amount of the MIPS payment adjustment factor, the amount of the additional MIPS payment adjustment factor, and the determination of such amounts.
- The establishment of the performance standards and the performance period.
- The identification of measures and activities specified for a MIPS performance category and information made public or posted on <u>Medicare Care Compare</u>.
- The developed methodology used to calculate performance scores and the calculation of such scores, including the weighting of measures and activities under such methodology.

See the following page for examples of valid and invalid Targeted Review requests.

A targeted review request for any of these reasons will be denied.



Introduction

Introduction

Examples of Valid Targeted Review Requests

Valid Reasons to Request a Targeted Review		
Denominator Reduction	"I submitted all of the quality measures available to me, but my denominator wasn't reduced."	
Incorrect TIN/NPI	"My data was submitted under the wrong TIN or NPI."	
Special Status Designation	"I have a special status that isn't reflected in my performance category score."	
Incorrectly Scored with an Approved Hardship Exception	"I was scored in the [Promoting Interoperability] performance category but was approved for reweighting through a MIPS Promoting Interoperability Hardship Exception application."	
QP Designation	"I was identified as a Qualifying APM Participant (QP), but I'm not a participant in an Advanced APM."	
Missing Final Score for APM Participant	"I'm a participant in a MIPS APM, but I didn't receive a final score associated with my APM Entity."	
Invalid Reasons to Request a Targeted Review		
Final Score and Payment Adjustment Location	"I want to know where I can find my final score and payment adjustment."	
Low Payment Adjustment	"I want to know why my payment adjustment is so low."	
Historical Benchmark	"I disagree with the historical benchmark used to determine my measure's score."	
Misunderstanding of Scoring Policy	"I am confused about the scoring policy used to calculate my measure scores and final score."	
Score Change	"My scores have changed since the submission period."	
APM Incentive Payment Calculation	"My APM Incentive Payment was calculated incorrectly."	

Have you experienced an issue with your data? Issues related to inaccurate, unusable, or otherwise compromised data don't fall under the scope of a targeted review and will be denied. If you're requesting performance category reweighting because of inaccurate, unusable, or otherwise compromised performance data, contact the <u>OPP Service Center</u>.







Before You Begin

Overview

To prepare for the targeted review process, you should:

☐ Identify who will request the targeted review

The targeted review request will be accessible by the person who submits the request ("submitter") and those whom the submitter adds as additional staff members.

You don't need a specific role (for example, security official) for your organization to submit a targeted review request.

☐ Obtain or access your HARP account

You must have a HARP account to complete and submit a targeted review request.

- New Users: Register for QPP to obtain your HARP credentials.
- Returning Users: Confirm that you can sign in to QPP with your HARP credentials.
- ☐ Gather identifying information and supporting documentation
 - Collect the clinician, group, virtual group, or APM participants' identifying information
 - o **Clinician** NPI and associated practice's legal practicing name.
 - o **Group** The practice's TIN and legal practicing name.
 - o Individual clinician, group, or APM Entity participating in an APM APM identification number (ID).
 - Approved virtual group Virtual Group ID.



Overview (Continued)

- ☐ Gather identifying information and supporting documentation (Continued)
 - Collect any documentation that supports your targeted review request. **If possible, attach supporting documentation with your initial request.** Supporting documentation may include, but isn't limited to:
 - o Extracts from the MIPS eligible clinician's Electronic Health Record (EHR)
 - o 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 case numbers
 - o Signed contracts or agreements between a clinician/group and a third party intermediary
 - Proof of your APM participation
 - Partial QP election forms

Documentation **may vary** based on the circumstances of the targeted review request.







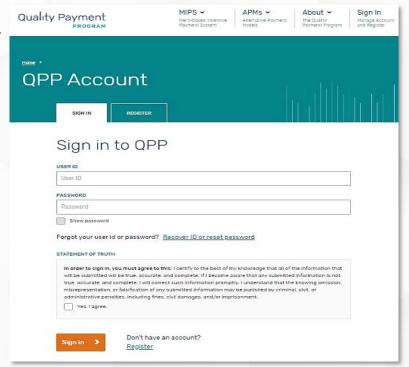
Overview

This section of the guide provides step-by-step instructions on how to complete the Targeted Review Request application located within your QPP account on qpp.cms.gov.

Step 1: Sign in to qpp.cms.gov

Sign in to your **QPP account** using your HARP credentials on <u>qpp.cms.gov</u>.

- Don't have a HARP account? Register for QPP to obtain your HARP credentials.
- Forgot your user ID or password? Recover your HARP credentials.
- Looking for more information about HARP? See the HARP FAQs.





Select Targeted Review Add New Targeted Review & Review Valid/Invalid Targeted Review Select Application Type and Enter Identifying Information

Enter Submission Information

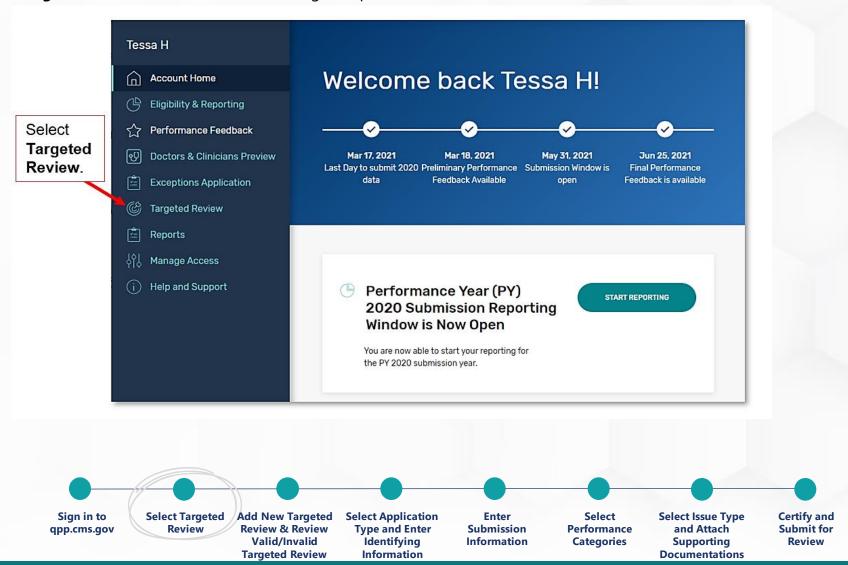
Select Performance Categories Select Issue Type and Attach Supporting Documentations

Certify and Submit for Review



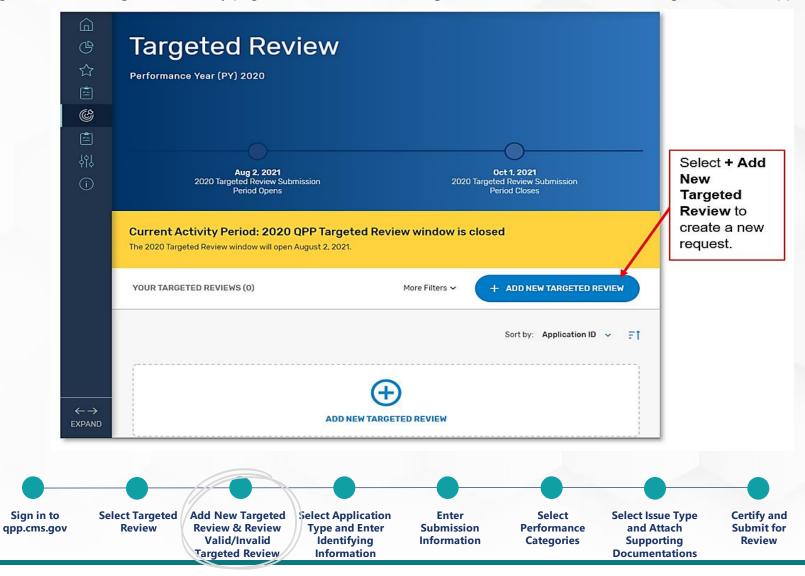
Step 2: Select Targeted Review

Select **Targeted Review** from the left-hand navigation pane.



Step 3a: Add New Targeted Review

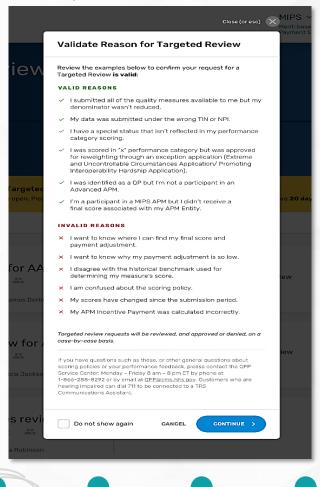
On the Targeted Review Progress Summary page, select + Add New Targeted Review to create a new Targeted Review application.





Step 3b: Valid and Invalid Targeted Review Models

Review the list of valid and invalid targeted review examples, then select continue.



Enter

Submission

Information

Select

Performance

Categories

Select Issue Type

and Attach

Supporting

Documentations

Certify and

Submit for

Review



Sign in to

qpp.cms.gov

Select Targeted

Review

Add New Targeted

Review & Review

Valid/Invalid

Targeted Review

Select Application

Type and Enter

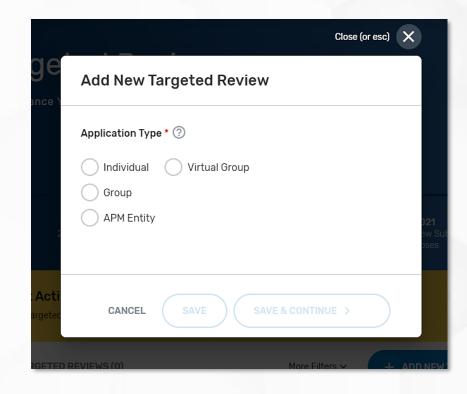
Identifying

Information

Step 4a: Select Application Type

Select **the application type** that aligns with **how your data was submitted**¹ to MIPS for the 2020 performance year. Then select **Save & Continue**.

See the following page for more information on each application type and the required identifying information.



Select **Save** if you want to save your progress and complete your application later.



Step 4b: Provide Identifying Information

Enter the required **identifying information** based on which application type you choose. Each application type requires a different type of identifying information (for example, individual – NPI; group – TIN).

Note: You have the option to create a name (personal reference only) for your request by clicking the **pencil icon** next to your request on the Targeted Review Progress Summary page.

Application Type	Select if you're	You will be asked to provide the following identifying information
Individual	 A MIPS eligible clinician who participated in MIPS individually by submitting data under your unique TIN/NPI combination. Requesting a targeted review of a clinician's MIPS eligibility. 	Clinician NPI • ⑦ e.g. 1234567890
Group	 A practice that participated in MIPS as a group by submitting aggregated data under a single TIN on behalf of all eligible clinicians in your practice. 	Group TIN • ② e.g. 123456789
Virtual Group	 A part of an approved virtual group that participated in MIPS by submitting aggregate data under your virtual group ID on behalf of all TINs within the virtual group. 	Virtual Group ID * ② e.g. ABCDE123456780 Application Title ② Untitled For personal reference only. Will not be displayed on submitted application.
	ign in to Select Targeted Add New Targeted Select Application Enter Submission Valid/Invalid Identifying Information Information	Select Select Issue Type Certify and Performance and Attach Submit for Categories Supporting Review Documentations

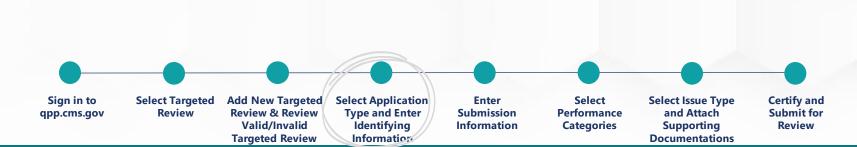
Fields with a red asterisk (*) are required.



Step 4b: Provide Identifying Information (Continued)

Application Type	Select if you're	You will be asked to provide the following identifying information
APM Entity	 A MIPS eligible clinician in an APM who submitted Promoting Interoperability or quality data as an individual for the APM Scoring Standard. Requesting a targeted review of a clinician's eligibility to be scored under the APM Scoring Standard. A practice in an APM that submitted Promoting Interoperability or quality data as a group for the APM Scoring Standard. An APM Entity that submitted data on behalf of all eligible clinicians in the entity. 	APM Entity ID • ⑦ e.g. ABCDE123456780
Unknown	Select Unknown if you're unsure how you or the party requesting the review submitted data to MIPS.	Clinician NPI • ② e.g. 1234567890

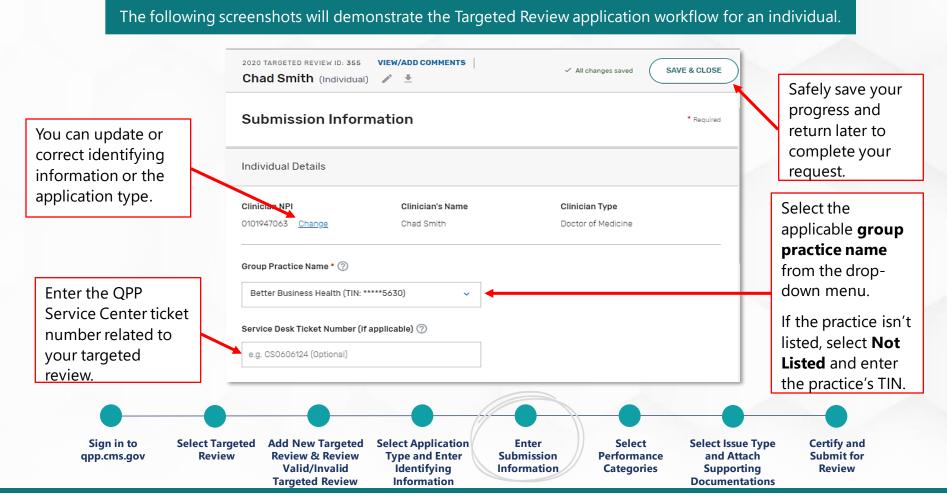
Fields with a red asterisk (*) are required.



Step 5a: Submission Information – Individual, Group, Virtual Group, APM Entity Details

Verify the **pre-populated information** (for example, clinician's name, clinician type, group's name, etc.).

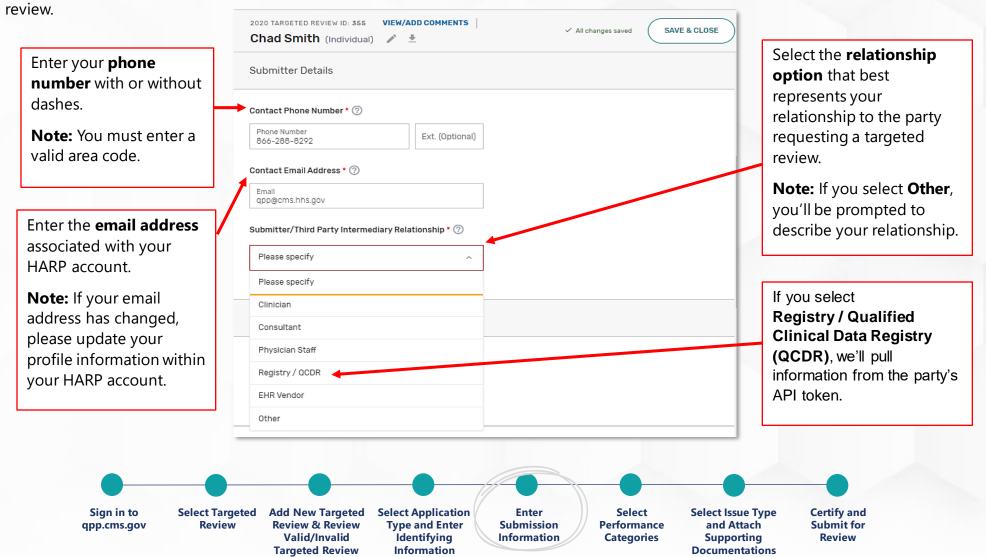
Note: The pre-populated information is pulled from the <u>QPP Participation Status Tool</u> using the identifying information (NPI, TIN, Virtual Group ID, APM ID) you entered during step 4.





Step 5b: Submission Information – Submitter Details

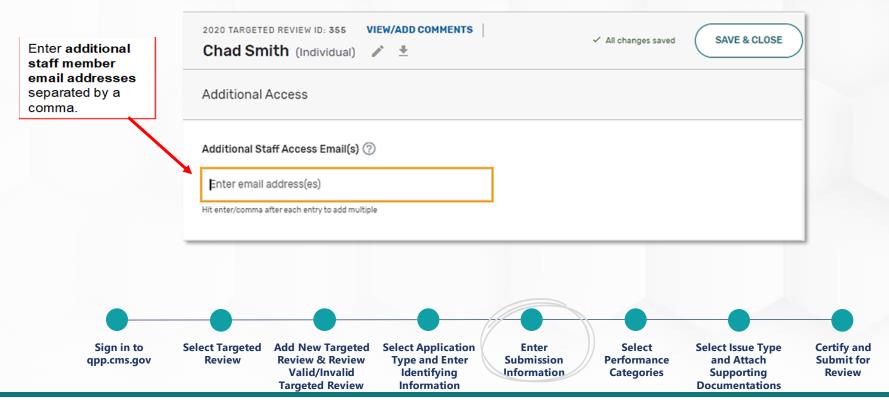
Enter your preferred **contact information** and **identify your relationship** with the party for whom you are requesting a targeted



Step 5c: Submission Information – Additional Access

You can provide the email address(es) of additional staff or representatives who should receive notifications about the status of the request.

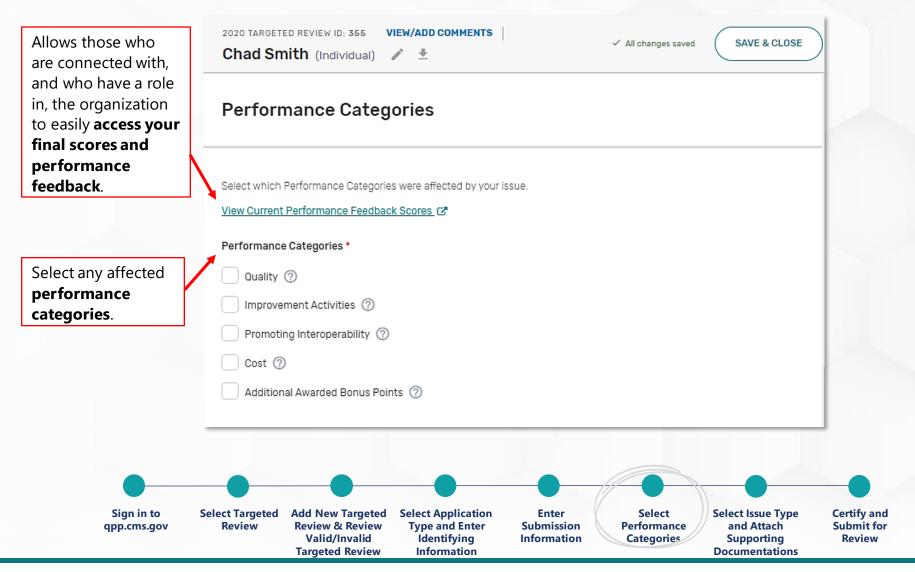
- If you enter an email address **that's associated with an individual's HARP account**, that person will be able to access the Targeted Review application and will receive notifications about the status of the request when they sign in to qpp.cms.gov with their HARP credentials.
- If you're submitting an application on behalf of an individual, group or virtual group, users with access to the practice or virtual group on app.cms.gov will be able to access the application **only** if you add the email associated with their HARP account.





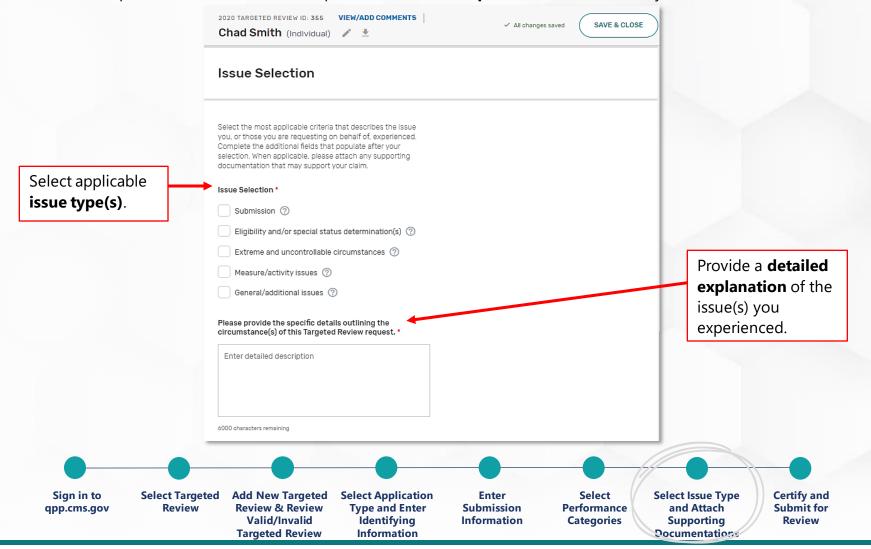
Step 6: Performance Categories

Select the **performance categories** that were affected by the issue(s) you experienced.



Step 7a: Issue Type Selection

Select the applicable **issue type(s)** that best describe the issue(s) you identified with your 2022 payment adjustment factor(s) and associated 2020 final performance feedback. Then provide a **detailed explanation** of the issue(s) you identified.





Step 7a: Issue Type Selection (Continued)

Examples of each issue type are described in the table below. This isn't an exhaustive list.

Issue Type	Example
Submission	Your practice reported to MIPS as a group, and your vendor included the wrong TIN in the file they submitted to MIPS on your behalf.
Eligibility and/or Special Status Determination(s)	You're a hospital-based MIPS eligible clinician who qualified for automatic reweighting of the Promoting Interoperability performance category to 0%. When looking at your 2020 MIPS performance feedback, you identified that the Promoting Interoperability performance category wasn't reweighted.
Extreme and Uncontrollable Circumstances	You are a solo practitioner who submitted data as an individual for 2 performance categories. However, the 2 categories for which you didn't submit data weren't reweighted to 0%, and you received a category score for all of the performance categories scored for the 2020 performance period.
Measure/Activity Issues	You are a part of a small practice of speech-language pathologists that reported to MIPS as a group. Your group submitted quality performance data on the 3 measures in the Speech-Language Pathology specialty measure set, and the quality performance category score denominator should have been lowered to 30 points, reflecting the 3 quality measures available. When looking at your group's 2020 MIPS performance feedback, you identified that your quality performance category score denominator wasn't lowered.
General Issues	You are a MIPS eligible clinician who qualified for facility-based measurement scoring. When looking at your 2020 MIPS performance feedback, you identified that you didn't automatically receive a quality performance category score based on your facility's Fiscal Year 2022 Hospital Value-based Purchasing program score.



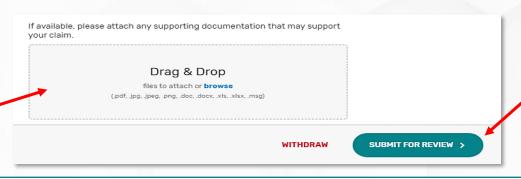
Step 7b: Attach Supporting Documentation

Attach your **supporting documentation** to your Targeted Review application. Then select **Submit for Review**.

Supporting information may include, but isn't limited to:

- 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.
- OPP Service Center case numbers.
- Signed contracts or agreements between a clinician/group and a third party intermediary.
- Proof of your APM participation.
- Partial QP election forms.

Please attach, if available, any documentation that may support your claim. Use the Drag & Drop feature or browse your computer to locate and applicable upload files.



You don't need to encrypt your supporting documentation that contains personally identifiable information (PII) or personal health information (PHI) because the targeted review application is within your secure QPP account on qpp.cms.gov.

Select **Submit for Review** once you have completed your request and are satisfied with it.

Don't have your supporting documentation yet? Check out your options on the following page.



Select Targeted Review Add New Targeted Review & Review Valid/Invalid Targeted Review Select Application Type and Enter Identifying Information

Enter Submission Information

Select Performance Categories Select Issue Type and Attach Supporting Certify and Submit for Review



Step 7b: Attach Supporting Documentation (Continued)

We strongly recommend that you attach your supporting documentation to your Targeted Review application as soon as possible.

If your supporting documentation isn't available when you complete the application, you can:

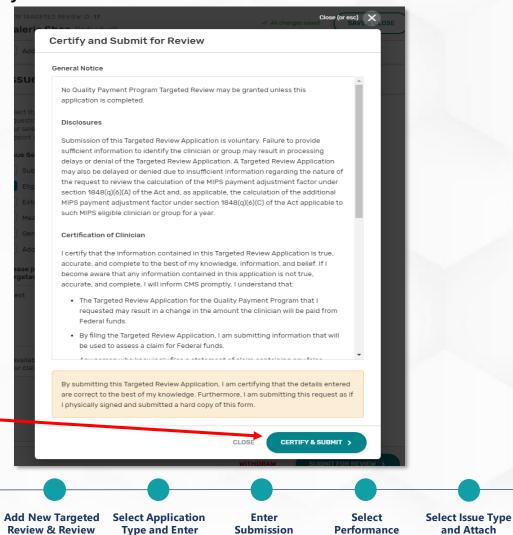
- **Option 1:** Save your application progress, attach your supporting documentation, and then submit your targeted review.
- **Option 2:** Submit your application and use the <u>Comments</u> function to submit supporting documentation to the reviewer of your request.

Note: If the reviewer of your targeted review requests supporting documentation, you'll have **30 days** to provide the requested documentation, or the targeted review request will be denied.



Step 8: Certify and Submit for Review

Read the disclosure. Then select Certify & Submit.



Information

Categories

Supporting

Documentations



request.

Certify that you read the

disclosure and then submit your

Sign in to

qpp.cms.gov

Select Targeted

Review

Valid/Invalid

Targeted Review

Identifying

Information

Certify and

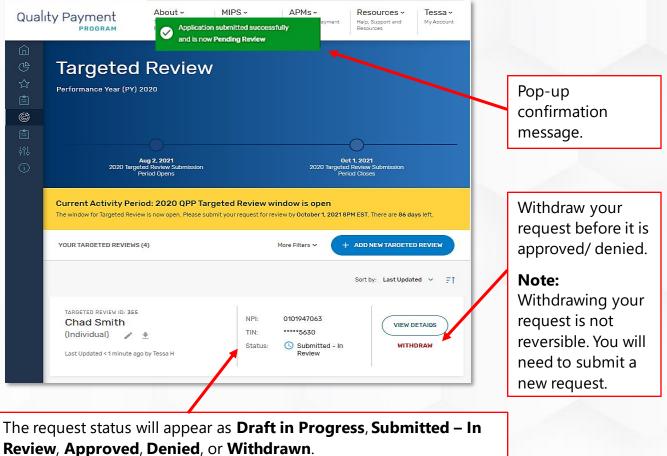
Submit for

Review

Receive Confirmation Notification

Once your request is complete, you'll be brought back to the **Targeted Review Progress Summary** page. You will see a **pop-up** message confirming that you successfully submitted your review.

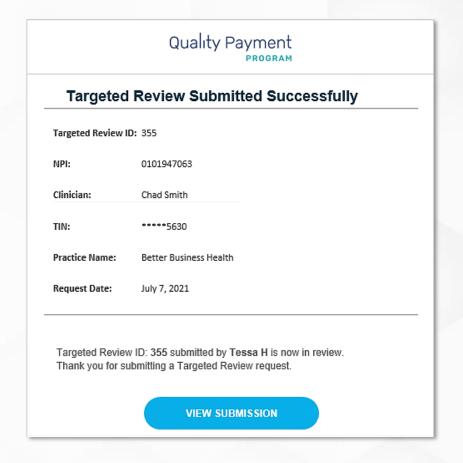
You'll also receive a confirmation email notifying you that your application was successfully received.





Receive Confirmation Notification (Continued)

Example of the **email confirmation** you receive upon a successful submission.







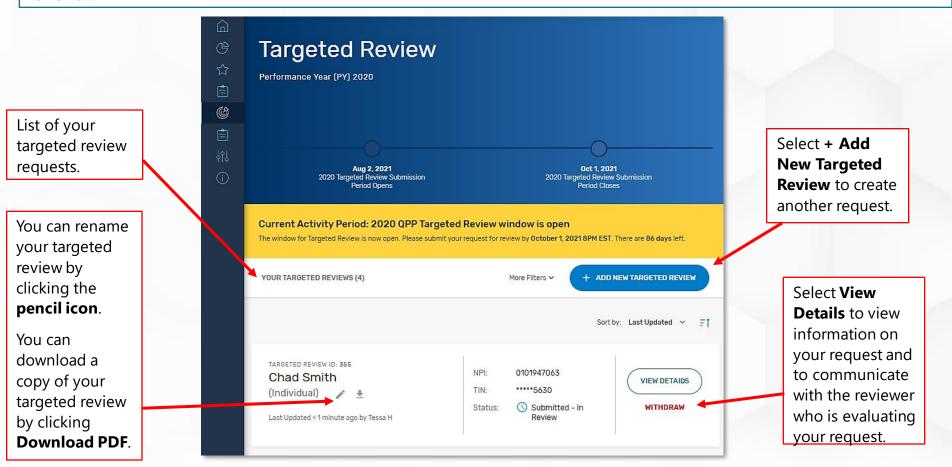


How to Monitor a Targeted Review

View Targeted Review Details

You can monitor all your targeted review requests for the 2020 performance year on the **Targeted Review Progress Summary** page. Select **View Details** for additional information about a specific request.

Sign in to <u>app.cms.gov</u> regularly to stay updated on the status of your requests and any communications you receive from the reviewer.





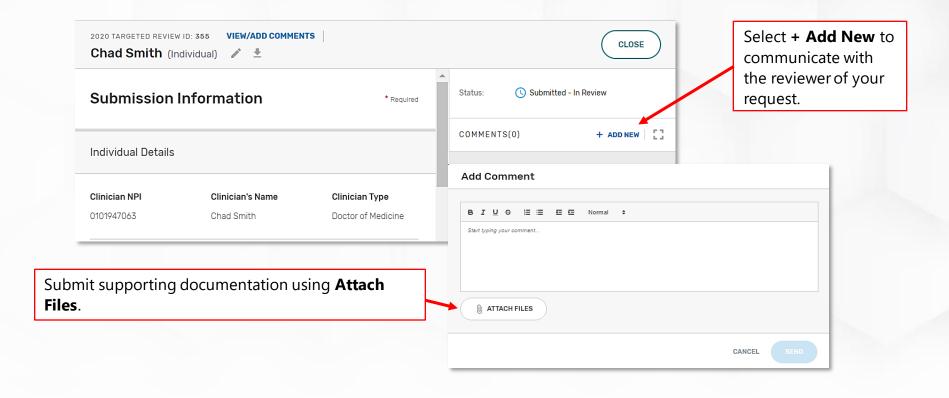
How to Monitor a Targeted Review

Communicate with Reviewer

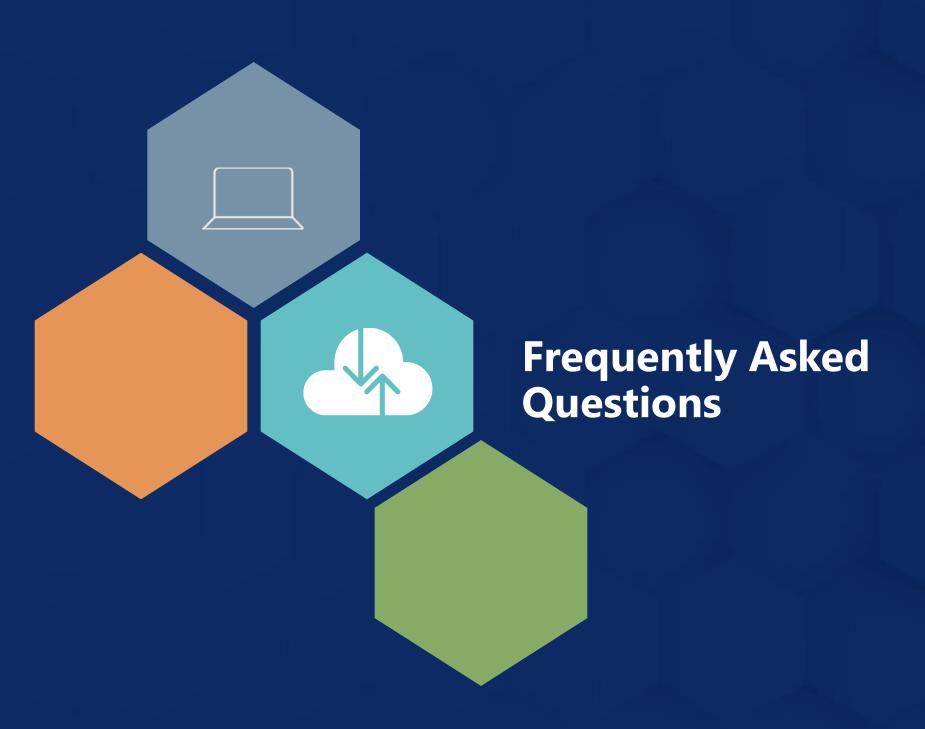
Select **View Details** and use the **Comments** function to **communicate with the reviewer** and submit **supporting documentation** for your request.

Important Note: Use the Comments function to communicate with the reviewer about your request instead of contacting the QPP Service Center. You'll receive an email notification if a comment has been added by your reviewer.

Helpful Hint: Sign in to your QPP account regularly to ensure that you're staying current with your targeted review status and communications from your reviewer.









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

In general, you'll complete the targeted review request form at the level at which you, or those on whose behalf you're requesting a targeted review, participated and reported data to the QPP for the 2020 performance year. However, under certain circumstances, you'll request your targeted review at a different level, such as if you're requesting a targeted review of an eligible clinician's MIPS eligibility or eligibility to be scored under the APM scoring standard.

How long do I need to keep documentation regarding my targeted review?

You must retain all documentation associated with your targeted review request for 6 years from the end of the performance year. Therefore, for the 2020 performance year, you must retain your documentation through December 31, 2026.

When can I expect an outcome regarding my request?

We carefully evaluate each request on a case-by-case basis, along with the supporting documentation you provide. The length of time it takes to complete our evaluation will vary depending on the complexity of your request.

We encourage you to sign in regularly to your QPP account on <u>qpp.cms.gov</u> to view the status of your targeted review and to stay updated on communications with your reviewer. If you have questions about your request, click **View Details** and communicate with your reviewer via the comments pane.

In addition to monitoring your targeted review on <u>qpp.cms.gov</u>, you'll receive an email confirming that we received your targeted review request and an email notifying you about the outcome of your request.







Help and Version History

Where Can You Go for Help?

Contact the Targeted Review application reviewers with questions regarding your request on app.cms.gov.

Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8 a.m.-8 p.m. Eastern Time (ET) or by email at: <u>QPP@cms.hhs.gov</u>.

- Customers who are hearing impaired can dial 711 to be connected to a TRS
 Communications Assistant.
- To receive assistance more quickly, please consider calling during non-peak hours before 10 a.m. and after 2 p.m. ET.

Connect with your <u>local Technical</u>
Assistance organization. We provide no-cost technical assistance to **small**, **underserved**, **and rural practices** to help you successfully participate in the Quality Payment Program.

Visit the Quality Payment
Program website for other help
and support information, to learn
more about MIPS, and to check
out the resources available in the
Quality Payment Program
Resource Library.



Additional Resources

QPP and the QPP Resource Library house fact sheets, measure specifications, specialty guides, technical guides, user guides, helpful videos, and more.

- 2020 How MIPS Eligibility is Determined
- 2020 Eligibility Determination Periods and Snapshots
- 2020 MIPS Eligibility and Participation User Guide (PDF)
- 2020 MIPS Quick Start Guide (PDF)
- 2020 MIPS Scoring Guide (PDF)
- 2020 APM Scoring Standard Guide (PDF)



Version History Table

QPP and the QPP Resource Library house fact sheets, measure specifications, specialty guides, technical guides, user guides, helpful videos, and more.

Date	Description
7/28/2021	Original Version

