

2017 Medicare Quality Payment Program FAQs: CMS Targeted Review Process

This document provides guidance on how to utilize the Centers for Medicare & Medicaid Services (CMS) targeted review process to dispute Medicare Incentive Payment System (MIPS) payment adjustments under the Quality Payment Program (QPP). For other AMA resources related to QPP, please visit [our website](#).

Q. Can I appeal my MIPS score and payment adjustment?

A. Yes. CMS has an informal review process called “targeted review” to allow MIPS-eligible clinicians and groups to request a review of their MIPS payment adjustment factor and, if applicable, the additional MIPS payment adjustment factor. The MIPS payment adjustment factor and additional payment adjustment factor are determined based on the final MIPS score, which includes the scores for each of the MIPS performance categories as well as any bonus points awarded. The additional payment adjustment factor is applied for physicians with exceptional performance, who achieve a final score above the additional performance threshold.

This is different and separate from the regular appeals process for Medicare claims determinations, which is not an avenue available for MIPS score or payment adjustment calculations. For more information on the regular Medicare appeals process, please visit the [CMS website](#).

Q. What kinds of cases has CMS said it will review as part of this process?

CMS has given some examples of situations in which targeted review would be appropriate:

- **Bad data.** The MIPS-eligible clinician or group believes that measures or activities submitted to

CMS during the submission period (and used in the calculations of the final score and determination of the adjustment factors) have calculation errors or data quality issues. These submissions may be with or without the assistance of a third party intermediary, such as an electronic health record (EHR) vendor or Qualified Registry.

- **CMS errors.** The MIPS-eligible clinician or group believes that there are certain errors made by CMS, such as performance category scores were wrongly assigned to the MIPS eligible clinician or group. For example, a clinician or group should have been subject to the low volume threshold exclusion and should not have received a performance category score.

CMS has stated that these are examples and not an exhaustive list of situations which might give rise to a targeted review. If you think that CMS made a calculation based on incomplete or poor data, or if you think CMS made an error, you may submit a request for a targeted review.

Q. I don't agree with the methodology that CMS used to come up with my MIPS score. Can I protest the calculation or appeal it?

A. You cannot appeal CMS' methodology, but you can assert that the calculation was made in error. Note that CMS will not perform any administrative or judicial review of the following issues:

- The methodology used to determine the amount of the MIPS payment adjustment factor or the additional MIPS payment adjustment factor;
- The establishment of performance standards and the performance period;

- The identification of measures and activities specified for a MIPS performance category and information posted publicly; and
- The methodology used to calculate performance scores, including the weighting of measures and activities.

Q. How does targeted review work?

A. The targeted review process is as follows:

1. The MIPS eligible clinician or group submits a targeted review request and any supporting documentation to CMS.
2. CMS evaluates the request, reviews the supporting documentation, and makes a final determination regarding whether or not to perform a targeted review.
3. CMS reports its decision to accept or deny the request to the MIPS eligible clinician. If the request has been accepted, CMS may request additional documentation from the MIPS eligible clinician or group, which must provide such documentation within 30 days.
4. If the request is denied, the review ends.
5. If the request for targeted review has been accepted, CMS will make a final determination, report its decision to the MIPS eligible clinician or group, and make any applicable changes to the Payment Adjustment.

More detailed information about these steps is included in the remainder of this document.

Q. How can I submit a request for targeted review?

A. The targeted review process will use the same Quality Payment Program Service Center support mechanism that is used for MIPS as a whole. CMS has stated that it will publish additional guidance regarding the process for submitting a targeted review request. As of the publication date of this document, that guidance has not yet been published. Check the QPP website at www.cms.qpp.gov for updated information.

Q. Is there a window in which I must request a targeted review if I want one?

A. Yes. MIPS-eligible clinicians and groups have a 60-day period to submit a request for targeted review, which begins on the day that CMS makes available the MIPS payment adjustment factor for the MIPS payment year. While CMS has not yet announced the window for 2018, it is estimated that requests will be accepted from July

31, 2018 – September 30, 2018. Check the QPP website at www.cms.qpp.gov for updated information.

Q. What information should I submit with my request for targeted review?

A. CMS has stated that it will issue future guidance on the process to request a targeted review, and such guidance should include directions regarding what information to submit with a request for targeted review. See www.cms.qpp.gov for updates.

CMS did state in rulemaking that a MIPS-eligible clinician or group may submit additional information to assist in their targeted review at the time of the request for a targeted review. The agency also stated that their contractors may request additional information from the MIPS-eligible clinician or group.

Q. How will CMS notify me of its decision to accept or not accept my targeted review request?

A. At the time of publication of this resource, CMS has not specifically stated how it will report its decisions regarding targeted reviews to clinicians. It may mirror past communications methods by utilizing the QPP Service Center. Check the CMS QPP at www.cms.qpp.gov for additional updates.

Q. If my targeted review request is accepted, how long will it take for CMS to conclude its review?

A. CMS has not specified a time frame for completion of a targeted review, although the agency has stated that targeted review requests will be processed on a first come, first served basis, and that the timeline for completing a targeted review may be dependent on the number of reviews requested (for example, multiple reviews versus a single review by one MIPS eligible clinician) and the general nature of the review.

Note that one purpose of the targeted review process is to adjudicate all reviews of the payment adjustment prior to its application to the MIPS eligible clinician or group's future Medicare Part B payments. To accomplish that, the targeted review would need to be completed prior to the MIPS payment year.

Q. Once my request has been received, can CMS request additional documentation to support my targeted review request?

A. Yes. CMS may request additional information or documentation such as copies of claims, supporting extracts

from the electronic health record, etc. If CMS requests additional documentation, you must respond within 30 calendar days of CMS' request. CMS will close the review if they do not receive a response. CMS has said, though, that they may grant extensions for responding to requests for additional information on a case by case basis if they believe there are extenuating circumstances.

Q. If I don't submit a request by the deadline, will I have another opportunity to request review of my Payment Adjustment?

A. No. Although the targeted review process is optional, it represents the only opportunity for MIPS-eligible clinicians and groups to appeal their MIPS payment adjustments. You should review their MIPS payment adjustments and other performance feedback, and then make an informed decision about whether you want to request a targeted review.

Q. What will happen if, after performing a targeted review, CMS agrees that there has been an error?

A. The outcome of CMS' review will vary. Where CMS determines that an error has been made, steps will be taken to rectify that error. The actual result will depend on the nature of the error, for example:

- If CMS determines that the MIPS-eligible clinician or group should have been excluded from MIPS, then the payment adjustment would be null and the clinician or group would be excluded from any payment adjustments for that MIPS payment year.
- If a particular performance category should have been weighted at zero (e.g., the Advancing Care Information category is weighted at zero for the performance period if the MIPS-eligible clinician or group is subject to an exemption for that category), then CMS would re-distribute the weights of certain performance categories within the final score.

Q. I don't agree with CMS' targeted review decision. What can I do?

A. CMS' decisions about whether to perform a targeted review, and the results of that review, are final. There is no further appeal available.

Q. Is targeted review available to appeal payment adjustments as part of a MIPS Alternative Payment Model (APM)?

A: Yes. MIPS-eligible clinicians and groups that participate in a MIPS APM may use the targeted review process to appeal payment adjustments under MIPS calculated as a result of participation in a MIPS APM.

Q. If I submit my data through a third-party organization can that organization submit data on my behalf in support of my targeted review request?

A. Yes. MIPS-eligible clinicians who use third parties for MIPS data submission may also use that third party to provide any necessary supporting documentation. Similarly, for MIPS-eligible groups, authorized representatives of the group may file a targeted review request and submit supporting documentation on behalf of the group.

Q. What if I used a third party to submit MIPS data and the third party submitted my data to CMS incorrectly?

A. At this time, CMS does not allow for resubmission of data, and will use the original data that was submitted to evaluate a request for targeted review. CMS holds the MIPS eligible clinician ultimately responsible for the data that are submitted by third party intermediaries on its behalf. Given this position, it is important that agreements between the MIPS eligible clinicians or groups and third parties hold the third party accountable for accurate reporting and contain language providing for remedies if data is submitted untimely or incorrectly.

Each MIPS eligible clinician should ensure that any agreements with third party intermediaries that submit MIPS data on the clinician's behalf address the incorrect or untimely submission of data, as CMS will hold the MIPS eligible clinician ultimately responsible for any data submitted by the third party.