

CMS Updates 2017 MIPS Performance Feedback

Recently, CMS released performance feedback for clinicians included in the Merit-based Incentive Payment System (MIPS) during the 2017 performance year. As we've previously announced, we saw a very high 91 percent participation rate for the first performance year (2017) of MIPS. Over the last several weeks, individual clinicians, groups, and eligible clinicians in certain Alternative Payment Models (APMs) have had access to this feedback on the [Quality Payment Program website](#), which provides a comprehensive overview of their MIPS final score, performance category details, and 2019 MIPS payment adjustment.

Along with releasing performance feedback, we launched a process known as targeted review. A targeted review provides the opportunity for clinicians, groups, or those participating in certain APMs to request that we review their MIPS payment adjustment factor(s), if they believe there is an error with the 2019 MIPS payment adjustment calculation.

The requests that we received through targeted review caused us to take a closer look at a few prevailing concerns. Those concerns included the application of the 2017 Advancing Care Information (ACI) and Extreme and Uncontrollable Circumstances hardship exceptions, the awarding of Improvement Activity credit for successful participation in the Improvement Activities (IA) Burden Reduction Study, and the addition of the All-Cause Readmission (ACR) measure to the MIPS final score. Based on these requests, we reviewed the concerns, identified a few errors in the scoring logic, and implemented solutions. The targeted review process worked exactly as intended, as the incoming requests quickly alerted us to these issues and allowed us to take immediate action.

Addressing and correcting for the above elements resulted in changes to the 2017 MIPS final score and associated 2019 MIPS payment adjustment for the clinicians who were impacted by the identified issues. Additionally, to ensure that we maintain the budget neutrality that is required by law under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), some clinicians will see slight changes in their payment adjustment as a result of the reapplication of budget neutrality. These revisions were made to the performance feedback on the Quality Payment Program website on September 13, 2018. We encourage you to sign-in to the Quality Payment Program website as soon as possible to review your performance feedback. If you believe an error still exists with your 2019 MIPS payment adjustment calculation, the targeted review process is available for you.

To offer additional time for clinicians, groups, and APM entities and their participants to access and review their performance feedback, **we are extending the targeted review deadline to October 15, 2018 at 8:00pm (EDT)**. We also have a number of resources available on our [Quality Payment Program Resource Library](#) to help you understand your performance feedback and the targeted review process. If you are in-need of additional assistance, please reach out to the Quality Payment Program Service Center by phone at 1-866-288-8292, (TTY) 1-877-715-6222 or by email at QPP@cms.hhs.gov, or contact your [local technical assistance organization](#) for no-cost support.



From the onset of the Quality Payment Program, our goals have included creating a program that is fully transparent and provides accurate information. We believe that the above steps are essential to achieving that goal for the first performance year (2017), also referred to as the “transition” year. We will continue to work closely with the clinician community to learn from one another and ensure operational excellence in implementation.