Quality Payment
PROGRAM

2017 PERFORMANCE FEEDBACK AND TARGETED REVIEW OFFICE HOURS SESSION

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Quality Payment Program

Topics

- Performance Feedback Overview

- Targeted Review Overview

- Frequently Asked Questions

- Help & Support

OVERVIEW OF 2017 PERFORMANCE FEEDBACK

Performance Feedback

Who receives MIPS Performance Feedback?

- Individual clinicians (including voluntary submitters)

- Groups (including voluntary submitters)

- MIPS APM Entities

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

- Qualifying APM Participants will **<u>not</u>** receive MIPS performance feedback

Performance Feedback

- Final MIPS performance feedback reflects:

    - Special scoring circumstances and includes:

        - The 2017 final score

        - 2019 payment adjustment

        - Details about measures and activities

- Performance Feedback is accessed through qpp.cms.gov using the same EIDM credentials that allowed individual clinicians, groups, Medicare Shared Savings Program ACOs and Next Generation ACOs the ability to submit and view data during the submission period.

Performance Feedback

What is included?

The following are included in the 2017 performance feedback:

- 2017 Final Score

- 2019 MIPS Payment Adjustment applied to MIPS eligible clinicians

- Final performance category scores and weights

- Scoring and performance details for Quality and Advancing Care Information measures

- Scores for Improvement Activities

- Performance details for Cost Measures (informational only for 2017, not applicable to MIPS eligible clinicians who are scored under the APM scoring standard)
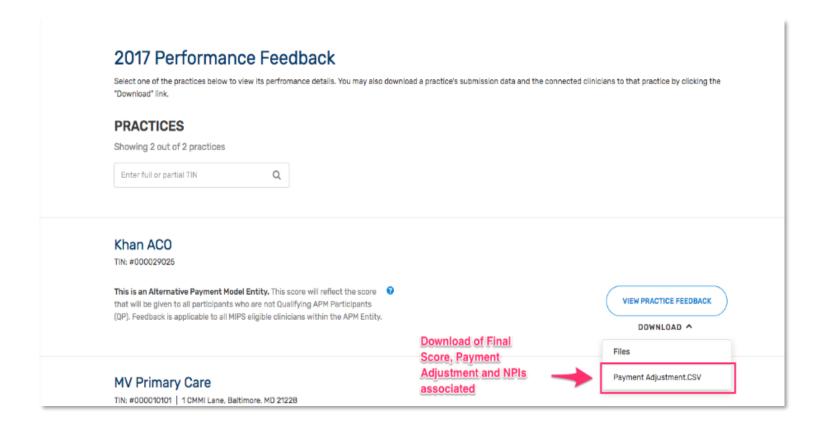
- Items and services

Performance Feedback

Example

Your Final Score At A Glance

Your Final Score is achieved by adding the points you earn in each Performance Category.

FINAL SCORE

62.9

out of 100

Performance Category Scores

- Quality   **35.4 of 60**
- Advancing Care Information   **20 of 25**
- Improvement Activities   **7.5 of 15**

How is my Final Score calculated?

Payment Adjustment	0.28%
Exceptional Performance Adjustment	N/A

Total MIPS Adjustment(s) **+0.28%**

payment adjustment date
January 1, 2019

What does this mean?

Performance Feedback

Example

Performance Feedback

Example

At A Glance:

Performance Period Date	1/1/17 - 12/31/17
Highest Scored Submission Method	**Registry**
Reported Measures	9
High-Priority Measures	1

SCORE

35.4

out of 60

How is my score calculated?

Performance Feedback

Example

OVERVIEW OF TARGETED REVIEW

Targeted Review

Overview

- What is a Targeted Review?

    - A targeted review is a process where MIPS eligible clinicians or groups can request that CMS review a calculation of their 2019 MIPS payment adjustment factor and their additional MIPS payment adjustment factor for exceptional performance

- Who can request a Targeted Review?

    - MIPS Eligible Clinicians

    - Groups

    - Designated support staff

    - Authorized third-party intermediaries

Targeted Review

Beyond the Scope

- There are limitations on administrative and judicial review and the following reasons result in no targeted review being conducted:

  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 website

  4. The methodology of such scores, including the weighting of measures and activities under such methodology

Targeted Review

Example

Individual

- **Who**: MIPS Eligible Clinician
- **Why:** The clinician has supporting documentation that they are not a MIPS eligible clinician type and should not have received a payment adjustment
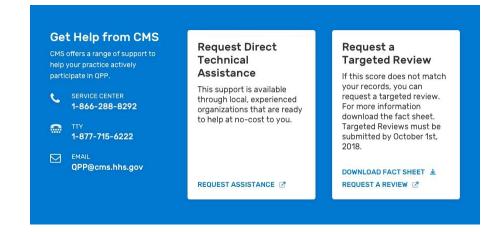
Group

- **Who**: a practice that participated as a group
- **Why:** The group has supporting documentation indicating that all of the MIPS eligible clinicians individually qualified for reweighting in the Advancing Care Information category and should not have received 0 out of 25 points for this category

Targeted Review

Process

1. Complete the Targeted Review request form (accessible through performance feedback on the QPP Portal or via URL link from CMS)

2. Provide Supporting Documentation

3. Complete the Targeted Review Application

Targeted Reviews can be requested until **October 1, 2018**. It is strongly recommended that targeted review requests are submitted as soon as possible to ensure that payment adjustments are applied correctly at the beginning of 2019.

FREQUENTLY ASKED QUESTIONS

Performance Feedback FAQs

- Can my vendor or third party intermediary access my final performance feedback?

- Will we still get QRURS?

- Will I receive feedback if I voluntarily submitted?

Performance Feedback FAQs

Cont.

- What if believe there's an error with my final score or feedback?

- Which information included in the feedback report will be publicly reported on the Physician Compare website?

- Why am I seeing a Final Score of 0 and Payment Adjustment as N/A when I submitted data?

Payment Adjustment FAQs

- What's included in the payment adjustment amount displayed on performance feedback?

- Why am I receiving a low payment adjustment when I received a high 2017 MIPS final performance score?

Targeted Review FAQs

- How do I submit a Targeted Review?

- I did not receive a confirmation after submitting my Targeted Review, will I receive an email stating that I have done so?

- I reported my Quality measures by claims for 2017, but my final score was zero. Should I request a targeted review?

HELP AND SUPPORT

Technical Assistance

Available Resources

CMS has free resources and organizations on the ground to provide help to clinicians who are participating in the Quality Payment Program:

PRIMARY CARE & SPECIALIST PHYSICIANS
Transforming Clinical Practice Initiative

- Supports more than 140,000 clinician practices through active, collaborative and peer-based learning networks over 4 years.
- **Practice Transformation Networks (PTNs) and Support Alignment Networks (SANs) are located in all 50 states** to provide comprehensive technical assistance, as well as tools, data, and resources to improve quality of care and reduce costs.
- The goal is to help practices transform over time and move toward Advanced Alternative Payment Models.
- Contact TCPI.ISC@TruvenHealth.com for extra assistance.

Locate the PTN(s) and SAN(s) in your state

SMALL & SOLO PRACTICES
Small, Underserved, and Rural Support (SURS)

- Provides outreach, guidance, and direct technical assistance to clinicians in **solo or small practices (15 or fewer), particularly those in rural and underserved areas**, to promote successful health IT adoption, optimization, and delivery system reform activities.

  - Assistance will be tailored to the needs of the clinicians.
  - There are 11 SURS organizations providing assistance to small practices in all 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands.
  - For more information or for assistance getting connected, contact QPPSURS@IMPAQINT.COM.

LARGE PRACTICES
Quality Innovation Networks-
Quality Improvement Organizations (QIN-QIO)

- Supports clinicians in **large practices (more than 15 clinicians)** in meeting Merit-Based Incentive Payment System requirements through customized technical assistance.
- Includes one-on-one assistance when needed.
- There are 14 QIN-QIOs that serve all 50 states, the District of Columbia, Guam, Puerto Rico, and Virgin Islands.

Locate the QIN-QIO that serves your state

Quality Innovation Network (QIN) Directory

TECHNICAL SUPPORT
All Eligible Clinicians Are Supported By:

Quality Payment Program Website: qpp.cms.gov
Serves as a starting point for information on the Quality Payment Program.

Quality Payment Program Service Center
Assists with all Quality Payment Program questions.
1-866-288-8292 TTY: 1-877-715-6222 QPP@cms.hhs.gov

Center for Medicare & Medicaid Innovation (CMMI) Learning Systems
Helps clinicians share best practices for success, and move through stages of transformation to successful participation in APMs. More information about the Learning Systems is available through your model's support inbox.

Learn more about technical assistance: https://qpp.cms.gov/about/help-and-support#technical-assistance

Help CMS Improve the Quality Payment Program

Interested in providing feedback to CMS as we continue to improve the Quality Payment Program experience?

We're looking for participants to collaborate with us to provide feedback on all aspects related to qpp.cms.gov, including:

- Products
- Services
- Educational Materials
- Website Content

These feedback sessions typically range from 30-60 minutes and can be done over the phone, via video conference, or through email. *

Email the QPP User Research Lead to participate in our feedback sessions!

*The user feedback sessions are not intended to replace the formal comment process that is open during the notice of Proposed Rulemaking (NPRM) period. Please submit all proposals via the official submission process outlined in the Federal Register.

Helpful Resources

- Performance Feedback

  - [MIPS Performance Feedback Fact Sheet](#)

  - [MIPS 2017 Performance Feedback User Guide](#)

- Targeted Review

  - [Targeted Review of the 2019 MIPS Payment Adjustment](#)

  - [Targeted Review of the 2019 MIPS Payment Adjustment User Guide](#)

- Payment Adjustment

  - [2019 MIPS Payment Adjustment for 2017 Performance Year Infographic](#)

  - [Fact Sheet: 2019 MIPS Payment Adjustments based on the 2017 MIPS Final Scores](#)

Q&A SESSION

Q&A Session

To ask a question, please dial:

1-866-452-7887

If prompted, use passcode: 5958986

Press *1 to be added to the question queue.

You may also submit questions via the chat box.

Speakers will answer as many questions as time allows.