



## Now Available: 2019 MIPS Performance Feedback and Final Score

The Centers for Medicare & Medicare Services (CMS) has released 2019 Merit-based Incentive Payment System (MIPS) performance feedback and final scores. If you submitted data for the 2019 performance period, you can view your MIPS performance feedback and final score on the [Quality Payment Program website](#).

You can access your 2019 MIPS performance feedback and final score by:

- Going to [cms.gov/login](https://cms.gov/login)
- Logging in using your HCQIS Access Roles and Profile (HARP) system credentials; these are the same credentials that allowed you to submit your 2019 MIPS data

If you don't have a HARP account, please refer to the Register for a HARP Account document in the QPP Access User Guide and start the process now.

To learn more about performance feedback, review the 2019 MIPS Performance Feedback Resources:

- **2019 MIPS Performance Feedback FAQs:** Highlights what performance feedback is, who receives the feedback, and how to access it on the Quality Payment Program [website](#).
- **2019 MIPS Performance Feedback Patient-Level Data Reports FAQs:** Provides information on the patient-level data reports for download by those who were scored on a 2019 MIPS cost measure and/or the 2019 30-Day All-Cause Readmission (ACR) measure.

## **MIPS Eligible Clinicians Participating in MIPS Alternative Payment Model (APM) Entities**

If you participated as a MIPS APM under one of the following models in 2019, your MIPS performance feedback is now available via the Quality Payment Program [website](#):

- Bundled Payments for Care Improvement Advanced Model (BPCI Advanced)
- Comprehensive ESRD Care (CEC) Model (LDO arrangement)
- Comprehensive ESRD Care (CEC) Model (non-LDO one-sided risk arrangement)
- Comprehensive ESRD Care (CEC) Model (non-LDO two-sided risk arrangement)
- Comprehensive Primary Care Plus (CPC+) Model
- Medicare Shared Savings Program (all tracks)
- Next Generation ACO Model
- Oncology Care Model (OCM) (one-sided Risk Arrangement)
- Oncology Care Model (OCM) (two-sided Risk Arrangement)
- Vermont Medicare ACO Initiative (as part of the Vermont All-Payer ACO Model)
- Maryland Primary Care Program
- Independence at Home Demonstration

Under the MIPS APM Scoring Standard, the performance feedback will be based on the APM Entity score and is applicable to all MIPS eligible clinicians within the APM Entity. Note: Performance feedback is not related to model-specific requirements and assessments outside of the [Quality Payment Program](#).

Individual clinicians and representatives of the APM Entity will be able to access performance feedback directly on the Quality Payment Program website using their HARP account.

### **COVID-19 Flexibilities**

CMS is implementing multiple flexibilities for the Quality Payment Program in response to the COVID-19 pandemic. We determined that the MIPS automatic extreme and uncontrollable circumstances policy would be applied to all individual MIPS eligible clinicians for the 2019 performance period, and we reopened the [2019 extreme and uncontrollable](#)

[circumstances application](#) to allow requests for reweighting of the MIPS performance categories to 0%.

The 2019 MIPS final scores available on the Quality Payment Program website reflect these COVID-19 flexibilities. Learn more about the COVID-19 flexibilities in the [COVID-19 Response Fact Sheet](#) and [COVID-19 Response Webpage](#).

## Now Available: 2019 MIPS Targeted Review

If you participated in the Merit-based Incentive Payment System (MIPS) in 2019, you can now review your performance feedback, including your MIPS final score and payment adjustment factor(s), on the [Quality Payment Program website](#).

Your final score will dictate the payment adjustment you will receive in 2021, with a positive, negative, or neutral payment adjustment being applied to the Medicare paid amount for covered professional services furnished by a MIPS eligible clinician in 2021.

MIPS eligible clinicians, groups, and virtual groups (along with their designated support staff or authorized third-party intermediary), including APM participants, may request CMS to review the calculation of their 2020 MIPS payment adjustment factor(s) through a process called targeted review.

### **When to Request a Targeted Review**

If you believe an error has been made in your MIPS payment adjustment factor(s) calculation, you can request a targeted review until October 5, 2020. Some examples of previous targeted review circumstances include the following:

- Errors or data quality issues for the measures and activities you submitted
- Eligibility and special status issues (e.g., you fall below the low-volume threshold and should not have received a payment adjustment)
- Being erroneously excluded from the APM participation list and not being scored under the APM Scoring Standard
- Performance categories were not automatically reweighted even though you qualify for automatic reweighting due to extreme and uncontrollable circumstances

Note: This is not a comprehensive list of circumstances. CMS encourages you to submit a request form if you believe a targeted review of your MIPS payment adjustment factor (or additional MIPS payment adjustment factor, if applicable) is warranted.

### **How to Request a Targeted Review**

You can access your MIPS final score and performance feedback and request a targeted review by:

- Going to the [Quality Payment Program website](#)
- Logging in using your HCQIS Access Roles and Profile System (HARP) credentials; these are the same credentials that allowed you to submit your MIPS data. Please refer to the QPP Access Guide for additional details.

CMS may require documentation to support a targeted review request that is under our evaluation. If the targeted review request is approved, we may update your final score and/or associated payment adjustment (if applicable), as soon as technically feasible. **Please note that targeted review decisions are final and not eligible for further review.**

For more information about how to request a targeted review, please refer to the [2019 Targeted Review User Guide](#). For more information on payment adjustments please refer to the [2021 MIPS Payment Adjustment Fact Sheet](#).

## Questions?

Contact the Quality Payment Program at 1-866-288-8292 or by e-mail at: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov). To receive assistance more quickly, please consider calling during non-peak hours-before 10:00 a.m. and after 2:00 p.m. ETCustomers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

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