

Virtual Group Topics



- Overview of Virtual Groups
- Participating as a Virtual Group in MIPS
- Application of Group-Related Policies to Virtual Groups
- Virtual Group Election Process
- Virtual Group Formal Agreements
- Virtual Group Resources
- Question & Answer Session



What is a Virtual Group?



- A virtual group is defined as a combination of two or more TINs assigned to one or more solo practitioners, or to one or more groups consisting of 10 or fewer clinicians (including at least 1 MIPS eligible clinician), or both, that elect to form a virtual group for a performance period for a year.
- A group is considered to be an entire single TIN that elects to participate in MIPS as part of a virtual group.

Groups are identified by their Taxpayer Identification Number (TIN) and individual eligible clinicians are identified by their TIN/National Provider Identifier (NPI).



- **Solo practitioner** who is a MIPS eligible clinician, exceeds the low-volume threshold, and is NOT a newly Medicare-enrolled MIPS eligible clinician, a Qualifying APM Participant (QP), or a Partial QP choosing not to participate in MIPS.
- Group that has 10 or fewer clinicians and exceeds the low-volume threshold at the group level.
 - TIN size is based on the number of NPIs billing under a TIN, which includes MIPS eligible clinicians, clinicians who don't meet the definition of a MIPS eligible clinician and/or are excluded from MIPS participation (i.e., a newly Medicare- enrolled MIPS eligible clinician, clinician with a QP status, or clinician with a Partial QP status choosing not to participate in MIPS).
- A solo practitioner or group can only participate in 1 virtual group during a performance period.
- There are no limits on the number of solo practitioners and groups able to form or join a virtual group.
- If a group chooses to join a virtual group, all of the clinicians in that group are part of the virtual group.



Who is Included?

Change to the Low-Volume Threshold for 2018. Include MIPS eligible clinicians billing more than \$90,000 a year in Medicare Part B allowed charges AND providing care for more than 200 Medicare patients a year.



Voluntary reporting remains an option for those clinicians who are exempt from MIPS.





No Change in Basic Exemption Criteria*



Newly-enrolled in Medicare

 Enrolled in Medicare for the first time during the performance period (exempt until following performance year)



Below the low-volume threshold

- Medicare Part B allowed charges less than or equal to \$90,000 a year
 OR
- See 200 or fewer Medicare Part B patients a year



Significantly participating in Advanced APMs

 Receive 25% of their Medicare payments

OR

 See 20% of their Medicare patients through an Advanced APM

^{*}Only Change to Low-volume Threshold



How do virtual groups decide who to include?

 Virtual groups have the flexibility to determine their own composition. There are not any restrictions based on location, specialty, or other factors.

Why Join or Form a Virtual Group?



- The formation of virtual groups provides for a comprehensive measurement of performance, shared responsibility, and an opportunity to effectively and efficiently coordinate resources to achieve requirements under each performance category.
- A solo practitioner or group may elect to join a virtual group in order to potentially increase their performance under MIPS.



Participating as a Virtual Group in MIPS



- Virtual groups are required to aggregate their data across all TINs within the virtual group for all four performance categories.
- Each member of a virtual group will have their performance assessed and scored at the virtual group level across all 4 performance categories.
- A whole TIN participates in a virtual group, meaning that each clinician (NPI) under a TIN is a member of the virtual group.
 - Each clinician (NPI) within the virtual group will have a final score based on the virtual group's performance, but only clinicians who are eligible for MIPS would receive a MIPS payment adjustment.
 - Any MIPS eligible clinician who is part of a TIN participating in a virtual group and is also participating in a MIPS APM or Advanced APM under the APM scoring standard will not earn a MIPS payment adjustment based on the virtual group's final score, but would earn a payment adjustment based on the APM scoring standard.



APPLICATION OF GROUP-RELATED POLICIES TO VIRTUAL GROUPS



Application of Group-Related Policies to Virtual Groups

In general, group-related policies apply to virtual groups, unless otherwise specified.

- The submission mechanisms available to groups are also available to virtual groups.
- Virtual groups will meet the same performance category requirements applicable to groups.
- Measure reporting requirements applicable to groups are also generally applicable
 to virtual groups, except for the requirements pertaining to the calculation of
 measures and activities when reporting via QCDRs, qualified registries, EHRs, and
 attestation.
 - Such requirements apply cumulatively across all TINs in a virtual group.
 - Virtual groups will aggregate data for each NPI under each TIN within the virtual group by adding together the numerators and denominators and then cumulatively collating to report one measure ratio at the virtual group level.

Information on group-level reporting under MIPS is available on the Quality Payment Program website: https://qpp.cms.gov/mips/individual-or-group-participation.

Application of Group-Related Policies to Virtual Groups

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- The data submission criteria applicable to groups are also generally applicable to virtual groups, except for data completeness and sampling requirements for the CMS Web Interface and CAHPS for MIPS survey.
 - Data completeness for virtual groups applies cumulatively across all TINs in a virtual group. There may be a case when a virtual group has one TIN that falls below the 60 percent data completeness threshold, which is an acceptable case as long as the virtual group cumulatively exceeds such threshold.
 - The CMS Web Interface and CAHPS for MIPS survey sampling requirements pertain to Medicare Part B patients with respect to all TINs in a virtual group, where the sampling methodology will be conducted for each TIN within the virtual group and then cumulatively aggregated across the virtual group. A virtual group would need to meet the beneficiary sampling threshold cumulatively as a virtual group.

Virtual Group Policies that Differ from Group-Related Policies



Non-Patient Facing Status:

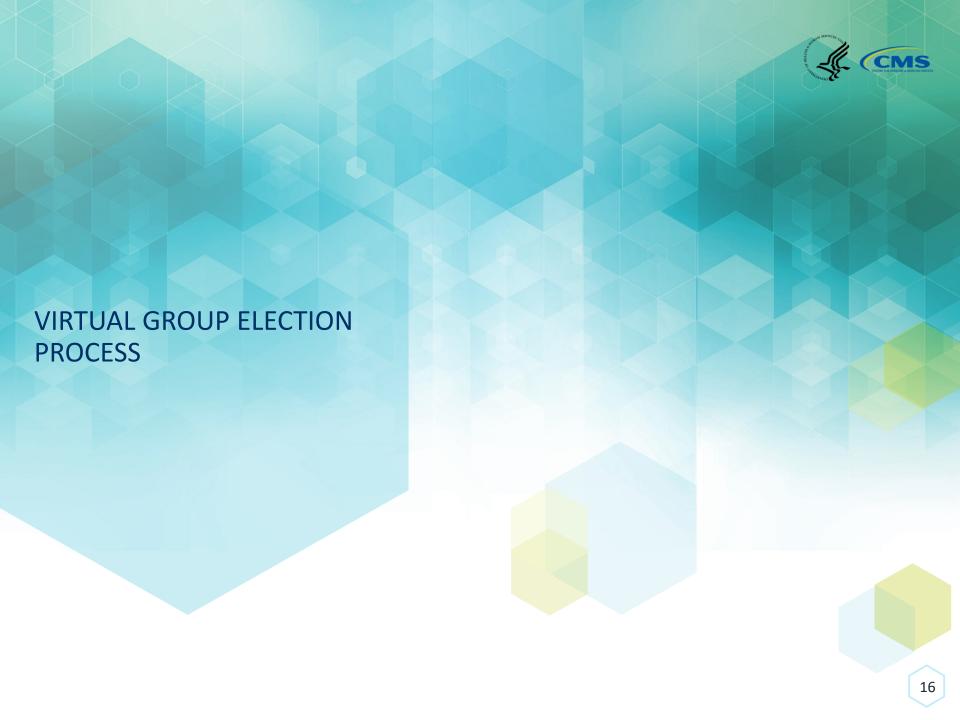
- A virtual group is considered to be non-patient facing if more than 75% of NPIs billing under the virtual group's TINs meet the definition of a non-patient facing individual MIPS eligible clinician during the non-patient facing determination period.
- Virtual groups determined to be non-patient facing will have their Advancing Care Information performance category automatically reweighted to 0.

Rural Area and HPSA Status:

A virtual group will be designated as a rural area or Health Professional Shortage Area (HPSA)
practice if more than 75% of NPIs billing under the virtual group's TINs are designated in a ZIP
code as a rural area or HPSA.

Small Practice Status:

- A virtual group will have a small practice status if the virtual group has 15 or fewer eligible clinicians.
- The small practice status is applied based on the collective entity as a whole and not based on the small practice status of each TIN within a virtual group. If a virtual group has 16 or more clinicians, it would not be considered to have a small practice status as a collective whole.



What is the Election Process for Participating in MIPS as a Virtual Group?



When solo practitioners and groups want to form a virtual group, they have to go through the virtual group **election process**.

- For the 2018 performance period, the virtual group election period opened on October 11, 2017 and will close on December 31, 2017.
- In order to participate in MIPS as a virtual group, an election must be made <u>prior</u> to the start of the performance period and can't be changed once the performance period begins.
- An election can be changed at any time before the virtual group election period closes on December 31, 2017.



Stage 1 and Stage 2

CMS established a two-stage election process for virtual groups:

- Stage 1 (optional): Solo practitioners or groups with 10 or fewer clinicians can contact their local Quality Payment Program Technical Assistance organization to see if they are eligible to join or form a virtual group prior to submitting an election.
- **Stage 2:** For groups that don't participate in stage 1 of the election process, CMS will determine their eligibility to form a virtual group upon the submission of a virtual group election to CMS via e-mail.



Stage 2

- Each virtual group must:
 - 1. Have a **formal written agreement** between each solo practitioner and group that composes a virtual group before an election is made. Formal written agreements are NOT submitted to CMS.
 - 2. Name **an official representative** who is responsible for submitting an election on behalf of the virtual group to CMS via e-mail at MIPS_VirtualGroups@cms.hhs.gov.
- Each virtual group's official representative must submit a virtual group's election prior to the start of the 2018 performance period by **December 31, 2017.**
- The submission of a virtual group election must include the information about each TIN and NPI associated with the virtual group and the virtual group representative's contact information. Also, the virtual group representative will need to acknowledge that a written formal agreement has been established between each solo practitioner and group that composes a virtual group.



Stage 2 Continued...

- If a virtual group meets the eligibility criteria for forming a virtual group, CMS will contact the virtual group's official representative via e-mail
 (MIPS VirtualGroups@cms.hhs.gov account) and give the virtual group an identifier for performance in early 2018.
- Each member of a virtual group will be identified by a unique virtual group identifier, made up of the following:
 - The virtual group identifier established by CMS;
 - TIN; and
 - o NPI.
- After a virtual group is identified as an official virtual group by CMS, the virtual group representative must contact the Quality Payment Program Service Center before the applicable submission period starts with any updates to the election information for the applicable performance period. This can be done <u>one</u> time before the submission period starts.



Stage 2 Continued...

- As part of Stage 2 of the election process, group size and low-volume threshold determinations will be based on claims data.
- For virtual group eligibility, the low-volume threshold will be determined for each
 TIN within the virtual group and not for the overall virtual group.
- Group sizes might change after virtual groups are approved by CMS. TIN size
 determinations that are made for virtual group eligibility during Stage 2 of the
 election process will remain valid for the entire performance year.
- During the performance period a TIN cannot be added or removed from a virtual group.

Technical Assistance for Election Process



For help with the Virtual Groups Election Process, contact these three technical assistance networks:

- <u>Small, Underserved, and Rural Support</u> Helps eligible clinicians in small practices (15 or fewer clinicians), with priority for those in rural locations, health professional shortage areas (HPSAs), and medically underserved areas (MUAs).
- Quality Innovation Networks Quality Improvement Organizations (QIN-QIOs) –
 Help eligible clinicians in larger practices (more than 15 clinicians).
- <u>Transforming Clinical Practice Initiative (TCPI)</u> Helps eligible clinicians in both small and large practices interested in practice transformation and participating in an Alternative Payment Model (APM). These eligible clinicians will enroll with and get help from a Practice Transformation Network (PTN).



Virtual Group Formal Agreements



- A virtual group must have a formal written agreement between each solo practitioner and group that composes the virtual group to ensure that requirements and expectations of participation in MIPS are clearly articulated, understood and agreed upon.
- As part of the election process, each virtual group's official representative will confirm that an agreement, for at least one performance period, has been established between each solo practitioner and group that composes the virtual group.

	ent") is by and between Virtual Group Identifier provided Services, and XYZ Group Practice P.C. ("virtual group Year] ("Effective Date").
<body agreement="" of=""></body>	
Sample Signature Page:	
IN WITNESS WHEREOF, the parties ha authorized representatives as of the dates	we caused this Agreement to be executed by the duly below.
Virtual Group Member/National Provider	Identifier
Signature	$\overline{}$
Virtual Group Member/National Provider	r Identifier
Signature	
Virtual Group Member/National Provider	r Identifier
Signature	/
Virtual Group Member/National Provider	r Identifier

Virtual Group Formal Agreements



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The formal written agreement must:

- Identify the parties to the agreement by name of party, TIN, and NPI, and include as parties to the agreement only the groups and solo practitioners that compose the virtual group.
- Be executed on behalf of each party by an individual who is authorized to bind the party.
- Expressly require each member of the virtual group (and each NPI under each TIN in the
 virtual group) to participate in MIPS as a virtual group and comply with the requirements of
 MIPS and all other applicable laws and regulations (including, but not limited to, federal
 criminal law, False Claims Act, anti-kickback statute, civil monetary penalties law, the Health
 Insurance Portability and Accountability Act of 1996, and physician self-referral law).
- Identify each NPI under each TIN in the virtual group and require each TIN within a virtual group to notify all NPIs associated with the TIN of their participation in MIPS as a virtual group.
- Set forth the NPI's rights and obligations in, and representation by, the virtual group, including without limitation, the reporting requirements and how participation in MIPS as a virtual group affects the ability of the NPI to participate in MIPS outside of the virtual group.

Virtual Group Formal Agreements



Continued...

- Describe how the opportunity to receive payment adjustments will encourage each member of the virtual group (and each NPI under each TIN in the virtual group) to adhere to quality assurance and improvement.
- Require each party to the agreement to update its Medicare enrollment information, including
 the addition and deletion of NPIs billing through its TIN, on a timely basis in accordance with
 Medicare program requirements and to notify the virtual group of any such changes within 30
 days after the change.
- Be for a term of at least one performance period as specified in the formal written agreement.
- Require completion of a close-out process upon termination or expiration of the agreement that requires each party to the virtual group agreement to furnish, in accordance with applicable privacy and security laws, all data necessary in order for the virtual group to aggregate its data across the virtual group.

If an NPI joins or leaves the TIN, or a change is made to a TIN that impacts the agreement itself (e.g., a legal business name change) during the applicable performance year, a virtual group has to update the agreement and send the changes to the Quality Payment Program Service Center.

Virtual Group Resources



For More Information:

- View the Virtual Groups Toolkit: https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Resource-library.html
- The Virtual Groups Toolkit is available under the MIPS Group Participation section.
- This Toolkit includes:
 - Virtual Groups Agreement Checklist
 - Virtual Groups Agreement Template
 - Virtual Groups Election Process Fact Sheet
 - Virtual Group Participation Overview Fact Sheet

Question and Answer Session



To ask a question, please use phone number: 1-866-452-7887

If prompted, provide conference ID#: 86119331

- For additional information, please go to: <u>qpp.cms.gov</u>.
- For additional support, please call <u>1-866-288-8292</u> or e-mail <u>qpp@cms.hhs.gov</u>.

